

**NRC FORM 313** U.S. NUCLEAR REGULATORY COMMISSION

05-01-2023)  
10 CFR 30, 32,  
33, 34, 35, 36,  
37, 39, and 40



**APPLICATION FOR MATERIALS LICENSE**

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 05/31/2023

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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 25 17th Street NW, Washington, DC 20503; email: [oir-submission@omb.eop.gov](mailto:oir-submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

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/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 AND TRIBAL LIAISON BRANCH  
DIVISION OF MATERIALS SAFETY, SECURITY, STATE AND TRIBAL PROGRAMS  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

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  
[R3-DRSSMail.Resource@nrc.gov](mailto:R3-DRSSMail.Resource@nrc.gov)

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,

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:

LICENSING ASSISTANCE TEAM  
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD, SUITE 102  
KING OF PRUSSIA, PA 19406-1415  
[R1DRSSMail.Resource@nrc.gov](mailto:R1DRSSMail.Resource@nrc.gov)

SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511  
[r4licensingactions@nrc.gov](mailto:r4licensingactions@nrc.gov)

\*Note: The preferred method to submit NRC Form 313 is email. Any other document (e.g., financial assurance documents) should be sent via mail.

\*Note: The preferred method to submit NRC Form 313 is email. Any other document (e.g., financial assurance documents) should be sent via mail.

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 40-15633-01

C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

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

Avera Queen of Peace Health Services  
525 North Foster  
Mitchell, SD 57301-2000

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

Avera Queen of Peace Health Services  
525 North Foster  
Mitchell, SD 57301-2000

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Mary Hennings-Frank, RSO, B.S., CNMT

BUSINESS TELEPHONE NUMBER	BUSINESS CELLULAR TELEPHONE NUMBER
605-322-7155	605-368-4609

BUSINESS E-MAIL ADDRESS

[mary.henningsfrank@avera.org](mailto:mary.henningsfrank@avera.org)

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](#).

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.

6. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

7. RADIATION SAFETY PROGRAM.

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

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

10. FACILITIES AND EQUIPMENT.

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 \$

FOR 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-rm/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, 1948 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 SIGNATURE DATE

Mary Hennings-Frank, RSO *Mary Hennings-Frank* 8/24/24

**FOR NRC USE ONLY**

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

August 26, 2024

Nuclear Regulatory Commission  
Region IV  
1600 E. Lamar Blvd.  
Arlington, TX 76011

Re: Removal of an Authorized User license No. 40-15633-01

Dear Sir or Madam:

We, Avera Queen of Peace Health Services, would like to amend our Radioactive Materials License number 40-15633-01 to conduct the following:

- **Remove** Kevin Casper, M.D. under condition 12. B., for 35.100; 35.200.

If you have further questions, or need additional information, please feel free to contact me.

Thank you for your time,

*Mary Hennings-Frank*

Mary Hennings-Frank, B.S., CNMT  
Radiation Safety Officer  
Avera McKenna Hospital  
[Mary.henningsfrank@avera.org](mailto:Mary.henningsfrank@avera.org)  
Office: 605-322-7155  
Cell: 605-368-4609

Enclosed: NRC Form 313

**From:** [Mary Hennings Frank](#)  
**To:** [R4 Licensing Action Submittals](#)  
**Subject:** [External\_Sender] Amendment for 40-15633-01  
**Date:** Tuesday, September 3, 2024 11:25:33 AM  
**Attachments:** [8-26-2024 Acknowledement Dr. Casper.pdf](#)

---

Attached is an amendment request to remove Dr. Casper as an Authorized User under condition 12.B. for 35.100 and 35.200.

Much appreciated,

*Mary Hennings-Frank*

**Mary Hennings-Frank** | Radiation Safety Officer  
Avera McKennan Hospital & University Health Center  
1325 S. Cliff Ave. | Sioux Falls, SD 57105  
Direct: 605-322-7155 | Cell: 605-368-4609 | Fax: 605-322-7181



### ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

**Name and Address of Applicant and/or Licensee**

Avera Queen of Peace Health Services  
Mary Hennings-Frank, RSO  
525 North Foster  
Mitchell, SD 57301-2000

**Date**

09/03/2024

**License Number(s)**

40-15633-01

**Mail Control Number(s)**

642894

**Licensing and/or Technical Reviewer or Branch**

Giavanna Muffelletto

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 08/26/2024

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:

Select a location (Use keyboard arrows to select). . .

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02121  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 08/31/2038  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Avera Queen of Peace Health Services  
Received Date: 09/03/2024  
Docket Number: 3009486  
Mail Control Number: 642894  
License Number: 40-15633-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount:   N/A  

Check No.:   N/A  

#### 3. COMMENTS

Signed:   Giavanna Muffelletto  

Date:   09/03/2024  

### 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: 3009486 LICENSE NUMBER: 40-15633-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 642894 RECEIPT DATE: 09/03/2024 ACTION TYPE: Amendment

DUE DATE: 12/02/2024 INST. CODE: 15633 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 09/23/1988 EXPIRATION DATE: 08/31/2038

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Avera Queen of Peace Health Services DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: 525 North Foster CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Mitchell STATE: SD ZIP: 57301-2000

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

LAST NAME: Hennings-Frank SUFFIX:

JOB TITLE: Radiation Safety Officer PHONE: 605-322-7155 FAX: 605-995-2000 EMAIL: mary.henningsfrank@a

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:

INSPECTION REGION: Region 4 PRIORITY: 5

RSO: PREFIX: FIRST NAME: Mary MIDDLE INITIAL: LAST NAME Hennings-Frank

SUFFIX: RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 605-322-7155 RSO FAX: 605-995-2000 RSO EMAIL: mary.henningsfrank@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):