

TO: *Patty Pelke*

Company:

Phone:

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FROM: Radiology *Aona DeCleve*

Company: Washington County

Memorial Hospital

Phone: (573)438-5451x 204

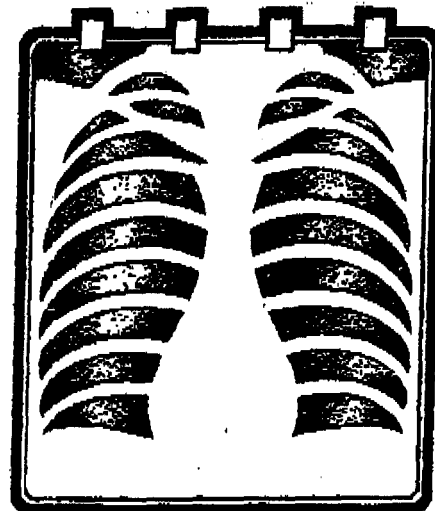
Fax: (573)438-4611

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*

<p><b>NRC FORM 313</b> (3-2009) 10 CFR 30, 32, 33, 34, 35, 38, 39, and 40</p>	<p><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p>	<p>APPROVED BY OMB NO. 3150-0120</p>	<p>EXPIRES: 2/31/2012</p>		
<p><b>APPLICATION FOR MATERIALS LICENSE</b></p>		<p>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 estimates to the Records and FOIA Privacy Services Branch (T-6 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to info@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE03-70202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to improve 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.</p>			
<p>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.</p>					
<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p>		<p>IF YOU ARE LOCATED IN:</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>ILLINOIS, INDIANA, IOWA, KENTUCKY, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p>			
<p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p>		<p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LESLIE, IL 60532-4332</p>			
<p>IF YOU ARE LOCATED IN:</p>		<p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OREGON, OHIIO, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, 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 19403-1415</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>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.</p>					
<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p>		<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</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 <u>24-32317-01</u></p>		<p><b>Aona DeChue</b> <i>Washington County</i> <b>300 Healthway</b> <i>Mendota Hosp. Bld.</i> <b>Potosi, Mo. 63664</b></p>			
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p>		<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p>			
<p><b>300 Healthway</b> <b>Potosi, Mo. 63664</b></p>		<p><b>Aona DeChue</b></p>			
		<p>TELEPHONE NUMBER</p>			
		<p><b>(573) 438-5451</b></p>			
<p>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.</p>					
<p>5. RADIOACTIVE MATERIAL</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>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>			
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>		<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>			
<p>9. FACILITIES AND EQUIPMENT.</p>		<p>10. RADIATION SAFETY PROGRAM.</p>			
<p>11. WASTE MANAGEMENT.</p>		<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.37)</p>			
		<p>FEE CATEGORY <b>N/A</b> AMOUNT ENCLOSED \$</p>			
<p>13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.</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, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.</p>					
<p>WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 (2 STAT. 749) MAKES IT A CRIMINAL OFFENSE TO MAKE A KNOWINGLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.</p>					
<p>CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE</p>		<p>SIGNATURE</p>	<p>DATE</p>		
<p><b>Leah Ostahr, Administrator</b></p>		<p><i>Leah Ostahr</i></p>	<p><b>04/28/2011</b></p>		
<p>FOR NRC USE ONLY</p>					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY		DATE			