

Castle Medical Center

Adventist  
Health

Exceptional Medicine  
by Exceptional People

Administration  
640 Ulukahiki Street  
Kailua, Hawaii 96734  
Tel 808-263-5142  
Fax 808-263-5143  
www.castlemed.org

RU

RECEIVED

DEC 12 2011

DNMS

December 5, 2011

U.S. Nuclear Regulatory Commission, Region IV  
612 E. Lamar Blvd, Suite 400  
Arlington, TX 76011-4125

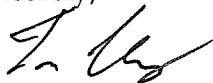
Subject: Notification  
NRC License No. 53-16929-01  
Docket No. 030-11883

Dear License Reviewer:

Please remove Chuong Nguyen, M.D. from our list of Authorized User, effective November 15, 2011.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,



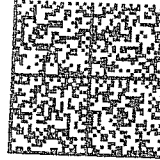
Travis Clegg, MBA  
Vice President Operations

Castle Medical Center

Adventist Health

Administration  
640 Ulukahiki Street  
Kailua, Hawaii 96734-4498

PRESORTED  
FIRST CLASS



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MAILED FROM ZIP CODE 96817

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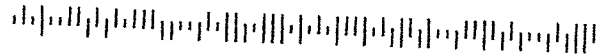
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Arlington, TX 76011-4125

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1-57652-1

DEC 13 2011

DATE

This is to acknowledge the receipt of your letter/application dated DEC - 5 2011, 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:


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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** No 5 7 6 5 2 1.  
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: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 06/30/2012  
Fee Comments: CODE 21  
Decom Fin Assur Reqd: N

### License Fee Worksheet - License Fee Transmittal

#### A. REGION

##### 1. APPLICATION ATTACHED

Applicant/Licensee: CASTLE MEDICAL CTR.  
Received Date: 12/12/2011  
Docket Number: 3011883  
Mail Control Number: 576521  
License Number: 53-16929-01  
Action Type: Amendment

##### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

##### 3. COMMENTS

Signed: \_\_\_\_\_

*Carol R. Hill*

Date: \_\_\_\_\_

12/13/11

#### 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: \_\_\_\_\_