

800 East 21st Street
P.O. Box 5045
Sioux Falls, SD 57117-5045
(605) 322-8000

www.averamckennan.org

**THE PURPOSE OF THIS AMENDMENT APPLICATION IS TO
MAKE THE FOLLOWING CHANGES TO NRC LICENSE # 40-
16571-01:**

1. Remove 1100 East 21st Street, Sioux Falls, South Dakota as a location of use.
2. Attached is the closeout data. All radioactive materials and caution signs have been removed. We request release of this space for unrestricted activities.
3. Remove 1000 21st Street, Suite 1000, Sioux Falls, South Dakota as a location of use. Attached is the closeout data. All radioactive materials and caution signs have been removed. We request release of this space for unrestricted activities.
4. Remove David A. Swanson, M.D. as an authorized user. He is no longer affiliated with Avera McKenna.
5. Correct the licensee address to:

Avera McKenna Hospital
800 East 21st Street
Sioux Falls, South Dakota 57105

We respectfully request that all correspondence be sent to the attention of the nuclear medicine department.

ADAMS # _____
Template _____
Date ____/____/____ QC'd by _____

Sponsored by the Benedictine
and Presentation Sisters

M 5 7 4 5 0 7

APPLICATION FOR MATERIAL LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to infocollect@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND
ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY,
MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK,
NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE,
VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,
SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA,
OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH,
WASHINGTON OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD SUITE 400
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- ☐ A. NEW LICENSE
- ☒ B. AMENDMENT TO LICENSE NUMBER 40-16571-01
- ☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Avera McKennan Hospital
800 East 21st Street
Sioux Falls, SD 57105

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

See Attached

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
Linda Ramirez, Consultant
Associates in Medical Physics, LLC

TELEPHONE NUMBER
(216) 663-7000 lramirez@ampmedphysics.com

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL.

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

See Attached

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT
ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER--TYPED/PRINTED NAME AND TITLE

David Kapaska, Regional President

SIGNATURE

x



DATE

x

2/4/11

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
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APPROVED BY

DATE

574507

BSGI CLOSE OUT SURVEY

CLOSE OUT SURVEY WORKSHEET
BSGI, ADP2

Date: 11/04/10

Name: Avera Doctors Plaza II
1100 East 21st Street, Suite 330
Sioux Falls, SD 57105

NRC License #: 40-16571-01

Survey Instrument: BICRON Model #: 2000

Serial #: C582E

Last Calibration Date of Survey Meter: 06/11/2010

Check Source Reading: 1.0 mR/hr

Wipe Test Analyzer (well counter): CAPTUS 3000 S/N 900785

Last Calibration (day of analysis): 11/04/2010

Wipe Test Window: Full Spectrum keV

Minimum Detectable Activity: 183.2 DPM

Well Counter Efficiency: 65 with Cs-137

Wipe Analysis Background: 324 cpm

G-M Survey Background 0.02 mR/hyr

Surveyor:

Mark Ewing CNMT
Mark Ewing, CNMT

Area Surveyed:

A complete contact survey using a G-M survey meter on the lowest range was conducted on 11/04/10. The survey results indicated no exposure levels were in excess of 0.02 mR/hr.

Surface Wipe Test:

Surface wipe tests were performed using ten (10) dry smears (i.e. Nu-Con or other). Surfaces wiped included the counters, storage areas, and floor. The wipe test results were recorded in net cpm and dpm.

Results:

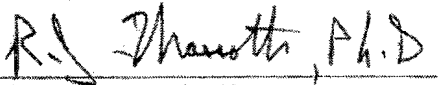
All surveys produced background readings from the survey meter and wipe test analysis.

Conclusion:

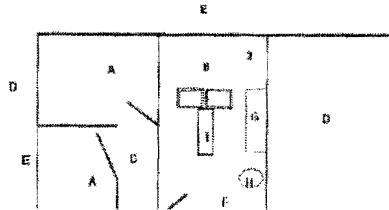
No radiation levels above background were detected. No removable contamination was found.

Recommendations:

Signs indicating the presence of radioactive materials in the imaging suite were removed or defaced.


