



TO: *Patty Pelke*

Company:

Phone:

Fax: *630-515-1259*

FROM: Radiology *Aona DeClerc*

Company: Washington County

Memorial Hospital

Phone: (573)438-5451x 204

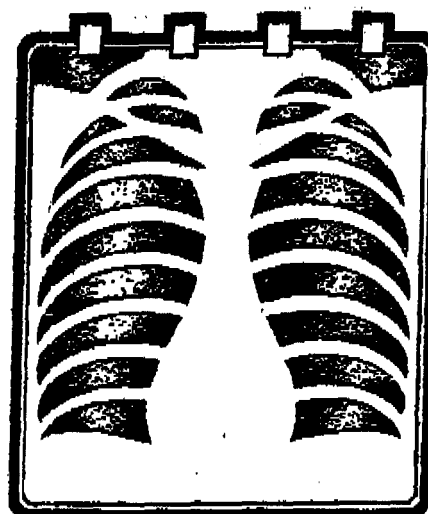
Fax: (573)438-4611

DATE: *4/28/11*

Pages Including

cover page: *2*

COMMENTS:



NOTE: PRIVATE AND PRIVILEGED INFORMATION. THIS TRANSMISSION IS DIRECTED TO THE PERSON OR PERSONS NAMED ABOVE FOR THEIR USE. IT MAY CONTAIN INFORMATION OR MATERIALS WHICH ARE PERSONAL, PRIVATE AND/OR CONFIDENTIAL AND WHICH ARE NOT INTENDED TO, AND MAY NOT BE, DISCLOSED TO ANY OTHER PERSON. IF YOU ARE NOT THE PERSON TO WHICH THIS TRANSMISSION IS DIRECTED, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, DISTRIBUTION, COPYING OR USE OF THE THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, DO NOT SEND IT OR ANY PART OF IT. IMMEDIATELY CONTACT US BY TELEPHONE AND RETURN THE ORIGINAL COMMUNICATION TO US AT THE ADDRESS BELOW WITH POSTAGE COLLECT ON THAT ADDRESS. THANK YOU VERY MUCH FOR YOUR COOPERATION AND UNDERSTANDING.

*575017*

<b>NRC FORM 313</b> (3-2009) 10 CFR 30, 32, 33, 34, 35, 36, 38, and 40	<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>APPROVED BY OMB NO. 3160-0120</b> <b>EXPIRES: 3/31/2012</b>
<b>APPLICATION FOR MATERIALS LICENSE</b>	
<p><b>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.</b></p>	
<p><b>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</b></p> <p>OFFICE OF FEDERAL &amp; STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS          DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS          U.S. NUCLEAR REGULATORY COMMISSION          WASHINGTON, DC 20555-0001</p> <p><b>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</b></p> <p><b>IF YOU ARE LOCATED IN:</b></p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, 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:</p> <p>LICENSING ASSISTANCE TEAM          DIVISION OF NUCLEAR MATERIALS SAFETY          U.S. NUCLEAR REGULATORY COMMISSION, REGION I          475 ALLENDALE ROAD          KING OF PRUSSIA, PA 19406-1415</p>	<p><b>IF YOU ARE LOCATED IN:</b></p> <p>ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH          U.S. NUCLEAR REGULATORY COMMISSION, REGION III          2443 WARRENVILLE ROAD, SUITE 210          Lisle, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING BRANCH          U.S. NUCLEAR REGULATORY COMMISSION, REGION IV          612 E. LAMAR BOULEVARD, SUITE 400          ARLINGTON, TX 76011-4125</p>
<p><b>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 JURISDICTION.</b></p>	
<p><b>1. THIS IS AN APPLICATION FOR (Check appropriate item)</b></p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER</p> <p><input checked="" type="checkbox"/> C. RENEWAL OF LICENSE NUMBER <b>24-32317-01</b></p>	<p><b>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</b></p> <p><b>Aona Declue</b> <i>Washington County</i>  <b>300 Healthway</b> <i>Mendota Hosp. Rd.</i>  <b>Potosi, Mo. 63664</b></p>
<p><b>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</b></p> <p><b>300 Healthway</b>  <b>Potosi, Mo. 63664</b></p>	<p><b>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</b></p> <p><b>Aona Declue</b></p> <p><b>TELEPHONE NUMBER</b></p> <p><b>(573) 438-5451</b></p>
<p><b>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.</b></p>	
<p><b>5. RADIOACTIVE MATERIAL</b></p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p><b>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</b></p>
<p><b>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</b></p>	<p><b>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</b></p>
<p><b>9. FACILITIES AND EQUIPMENT.</b></p>	<p><b>10. RADIATION SAFETY PROGRAM.</b></p>
<p><b>11. WASTE MANAGEMENT.</b></p>	<p><b>12. LICENSE FEES (See 10 CFR 170 and Section 170.37)</b></p> <p>FEE CATEGORY <b>N/A</b> AMOUNT <b>ENCLOSURE</b> \$</p>
<p><b>13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.</b></p> <p>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, 38, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.</p> <p><b>WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 (2 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.</b></p>	
<p><b>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</b></p> <p><b>Leah Ostahr, Administrator</b></p>	<p><b>SIGNATURE</b></p> <p><i>Leah Ostahr</i></p> <p><b>DATE</b></p> <p><b>04/28/2011</b></p>
<p><b>FOR NRC USE ONLY</b></p>	
<p><b>TYPE OF FEE</b></p>	<p><b>FEE LOG</b></p>
<p><b>FEE CATEGORY</b></p>	<p><b>AMOUNT RECEIVED</b></p>
<p><b>APPROVED BY</b></p>	<p><b>CHECK NUMBER</b></p>
<p><b>DATE</b></p>	<p><b>COMMENTS</b></p>