



BARRETT
HOSPITAL & HEALTHCARE

RECEIVED

JUL 15 2013

DNMS

United States
Nuclear Regulatory Commission
Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511

DATE: 7/10/2013
SUBJECT: LICENSE AMENDMENT

In accordance with 10 CFR 35.14, this letter is to notify the NRC that the Radiation Safety Officer James H. Brewer Ph.D. has discontinued service with Barrett Hospital and HealthCare under license number 25-29088-01. The RSO position has been filled by Jeff Fairbanks, Ph.D., DABR. Thank you for your assistance.

Robin L. Johnson

Imaging and CardioPulmonary Manager
Barrett Hospital and HealthCare
600 Hwy 91 So.
Dillon, MT 59725
Office 406-683-3064
Fax 406-683-3112
rjohnson@barrethospital.org

PUBLIC

- Immediate Release
 Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
 A.7 Sensitive Internal
 Other: _____

Reviewer: MS Date: 8/2/13

Barrett Hospital & HealthCare

600 MT Highway 91 South

Dillon, MT 59725

Return Service Requested

FIRST CLASS



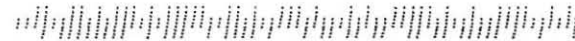
UNITED STATES POSTAGE
FIRST CLASS PERMIT NO. 1000 DILLON, MT
\$ 00.46⁰
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MAILED FROM ZIP CODE 59725

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RECEIVED
JUL 15 2013
DNMS

United States
Nuclear Regulatory Commission
Region IV
c/o Lizette Roldán-Otero
Ph.D. Health Physicist
1600 East Lamar Blvd.
Arlington, TX 76011-4511

760114511





DATE
07/18/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE Barrett Hospital & HealthCare ATTN: Robin L. Johnson Image and Cardiopulmonary Manager 600 Highway 91 South Dillon, MT 59725	LICENSE NUMBER 25-29088-01
	MAIL CONTROL NUMBER 581361
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 07/10/2013

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

7/18

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
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

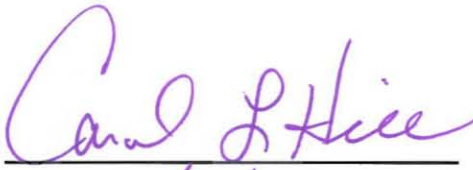
Applicant/Licensee: BARRETT HOSPITAL & HEALTHCARE
Received Date: 07/15/2013
Docket Number: 3033800
Mail Control Number: 581361
License Number: 25-29088-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: 
Date: 7/18/13

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: _____