

Mail Control Number: 639883
Docket Number : 3003249
License Number : 40-12378-01
Licensee Name : Sanford Medical Center

Received 2/27/2024



February 27, 2024

Via email:

RidsRgn4MailCenter.Resource@nrc.gov
r4licensingactionsubmittals.resource@nrc.gov
Carol.Hill@nrc.gov
RobertoJ.Torres@nrc.gov
Latischa.Hanson@nrc.gov
Michelle.Simmons@nrc.gov

U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety, Materials Licensing and Inspection Branch
Attn: Latischa M. Hanson, Senior Health Physicist
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

RE: Amendment Request for NRC License No. 40-12378-01 (Docket No. 030-03249)

Dear Ms. Hanson,

In accordance with the guidance of Office of Nuclear Material Safety and Safeguards memorandum titled "Procedure for Implementing the 15 Year Material Licensor Term" (August 18, 2017, ML17200D112), Sanford Medical Center hereby requests a 5 year extension to the expiration date of Nuclear Regulatory Commission License No. 40-12378-01. Please amend item 4 of Nuclear Regulatory Commission License No. 40-12378-01 to read February 28, 2031.

Please do not hesitate to contact me if you have any questions or comments. Alternatively technical questions may be addressed to Ms. Jennifer Stapleton, ARSO, at 605-212-5800.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew R. Hoy".

Andrew R. Hoy, Ph.D, DABR
Radiation Safety Officer

From: [Hoy, Andrew](#)
To: ridsrqn4mailcenter.resources@nrc.gov; [R4 Licensing Action Submittals](#); [Carol Hill](#); [Roberto Torres](#); [Latischa Hanson](#); [Michelle Simmons](#)
Subject: [External_Sender] Amendment Request for NRC License No. 40-12378-01
Date: Tuesday, February 27, 2024 8:56:05 AM
Attachments: [Expiration extension 27Feb24.pdf](#)

To Whom it May concern,

Attached to this email you will find a request for amendment to NRC License No. 40-12378-01. I am happy to address any question or clarification that is necessary.

Thank you,
Andrew

Andrew R. Hoy, PhD, DABR
Radiation Safety Officer
Diagnostic Medical Physicist
Office (605) 312-1429
Cell: (480) 329-5552
Sanford USD Medical Center
Sioux Falls, SD

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Sanford Medical Center
Andrew R. Hoy, Ph.D., RSO
P.O. Box 5039
Sioux Falls, SD 57117

Date

03/06/2024

License Number(s)

40-12378-01

Mail Control Number(s)

639883

Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/27/2024

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: 02/28/2026
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Sanford Medical Center
Received Date: 02/27/2024
Docket Number: 3003249
Mail Control Number: 639883
License Number: 40-12378-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Giavanna Muffelletto

Date: 03/06/2024

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: 3003249 LICENSE NUMBER: 40-12378-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 639883 RECEIPT DATE: 02/27/2024 ACTION TYPE: Amendment

DUE DATE: 05/27/2024 INST. CODE: 12378 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 06/30/1989 EXPIRATION DATE: 02/28/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Sanford Medical Center DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 5039 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Sioux Falls STATE: SD ZIP: 57117-5039

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

LAST NAME: O'Brien-Johnson SUFFIX: MSN, RN, CNML

JOB TITLE: Executive Director, Heart & Vas PHONE: 605-328-6962 FAX: 605-333-1531 EMAIL: Bridget.Obrien-Johnsor

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: Andrew MIDDLE INITIAL: R. LAST NAME Hoy

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

RSO PHONE: 605-312-1249 RSO FAX: 605-328-6045 RSO EMAIL: andrew.hoy@sanfordhealth.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):