

August 31, 2016

 Ø. S. NUCLEAR REGULATORY COMMISSION Region III
 Materials Licensing Branch
 2443 Warrenville Road, Ste 210
 Lisle, IL 60532-4352

RE: Additional information for amendment request of NRC License Control # 591665

As requested information:

- (1) The form 314 is attached.
- (2) There is no PET radionuclides to be used at the requested location.
- (3) I was present on August 31, 2016 for the quarterly physics review of the site, and there was a radiation survey performed, a recently calibrated GM EWGM was used, all surveys were appropriate. Wipe tested was performed, all areas measured background. I also reviewed recent site survey records, all were appropriate. There is nothing to report, no leaking sources.

If added information or further clarification is needed, we request that this be done via email for Laura T. Smith, MS, DABR - physicist at lsphysics@att.net and sliputics@att.net and https://www.shift.com and sliputics@att.net and sliputics@att.net and sliputics@att.net and sliputics@att.net and sl

Sincerely,

Laura T. Smith, MS, DABR Radiation Safety Officer

601 John Street Kalamazoo, MI 49007 269.341.7654 bronsonhealth.com

NRC FORM 314 (02-2014) 10 CFR 30.36()(1); 40.42()(1); 70.38()(1); and 72.54(k)(5)(1)(1) ****** CERTIFICATE OF DISPOSITION OF MATERIALS	APPROVED BY OMB: NO. 3150-0028 Estimated burden per response to comply with this mand used by NRC as part of the basis for its determination in comments regarding burden estimate to the FOIA, Privae Nuclear Regulatory Commission, Washington, DC 2 Resource@nrc.gov, and to the Deak Officer, Office of (3150-0028), Office of Management and Budget, Wash information collection does not display a currently valid sponsor, and a person is not required to respond to, the im-	that the facility is released for unrestricted use. Send y, and Information Collections Branch (T-5 F53), U.S. 0555-001, or by internet e-mail to Infocotlects. I Information and Regulatory Affairs, NEOB-10202, ington, DC 20503. If a means used to impose an OMB control number, the NRC may not conduct or
LICENSEE NAME AND ADDRESS BRONSON LAKEVIEW HOSpital 408 Hazen Street	LICENSE NUMBER 21-26716-07	DOCKET NUMBER
Paw Paw, Mi 49079-	LICENSE EXPIRATION DATE	
A. LICENSE STATUS (Check the appropriate box)		
This license has expired. X This license has not yet expired; please terminate it.		
B. DISPOSAL OF RADIOACTIVE MATERIAL (Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments) The licensee, or any individual executing this certificate on behalf of the licensee, certifies that: 1. No radioactive materials have ever been procured or possessed by the licensee under this license. 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner. A. Transfer of radioactive materials to the licensee listed below: BR INSON METHOD IST HDSPTAL 21-13125-01.		
 b. Disposal of radioactive materials: 1. Directly by the licensee: 		
2. By licensed disposal site:		
3. By waste contractor:		
c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.		
C. SURVEYS PERFORMED A		
1. A radiation survey was conducted by the licensee. The survey confirm	ns:	
a. the absence of licensed radioactive materials		
b. that any remaining residual radioactivity is within the limits of 10 C	FR 20, Subpart E, and is ALARA	
2. A copy of the radiation survey results:		
ZLa. is attached; or b. is not attached (Provide explanation); or [c. was forwarded to NRC on:	Date
3. A radiation survey is not required as only sealed sources were ever po	ossessed under this license, and	Date
a. The results of the latest leak test are attached; and/or	b. No leaking sources have even	r been identified.
The person to be contacted regarding the information provided on this form: NAME TITLE	TELEPHONE (Include Area Code) E-MAIL	4000000
Laurat. Smitz RSD	5366 505 5 5 5 14 3055 5 5 5 10	ADDRESS Chysics@att. net Dea@bransanhy.ce and ther licensor
Same location - still open bjost menging to another licenst		
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT		
PRINTED NAME AND TITLE LOURA T. SMITH RSO SIGNATURE	a). Sul	B/31/2016
WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.		
NRC FORM 314 (02-2014)		

Forster, Sara

From:	Laura T. Smith- Physics <lsphysics@att.net></lsphysics@att.net>
Sent:	Wednesday, August 31, 2016 11:09 AM
То:	Forster, Sara
Subject:	[External_Sender] Re: Additional Information request for , CN591664 & CN59166
Attachments:	SCAN0323.PDF; SCAN0324.PDF

Sara,

This should complete what I have outstanding for you. Any questions, or if something is not as requested please let me know asap, and I am back now, so will get done quickly.

Laura Smith I prefer email communications

From: "Forster, Sara" <Sara.Forster@nrc.gov>
To: "Smith, Laura T. Smith (Laura.Smith2@stjohn.org)" <Laura.Smith2@stjohn.org>;
"Isphysics@att.net" <Isphysics@att.net>
Sent: Friday, August 19, 2016 9:53 AM
Subject: Additional Information request for Bronson Methodist Hospital, NRC License No. 21-13125-01, CN591664

Dear Ms. Smith:

Please see the attached file for additional information needed to complete the review of the recent amendment request concerning the above referenced applicant. Note that the attached letter requests additional information on or before close of business on September 2, 2016. Note that the additional information must be submitted via a dated letter signed a duly authorized management official. Additional guidance may be found in NUREG 1556, Vol. 9, Rev. 2, "Program Program-Specific Guidance About Medical Use Licenses;" which may be found at:

http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/

Submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have. Please also send a quick email when you receive this message, to confirm receipt.

Sincerely yours,

Sara A. Forster, Health Physicist Licensing Reviewer

U.S. Nuclear Regulatory Commission - Region III Division of Nuclear Materials Safety 2443 Warrenville Rd. - Ste. 210 Lisle, IL 60532-4352 <u>sara.forster@nrc.gov</u> Direct: (630) 829-9892 Facsimile: (630) 515-1078