

4/19/2021

United States Nuclear Regulatory Commission
Region IV
1600 E. Lamar Blvd.
Arlington, Texas 76077-4511

RECEIVED
APR 26 2021

DNMS

Mail Control Number: 625753
Docket Number : 3013778
License Number : 40-18000-01
Licensee Name : Avera St. Luke's

Re; Removal of authorized user from license 40-18000-01

Dr. Sir or Madam,


We're requesting an amendment to our material license for the removal of authorized user Stephen R. Peters, M.D. from the license. Dr. Peters has retired and is no longer employed at Avera St. Luke's Hospital.

If there are any questions or further information regarding these items, please contact our Lead Nuclear Medicine Technologist David Martin at 605-622-5072 or Tony Kallas, Radiology Department Director at 605-622-5071.

Thank You for your assistance

Regards


David Martin, RT(R) CNMT


Leslie Lenter, MD RSO


Tony Kallas, Director Radiology

Avera St. Luke's Hospital



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Leslie H. Lenter, M.D.
Radiation Safety Officer
Avera St. Luke's
dba Avera St. Luke's Hospital
305 S State St
Aberdeen, SD 57401

Date

05/17/2021

License Number(s)

40-18000-01

Mail Control Number(s)

625753

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 04/19/2021

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**

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3013778 LICENSE NUMBER: 40-18000-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 625753 RECEIPT DATE: 04/26/2021 ACTION TYPE: Amendment

DUE DATE: 07/25/2021 INST. CODE: 18000 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 09/26/1988 EXPIRATION DATE: 11/30/2025

DECOMMISSIONING CATEGORY: Group 2 LAST ISSUE DATE:

LICENSEE NAME: Avera St. Luke's DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 305 South State Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Aberdeen STATE: SD ZIP: 57401

CONTACT PERSON: PREFIX: FIRST NAME: Lee MIDDLE INITIAL: Ann

LAST NAME: Tople SUFFIX:

JOB TITLE: Director of Radiation Therapy PHONE: 605-622-5068 FAX: EMAIL: Leeann.Tople@avera.o

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: 02120 SECONDARY PGM CODE: 02120

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Leslie MIDDLE INITIAL: H. LAST NAME Lenter

SUFFIX: M.D. RSO JOB TITLE:

RSO PHONE: 605-622-5540 RSO FAX: 605-622-5042 RSO EMAIL: leslie.lenter@avera.org

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):