Richard Massoth, Ph.D.
Radiation Safety Officer

F. Floor
G. Countertop
H. Injection
I. Camera



Avera Doctors Plaza II
Room 2116
1100 East 21st Street
Sioux Falls, SD 57105

	<u>AREA</u>	<u>G-M SURVEY (mSv/hr)</u>	<u>Wipe in cpm</u>	<u>DPM</u>
F.	Floor	0.0002	19.0	29.23
G.	Countertop	0.0002	27	41.54
H.	Injection	0.0002	-4.0	0.0
I.	Camera	0.0002	40.0	61.54
	BKG	0.0002	324	

R. J. Massoth, Ph.D.
Richard Massoth, Ph.D.
Radiation Safety Officer

2/11/11
Date

CLOSE OUT SURVEY : 1000 21st Street (Former HDR Location)

Date: 1/18/2011
Name: Avera McKennan
Former HDR location

NRC License #: 40-16571-01

Survey Instrument: Bicron Model #: 50 Serial #: B769V

Last Calibration Date of Survey Meter: 1/22/10

Check Source Reading: 1.0 mR/hr

Wipe Test Analyzer (well counter): Captus 3000, SN 900785

Last Calibration (day of analysis): 1/18/2011

Wipe Test Window: Open

Minimum Detectable Activity: 183.2

Wipe Analysis Background: 324 cpm

G-M Survey Background 0.02 mR/hr

Surveyor: Traci Hollingshead

Area Surveyed:

A complete contact survey using a G-M survey meter on the lowest range was conducted on 01/18/2011. The survey results indicated no exposure levels were in excess of 0.02 mR/hr.

Surface Wipe Tests:

Surface wipe tests were performed using ten dry smears (i.e. Nu-Con or other). Surfaces wiped included the counters, storage areas, and floor. The wipe test results were recorded in net cpm. Measurements were not converted to dpm as there was no contamination identified. No values above 2000 net dpm were found.

Results:

All surveys produced background readings from the survey meter and wipe test analysis.

Conclusion:

No radiation levels above background were detected. No removable contamination was found.

Recommendations:

Signs indicating the presence of radioactive materials on the former HDR cabinet were removed or defaced.

