



A Heart for Excellence

700 Ironwood Drive, Suite 103
Coeur d'Alene, Idaho 83814
208.666.3800 tel
208.666.3833 fax
www.kootenaihealth.org

April 28, 2011

RECEIVED

MAY 2 - 2011

DNMS

US Nuclear Regulatory Commission
Region IV
611 East Lamar Boulevard, Suite 400
Arlington, TX 76011

License No. 11-27307-01
Docket No. 030-32264

Dear Dr. Lizette Roldan-Otero:

This letter is in response to your recent request for information regarding byproduct materials permitted by 10 CFR 35.400 and Kootenai Medical Center's license referenced above. Currently, Kootenai Medical Center has no manual brachytherapy program requiring byproduct materials permitted by 35.400, there are no materials listed in 35.400 in possession or storage, and there are no current plans for future programs in this regard.

I hope this adequately addresses your concerns. You may contact me at 208-666-3802 if you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Davenport", written over a horizontal line.

David Earl Davenport, M.D.
Radiation Safety Officer
Kootenai Cancer Center
700 West Ironwood Drive, Suite 103
Coeur d'Alene, ID 83814

cc rjm

No. 575251

MAY 27 2011

DATE

This is to acknowledge the receipt of your letter/application dated 4/28/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

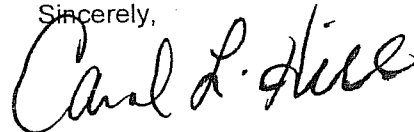
- There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

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** 575251.
When calling to inquire about this action, please refer to this mail control number.
You may call me at (817) 860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

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

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KOOTENAI MEDICAL CENTER
Received Date: 05/27/2011
Docket Number: 3032264
Mail Control Number: 575251
License Number: 11-27307-01
Action Type: Amendment

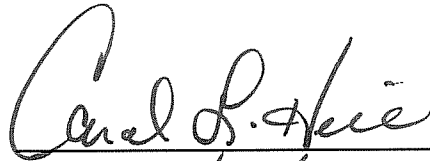
2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____



Date: _____

5/27/11

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____