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NOV 12 2018  
DNMS



1401 10<sup>th</sup> Avenue West  
Mobridge, SD 57601  
Phone: (605) 845-3692  
mobridgehospital.org

October 16<sup>th</sup>, 2018

U.S. Nuclear Regulatory Commission  
Region IV  
1600 E Lamar Blvd  
Arlington, TX 76011-4511

Amendment request to license No. 40-17711-01

U.S. Nuclear Regulatory Commission,

PUBLIC

- Immediate Release
- Normal Release

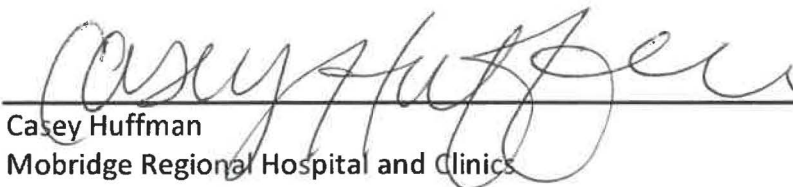
NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: RWZ Date: 11-14-18

1. Please use this letter as a formal request to release former cardiac stress room submitted to the NRC in the license renewal application dated January 16, 2015.
  - a. The last survey result done in the above mentioned cardiac rehab room was on 08/16/2018 and was 0.0 mR/hr on both the treadmill and workstation in the room.
  - b. The last wipe test was done on 08/13/2018 and results were 19.1 DPM on the treadmill and -146.3 DPM on the cardiac workstation.
  - c. Current surveys completed on 10/10/2018 of the room where 0.0 mR/hr
  - d. Wipe tests completed on 10/10/2018 of the floor and wall of the room were -16.8 DPM on the floor and -29.7 DPM on the wall.
2. The following methods will be used to demonstrate that doses are expected to be within 10% of regulatory limits:
  - a. Area surveys will be performed daily when there is a patient in which a nuclear medicine test is performed in the cardiac rehab room to ensure that workers are not likely to exceed 10% of the limits with estimated occupancy rates and calculations.
  - b. An area thermoluminescent dosimeter will be placed in the cardiac rehab room to ensure that workers are not likely to exceed 10% of the limit.

Please contact me for further information,



Casey Huffman  
Mobridge Regional Hospital and Clinics  
Director of Diagnostic Imaging  
605-845-8176

10/16/18  
Date

No. 610622



P.O. Box 580  
MOBRIDGE, SD 57601-0580

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DNMS/NMSB-B  
US Nuclear Regulatory Commission  
1600 E. Lamar Boulevard Region IV  
Arlington, TX 76011-4511

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Casey Huffman  
Director of Diagnostic Imaging  
Mobridge Regional Hospital and Clinics  
1401 10th Avenue West  
Mobridge, SD 57601

Date

11/28/2018

License Number(s)

40-17711-01

Mail Control Number(s)

610622

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 10/16/2018

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:

[Empty box for administrative omissions]

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

11/28

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: 04/30/2025  
Fee Comments: CODE 23  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Mobridge Regional Hospital and Clinics  
Received Date: 11/12/2018  
Docket Number: 3013207  
Mail Control Number: 610622  
License Number: 40-17711-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

*Carol L. Heise*

Date: \_\_\_\_\_

*11/28/18*

### 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: \_\_\_\_\_