


**VARIAN**  
medical systems

# Notice of Proposed Reciprocity Activity

<b>Licensee Name</b> Varian Medical Systems 911 Hansen Way, MS C-080 Palo Alto, CA 94304	<b>Licensee Contact</b> Tony Sorensen, Radiation Safety Officer 650-424-6662 650-855-7375 (fax)
<b>License Information</b> State of California, Department of Health Services # 1025-43 Expiration Date: 11/25/97 (timely renewal)	<b>Person Authorized to Perform Activity</b> OCT 25 1999 Kent Schable Contact #: 800-864-1672
<b>Description of Device</b> Varian Model VarSource High Dose Rate Remote Afterloader (CA61ID103S)  <b>Description of Source</b> Omnitron International Model SL-77777TV (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed)	<b>Activity to be Performed</b> PM/Routine Service
<b>Site Name and Address</b> Divine Providence Hospital 1100 Granpian Blvd. Williamsport, PA 17740  <b>Licensee/Site Identification Number</b> RTS 388	<b>Site Contact Person</b> Name John V. Cape, MD Telephone 570-321-2400  <b>Dates on which work will performed</b> From 10/27/99 to 10/28/99
<b>Comments</b> N/A	
I hereby certify that the above information is true and complete.  Signed  Date <u>10/25/99</u>	

Authorizing Official:

Signature

M. C. Hernandez

Title:

Radiation Specialist

Date:

10/26/99

PDR STPRG.

NE05

Copy to RIV



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

OCT 28 1999

MEMORANDUM     Shirley Crutchfield  
TO:                License Fee & Accounts Receivable Branch (T9 E10)  
  
FROM:             Christi Hernandez  
                     Nuclear Materials Licensing Branch, Region IV *MCH.*  
  
SUBJECT:         FEE TRANSMITTAL

A.     Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:

NRC Form 241 Dated:

Agreement State License:

Program Code(s):

2. REVISION ATTACHED

Licensee:

Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *Varian Associates*

Agreement State License: *CA 1025-43*

4. FEE ATTACHED

Amount:     \$

Check:     #

5. COMMENTS

B.     LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Submittal may be processed for:

General License \_\_\_\_\_

Revision \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_