

RECEIVED
10/23/2021

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, 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-rm/doc-collections/nuregs/staff/r1556/>. 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 100
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

PERSON LOCATED IN AGREEMENT STATE SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL

1. THIS IS AN APPLICATION FOR (Check appropriate item)
 A. NEW LICENSE
 B. AMENDMENT TO LICENSE NUMBER 40-17711-01
 C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)
Mobridge Regional Hospital and Clinics
1401 10th Avenue West
Mobridge, SD 57601

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED
Mobridge Regional Hospital and Clinics
1401 10th Avenue West
Mobridge, SD 57601

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION
Casey Huffman
BUSINESS TELEPHONE NUMBER: 605-845-8176
BUSINESS CELLULAR TELEPHONE NUMBER
BUSINESS E-MAIL ADDRESS: casey.huffman@commonspirit.org

5. 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.
8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS SAFETY PROGRAM.
10. RADIATION SAFETY PROGRAM.
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.

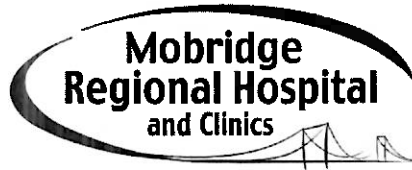
6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.
9. FACILITIES AND EQUIPMENT.
11. WASTE MANAGEMENT.

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

CERTIFYING OFFICER TYPED/PRINTED NAME AND TITLE: Casey Huffman, Lic- Director of Diagnostic Imaging
SIGNATURE: Casey Huffman
DATE: 10/23/21

TYPE OF FEE	FEE LOG	E CATEGORY FE	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
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APPROVED BY: _____ DATE: _____
Mail Control Number: 629403
Docket Number : 3013207
License Number : 40-17711-01
Licensee Name : Mobridge Regional Hospital and Clinics



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

October 23rd, 2021

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

Remove Uranium

U.S. Nuclear Regulatory Commission,

Please use this letter as a formal request to remove the Uranium-235 used in shielding 99m generators on our current license No. 40-17711-01. We no longer receive Technetium 99m generators.

Please contact me for further information,

Casey Huffman
Mobridge Regional Hospital and Clinics
Director of Diagnostic Imaging

Date

From: [Casey Huffman ND-Bismarck](#)
To: [Hill, Carol](#)
Subject: [External_Sender] NRC Amendment
Date: Saturday, October 23, 2021 2:05:21 PM
Attachments: [NRC Amendment Uranium Removal.pdf](#)

Carol,

I was given your contact information to submit an amendment to our license to remove a byproduct. Please see the attached information.

Thank you

--

Casey Huffman

Director of Diagnostic Imaging

Mobridge Regional Hospital

605-845-8176

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.



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 12/08/2021
	License Number(s) 40-17711-01
	Mail Control Number(s) 629403
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 10/23/2021

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:

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: 02121
Status Code: Pending Amendment
Fee Category: 2B 7C
Exp. Date: 04/30/2025
Fee Comments: 2B is exempt due to 7C activities
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:
Docket Number: 3013207
Mail Control Number: 629403
License Number: 40-17711-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A
Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill
Date: 12/08/2021

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: 3013207 LICENSE NUMBER: 40-17711-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 629403 RECEIPT DATE: ACTION TYPE: Amendment

DUE DATE: INST. CODE: 17711 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 10/25/1988 EXPIRATION DATE: 04/30/2025

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Mobridge Regional Hospital and Clinics DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 1401 10th Avenue West CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Mobridge STATE: SD ZIP: 57601

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

LAST NAME: Huffman SUFFIX:

JOB TITLE: Director of Diagnostic Imaging PHONE: 605-845-8176 FAX: EMAIL: czhuffman@primecare.

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: 02121 SECONDARY PGM CODE: 11210

INSPECTION REGION: Region 4 PRIORITY: 5

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

SUFFIX: M.D. RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 605-622-5540 RSO FAX: 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):