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801 E. Sioux Ave.
Pierre, SD 57501
605-224-3100

Avera.org

DATE: 5/20/2019

DNMS

Via Email

Roberto J. Torres, M.S., Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, TX 76011-4511

RobertoJ.Torres@nrc.gov

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

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

Reviewer: ACT Date: 5-29-19

Re: **Amendment to Facilitate the Use of a Mobile Imaging Unit at NRC License Number 40-07328-03 issued to Avera St. Mary's Hospital, Pierre, South Dakota**

Dear Mr. Torres:

Please amend the above radioactive material license to reflect the following:

- Amend Condition 10.I to update our license to the most current conditions for Condition 10.I reflecting the terms of 10 CFR 35.80 authorizing the use of a mobile nuclear medicine service.

We are in the process of remodeling our nuclear medicine department. This amendment request and associated close out survey will be sent under separate cover. In the interim construction period, we hope to use on an irregular basis, the mobile service from Avera McKennan under NRC license 40-16571-01. The mobile unit will not be stored here.

Sincerely,



Barry Monfore, MD
Radiation Safety Officer



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Barry Monfore, MD Radiation Safety Officer Avera St. Mary's Hospital 801 East Sioux Avenue Pierre, SD 57501	Date 05/29/2019
	License Number(s) 40-07328-03
	Mail Control Number(s) 612317
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 05/20/2019

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) 200-1103 or (817) 200-1140

✓ 5/29

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: 09/30/2023
Fee Comments: CODE 23
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Avera St. Mary's Hospital
Received Date: 05/25/2019
Docket Number: 3012639
Mail Control Number: 612317
License Number: 40-07328-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L Heie

Date: _____

5/29/19

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: _____