

RECEIVED
09/23/2020



Mail Control Number: 623233
Docket Number : 3003231
License Number : 40-00238-04
Licensee Name : Monument Health, Inc.

September 22, 2020

United States Nuclear Regulatory Commission Region IV
License Division
1600 E. Lamar Blvd
Suite 400
Arlington, TX 76011-4511

Subject: Continuation of amendment number 109 to NRC License 40-00238-04

The location identified as 4150 5th Street, Rapid City, South Dakota has been vacated. This is a request to release this location for unrestricted use and remove condition 10.C from the license. The Final Area Summary and the Final Area Wipe Summary are included with this request.

Thank you,

A handwritten signature in black ink, appearing to read "Jim Mckee", written over a horizontal line.

Jim Mckee
Medical Physicist
Radiation Safety Officer
John T. Vucurevich Regional Cancer Care Institute
353 Fairmont Blvd
Rapid City, SD 57701
(605) 755-2339
jmckee1@monument.health

CENT HEALTH HEART & VASCULAR INSTITUTE

4150 5th. Street RAPID CITY, SD 57701

Area Survey Summary

Report Date	09/20/2020 17:46	Start Date	09/20/2020	End Date	09/20/2020
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NOTES		NetLevelVal					
Meter	450 B SURVEY METER - Victoreen 45	Manufacturer	VICTOREEN	Model	450B	Serial Number	1-1385
Meter Last Calib Dt	11/27/2019 00:00	Detector Brand	VICTOREEN	Detector Model	450B	Detector Serial #	1385

Test Date & Time	09/20/2020 17:30	Performed By	LOWELL G HUSMAN
Last Test Date	09/16/2020	Next Test Date	09/21/2020
Restricted Area	5.00 mR/Hr	Non Restricted Area	0.05 mR/Hr

Background 0.00 mR/Hr

Verified With Check Source

Survey Area Group: Week Days Surveys

Yes

#	Survey Area	Reading	Net Value	Restricted Area?
1	A--HOT LAB L338	0.01 mR/Hr	0.01 mR/Hr	Restricted
2	B--CORRIDOR BY HOT LAB L313	0.01 mR/Hr	0.01 mR/Hr	Restricted
3	E--NUCLEAR CAMERA ROOM L341	0.01 mR/Hr	0.01 mR/Hr	Restricted
4	F--CORRIDOR BY CAMERA ROOM L337	0.01 mR/Hr	0.01 mR/Hr	Restricted
5	G--PRE3P / INJECTION ROOM L318	0.01 mR/Hr	0.01 mR/Hr	Restricted
6	H--TOILET L317	0.01 mR/Hr	0.01 mR/Hr	Restricted
7	I--DIRTY LINEN L314	0.01 mR/Hr	0.01 mR/Hr	Restricted
8	J--EAST STRESS ROOM L311	0.01 mR/Hr	0.01 mR/Hr	Restricted
9	K--UTILITY L312	0.01 mR/Hr	0.01 mR/Hr	Restricted
10	L--WEST STRESS ROOM L343	0.01 mR/Hr	0.01 mR/Hr	Restricted
11	M--BIO ROOM L342	0.01 mR/Hr	0.01 mR/Hr	Restricted
12	BACKGROUND IN CORRIDOR OUT OF NUC.MED.DEPT.	0.01 mR/Hr	0.01 mR/Hr	Non-Restricted

Survey Area Group List: Week Days Surveys


 Radiation Safety Officer

NUMENT HEALTH HEART & VASCULAR INSTITUTE
4150 5th. Street RAPID CITY, SD 57701

Area Wipe Summary

Report Date	09/20/2020 17:47	Start Date	09/20/2020	End Date	09/20/2020
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Scaler	ATOM LAB 500 WIPER - 1; 1104007	Inst. Efficiency	100.00%	Last Calib Dt	07/11/2011 00:00
Manufacturer	ATOM LAB	Model #	086-331	Serial #	11040079-E
Detector Brand	ATOM LAB	Detector Model	075-594	Detector SI#	110-4214

Test Date Time	09/20/2020 17:40	Background	0.00
Performed By	LOWELL G HUSMAN	Next Test Date	09/23/2020
Last Test Date	09/16/2020	Calculated Non Restricted Area	200.00
Calculated Restricted Area	2,000.00DPM/100cm ²		

#	Area	Reading (CPM)	Net Result (DPM)	Restricted
1	A--HOT LAB L338 100.00 cm ²	2.00	2.000	Restricted
2	B--CORRIDOR BY HOT LAB L313 100.00 cm ²	0.00	0.000	Restricted
6	H--TOILET L317 100.00 cm ²	25.00	25.000	Restricted
5	G--PREP / INJECTION ROOM L318 100.00 cm ²	22.00	22.000	Restricted
10	L--WEST STRESS ROOM L343 100.00 cm ²	14.00	14.000	Restricted
9	K--UTILITY L312 100.00 cm ²	0.00	0.000	Restricted
11	M--BIO ROOM L342 100.00 cm ²	0.00	0.000	Restricted
8	J--EAST STRESS ROOM L311 100.00 cm ²	3.00	3.000	Restricted
7	I--DIRTY LINEN L314 100.00 cm ²	0.00	0.000	Restricted
3	E--NUCLEAR CAMERA ROOM L341 100.00 cm ²	3.00	3.000	Restricted
4	F--CORRIDOR BY CAMERA ROOM L337 100.00 cm ²	0.00	0.000	Restricted

Status of instrument function test with check source:

Wipe Area Group List: Weekly Area Wipes



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee James McKee, M.S. Radiation Safety Officer Monument Health, Inc. 353 Fairmont Blvd. Rapid City, SD 57701	Date 10/01/2020
	License Number(s) 40-00238-04
	Mail Control Number(s) 623233
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 09/22/2020

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: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2021
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Monument Health, Inc.
Received Date: 09/23/2020
Docket Number: 3003231
Mail Control Number: 623233
License Number: 40-00238-04
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 12/07/2020

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003231 LICENSE NUMBER: 40-00238-04 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 623233 RECEIPT DATE: 09/23/2020 ACTION TYPE: Amendment

DUE DATE: 12/22/2020 INST. CODE: 238 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: 12/08/2020 ORIGINAL DATE: 07/24/1986 EXPIRATION DATE: 03/31/2021

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE: 12/08/2020

LICENSEE NAME: Monument Health, Inc. DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE 1: 353 Fairmont Boulevard CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Rapid City STATE: SD ZIP: 57701

CONTACT PERSON: PREFIX: FIRST NAME: Paulette MIDDLE INITIAL:

LAST NAME: Davidson SUFFIX:

JOB TITLE: Chief Executive Officer PHONE: 605-719-1000 FAX: EMAIL:

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02230 SECONDARY PGM CODE: 02120,02240

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: James MIDDLE INITIAL: LAST NAME McKee

SUFFIX: M.S. RSO JOB TITLE:

RSO PHONE: 605-755-2339 RSO FAX: 605-719-2310 RSO EMAIL: jmckee1@regionalhealth.com

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):