A. J. Thasoth, Ph.D.
Radiation Safety Officer

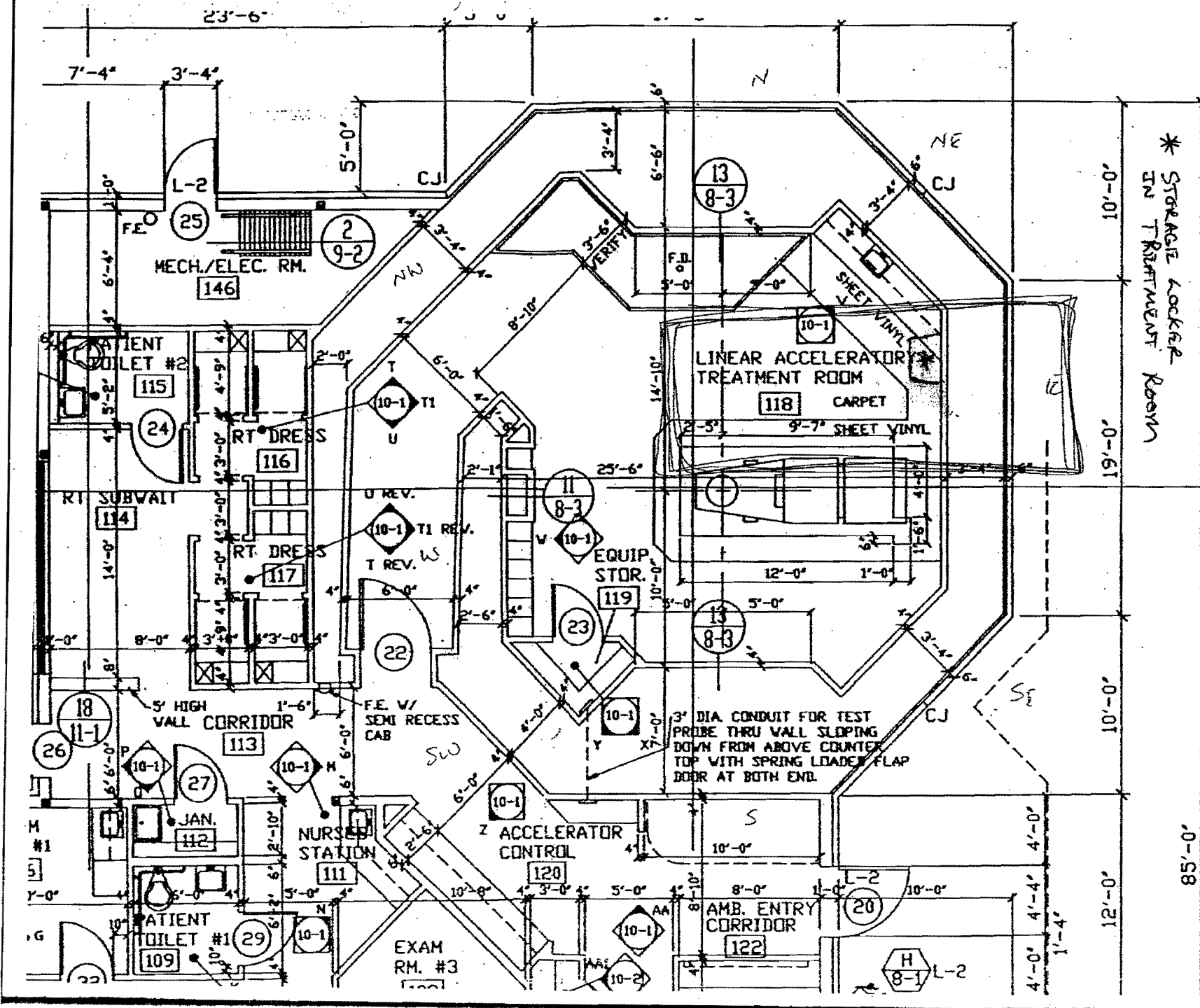
CLOSE OUT SURVEY : Former HDR

Please see attached diagram

	<u>AREA</u>	<u>G-M SURVEY</u> <u>(mSv/hr)</u>	<u>CPM</u>
1.	Bed	0.0002	351
2.	Bathroom floor	0.0002	364
3.	Floor of therapy area	0.0002	379
4.	Sink-inside cabinet floor	0.0002	338
5.	Dose prep-top of cabinet	0.0002	343
6.	Nurse call-outside of cabinet	0.0002	360
7.	Cabinet door (front)	0.0002	326
8.	Inside cabinet walls	0.0002	320
9.	Floor-right side of cabinet	0.0002	351
10.	counter/sink -left side of cabinet	0.0002	339

AVELA CANCER INSTITUTE
1000 EAST 21ST STREET
STONY FALLS, SD

* STORAGE LOCKER
IN TREATMENT ROOM



574507

This is to acknowledge the receipt of your letter/application dated
2-14-2011, and to inform you that the initial processing,
which includes an administrative review, has been performed.

2-25-2011
DATE

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 574507.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murahan

Licensing Assistant

Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 2B 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

A. REGION

Applicant/Licensee:	AVERA MCKENNAN HOSPITAL
Received Date:	02/25/2011
Docket Number:	3011252
Mail Control Number:	574507
License Number:	40-16571-01
Action Type:	Amendment

Amount: _____

Check No.: _____

Signed:

Colleen Murnahan

Date:

2-25-2011

1. Fee Category and Amount:

Amendment: _____

Renewal: _____

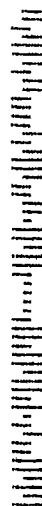
License: _____

3. OTHER

Signed:

Date:

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



Mark Sperlich

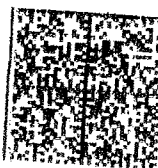
Avera McKennan Hospital

800 East 21st Street

Sioux Falls, SD 57105



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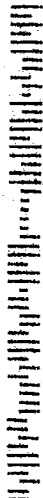
DNMS

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

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ARLINGTON, TX 76011-4125

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