

Hill, Carol

**From:** Dykert, Jason  
**Sent:** Tuesday, March 03, 2020 1:19 PM  
**To:** Hill, Carol  
**Subject:** License amendment request from licensee  
**Attachments:** NRC cover letter and Address Change Addendum.pdf

RECEIVED  
MAR 03 2020

Hi Carol, the licensee sent me an amendment request, can you set it up? Thanks!!!

DNMS

Siouxland Surgery Center, LLP d/b/a Dunes Surgical Hospital, 40-34223-01, 030-36922

A good contact for them since the ownership change is Shelley Ruden, Radiology Manager, 605-235-1020.

Jason Dykert  
Health Physicist  
Division of Nuclear Materials Safety  
US NRC Region IV

TS

Office: 817-200-1427

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

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

Reviewer: MRS Date: 3/4/20



*In association with Mercy Medical Center*

March 2, 2020

Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Blvd.  
Arlington, TX 76011

Dear Sir/Madame,

We, Siouxland Surgery Center d/b/a Dunes Surgical Hospital, are requesting an amendment to our current license to ensure the usage **location is correctly listed**. The prior license amendment added the new address of 600 Sioux Point Rd, our mailing address, but removed the previously listed address of use at 455 Sioux Point Rd. Both addresses are in the same business park and medical campus, and are located across the street from each other. But all radioactive materials are actually received, stored and implanted at the 455 Sioux Point Rd, Dakota Dunes, SD 57049 address. We have completed and included Form 313, please let us know if this license amendment request is needed and if there is anything else you need from us to complete this process.

Sincerely,

A handwritten signature in black ink that reads "Gina Myers". The signature is fluid and cursive.

Gina Myers  
Chief Nurse Officer  
Interim Chief Executive Officer

NRC FORM 313  
(01-2020)  
10 CFR 30, 32,  
33, 34, 35, 36,  
37, 39, and 40



U.S. NUCLEAR REGULATORY COMMISSION

**APPLICATION FOR  
MATERIALS LICENSE**

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 01/31/2023

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 Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [InfoCollects.Resource@nrc.gov](mailto:InfoCollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.

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-m/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

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

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

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,

**SEND APPLICATIONS TO:**

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 210  
KING OF PRUSSIA, PA 19406-2713

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

**IF YOU ARE LOCATED IN:**

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,

**SEND APPLICATIONS TO:**

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511

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.

**1. THIS IS AN APPLICATION FOR (Check appropriate item)**

- A. NEW LICENSE
- B. AMENDMENT TO LICENSE NUMBER 40-34223-01
- C. RENEWAL OF LICENSE NUMBER

**2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)**

Siouxland Surgery Center d/b/a Dunes Surgical Hospital  
600 Sioux Point Rd, Dakota Dunes, SD 57049

**3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED**

455 N Sioux Point Rd  
Dakota Dunes, SD 57049

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

Dr. Greg Naden

BUSINESS TELEPHONE NUMBER  
712-252-0088

BUSINESS CELLULAR TELEPHONE NUMBER

BUSINESS E-MAIL ADDRESS  
NadenG@jenc.com

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.

**6. RADIOACTIVE MATERIAL**

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

**6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.**

**7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.**

**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.**

**9. FACILITIES AND EQUIPMENT.**

**10. RADIATION SAFETY PROGRAM.**

**11. WASTE MANAGEMENT.**

**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.

FEE CATEGORY

AMOUNT ENCLOSED \$

0.00

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-m/doc-collections/forms/nrc531info.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, 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, 1949 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.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Dr. Greg Naden, MD Radiation Oncologist

SIGNATURE

*Greg Naden*

DATE

2/13/20

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	





**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b> Greg Miner CEO Siouxland Surgery Center, LLP d/b/a Dunes Surgical Hospital 600 Sioux Point Road	<b>Date</b> 03/05/2020
	<b>License Number(s)</b> 40-34223-01
	<b>Mail Control Number(s)</b> 618214
	<b>Licensing and/or Technical Reviewer or Branch</b> E. Gilman

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 03/02/2020

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**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02200  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 11/30/2025  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Siouxland Surgery Center, LLP  
Received Date: 03/03/2020  
Docket Number: 3036922  
Mail Control Number: 618214  
License Number: 40-34223-01  
Action Type: Amendment

#### 2. FEE ATTACHED

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

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

#### 3. COMMENTS

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

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

*[Handwritten Signature]*  
2020 03 05

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