



Lake Huron Medical Center

September 22, 2016

Nuclear Regulatory Commission
Region III
Materials Licensing Branch
2443 Warrenville Road, Ste. 210
Lisle, IL 60532-4352

Dear Sir/Madame:

I am submitting a request to amend NRC license number 21-15638-01 on behalf of Lake Huron Medical Center in Port Huron, MI.

We would like to adjust Line 7 G under possession limits to reflect a Cs-137 source change to that device. The new line should read "Sealed sources (AEA Technology Model CDC.T1, 3M Model 6500 Series, and Eckert & Ziegler 67-6500 Series)". The limit should remain unchanged at 1 Curie.

If you have any questions regarding this change, feel free to contact our consulting physicist, Vince McCormick, at (734)395-9323 or v_mccormick@comcast.net or our Radiation Oncology Physicist, Jeffrey Adams at (810) 216-1564 or jadams8@primehealthcare.com

Sincerely,



John Ference, M.D.

Radiation Safety Officer

Lake Huron Medical Center | 2601 Electric Avenue | Port Huron, MI 48060 | mylakehuron.com

(810) 216-1500

RECEIVED OCT 04 2016

<p>NRC FORM 313 U.S. NUCLEAR REGULATORY COMMISSION (06-2016) 10 CFR 30, 32, 33, 34 35, 36, 37, 39, and 40</p> <p style="text-align: center;">APPLICATION FOR MATERIALS LICENSE</p>	<p>APPROVED BY OMB: NO. 3150-0120 EXPIRES: 06/30/2019</p> <p>Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollcts.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p>
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INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/st1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>MATERIALS SAFETY LICENSING BRANCH DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</p> <p>ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,</p> <p>SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 2100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19403-2713</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,</p> <p>SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON, TX 76011-4511</p>
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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>21-15638-01</u></p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (include ZIP code)</p> <p>Lake Huron Medical Center 2601 Electric Avenue Port Huron, MI 48060-6815</p>				
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>2601 Electric Avenue Port Huron, MI 48060-6815</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Viincent McCormick, M.S., DABR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BUSINESS TELEPHONE NUMBER (734) 455-4730</td> <td style="width:50%;">BUSINESS CELLULAR TELEPHONE NUMBER (734) 395-9323</td> </tr> <tr> <td colspan="2">BUSINESS EMAIL ADDRESS v_mccormick@comcast.net</td> </tr> </table>	BUSINESS TELEPHONE NUMBER (734) 455-4730	BUSINESS CELLULAR TELEPHONE NUMBER (734) 395-9323	BUSINESS EMAIL ADDRESS v_mccormick@comcast.net	
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SUBMIT ITEMS 6 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>				
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</p>				
<p>10. RADIATION SAFETY PROGRAM.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>				
<p>12. LICENSE FEES (Fees required only for new applications, with few exceptions*) (See 10 CFR 170 and Section 170.31) *Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">FEE CATEGORY</td> <td style="width:40%;">AMOUNT ENCLOSED \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$			<p>11. WASTE MANAGEMENT.</p>
FEE CATEGORY	AMOUNT ENCLOSED \$				

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.
WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 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.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p> <p>John Ference, M.D. RSO</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>9/22/16</p>
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FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY:				DATE	



Lake Huron
Medical Center

2601 Electric Avenue
Port Huron, MI 48060
(810) 216-1500
www.mylakehuron.com

Fax

To:	Jennifer Bishop	From:	Brent Gilmore
Fax:	1-630-515-1078	Pages:	3
Phone:	1-630-829-9607	Date:	October 4, 2016
Re:	Amendment	cc:	

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Dear Colleague,

Here is the paperwork Jeff Adams our medical physicist sent in a few weeks back now. If there is anything missing or in need of correction, please let us know.

Sincerely,

Brent Gilmore

Brent Gilmore | Director and Dosimetrist of Radiation Oncology
2601 Electric Avenue | Port Huron, MI 48060 | T 810.216.1347 | F 810.216.1574
bgilmore@primehealthcare.com



Prime Healthcare

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