

Hill, Carol

From: Fairbanks, Jeff PhD <fairbanj@slhs.org>
Sent: Friday, August 05, 2016 10:58 AM
To: Hill, Carol
Cc: roberto.torres@nrc.gov; Robin Johnson
Subject: [External_Sender] Barrett Hospital NRC License Change of Status
Attachments: License Clarifications for 25-20988-01.pdf

Hi Carol, I received a phone call from Roberto and you regarding the Barrett Hospital license, and since we are not terminating the license at this time (but we may in the future, as you and I have discussed), he recommended that I submit the attached letter specifying the change of status of the license and the retraction of Form 314 until we decide to terminate the license.

Please let me know if you have any further clarifications you need from me. I appreciate your phone call.

Jeff

From: Hill, Carol <Carol.Hill@nrc.gov>
Sent: Monday, July 25, 2016 6:59 AM
To: Fairbanks, Jeff PhD
Subject: [EXTERNAL] Barrett Hospital

Good Morning,

Are you terminating the license completely?

Carol L. Hill, Licensing Assistant

Direct: 817-200-1140
Toll Free: 1-800-952-9677
Fax: 817-200-1083
E-mail: Carol.Hill@nrc.gov

US Nuclear Regulatory Commission
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: QOC

Date: 9/1/16

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August 5, 2016

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 E. Lamar Blvd, Arlington, Texas 76011-4511
817-200-1140, 800-952-9677, Carol.Hill@nrc.gov

RE: Change License Status & Retract Form 314 for License #25-29088-01

Dear Carol Hill:


Regarding the license for Barrett Hospital, and per our conversations on the current and future status of the license, because we are not prepared at this time to terminate the license I ask the following:

1. Please retract Form 314 which I sent to you dated 7/10/2016
2. Please change the status of the license from "active" to "standby no operations"

I understand from the recent phone call from you and Roberto that this change of status will result in a reduction of the license fee.

As we have discussed, we may terminate the license at a later date, at which time I will re-submit Form 314 as a termination.

Thank you,



Jefferson Fairbanks, PhD
Radiation Safety Officer
208-861-6501 cell, fairbanj@slhs.org



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Robin L. Johnson, MHA
Diagnostic Imaging Manager
Barrett Hospital & HealthCare
600 Highway 91 South
Dillon, MT 59725

Date

08/30/2016

License Number(s)

25-29088-01

Mail Control Number(s)

591803

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☐ Letter and/or ☒ Application Dated: 08/05/2016

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

8/30/16

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 Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BARRETT HOSPITAL & HEALTHCARE
Received Date: 08/05/2016
Docket Number: 3033800
Mail Control Number: 591803
License Number: 25-29088-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Heie
8/30/16

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: _____