

May 1, 2018

Materials Licensing Section
U.S. NRC Region III
2443 Warrenville Road
Suite 210
Lisle, IL 60532-4352

Re: Licensee's name change

To Whom It May Concern:

We are providing notification of the completion of the purchase of Des Peres Hospital (NRC License No.: 24-32195-01) by St. Luke's Des Peres Episcopal-Presbyterian Hospital. In a letter dated March 22, 2018 the NRC consented to the direct transfer of control. We have attached a signed copy of the final agreement confirming completion of the transaction. We are now requesting an administrative amendment to reflect the name change.

Sincerely,



David E. Loving, FACHE
President, St. Luke's Des Peres Episcopal-Presbyterian Hospital

RECEIVED MAY 02 2018

<p>NRC FORM 313 U.S. NUCLEAR REGULATORY COMMISSION (10-2017) 10 CFR 30, 32, 33, 34, 35, 36, 37, 38, and 40</p> <p style="text-align: center;">APPLICATION FOR MATERIALS LICENSE</p>	<p>APPROVED BY OMB: NO. 3160-0120 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 documents regarding burden estimates to the Information Services Branch (T-2 F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to InfoCollect.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3160-0120), 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-1886 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/readingrm/doc_collections/materialslicense/ or call (800) 368-5898. 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 3100 RENAISSANCE BOULEVARD, SUITE 100 KING OF PRUSSIA, PA 19406-2713</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>IF YOU ARE LOCATED IN:</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 78011-4511</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. AMENOMENT TO LICENSE NUMBER <u>24-32195-01</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>Radiation Safety Officer Des Peres Hospital 2345 Dougherty Ferry Road St. Louis, MO 63122</p>
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<p>3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>David Loving</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BUSINESS TELEPHONE NUMBER 314-966-9135</td> <td style="width:50%;">BUSINESS CELLULAR TELEPHONE NUMBER</td> </tr> <tr> <td colspan="2">BUSINESS E-MAIL ADDRESS David.Loving@tenethealth.com</td> </tr> </table>	BUSINESS TELEPHONE NUMBER 314-966-9135	BUSINESS CELLULAR TELEPHONE NUMBER	BUSINESS E-MAIL ADDRESS David.Loving@tenethealth.com	
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SUBMIT ITEMS 5 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>6. 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>8. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>			
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>			
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>10. WASTE MANAGEMENT.</p>			
<p>10. RADIATION SAFETY PROGRAM.</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:30%;">FEE CATEGORY</td> <td style="width:30%;">AMOUNT ENCLOSED \$</td> <td style="width:40%;"></td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$	
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PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1998 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 631: https://www.nrc.gov/readingrm/doc_collections/forms/nrc631info.html.

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, 38, 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 WILL FULLY 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>David Loving, President</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>5-2-18</p>
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FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	



5/2/18

TO: NRC Region III office

Fax: 630-515-1078