

**VARIAN**  
medical systems

**Notice of Proposed Reciprocity Activity**


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|---|---|
| <b>Licensee Name</b><br>Varian Medical Systems<br>911 Hansen Way, MS C-080<br>Palo Alto, CA 94304   | <b>Licensee Contact</b><br>Tony Sorensen, Radiation Safety Officer<br>650-424-6662<br>650-855-7375 (fax)          |
| <b>License Information</b><br>State of California, Department of Health Services<br># 1025-43<br>Expiration Date: 11/25/97 (timely renewal) | <b>Person Authorized to Perform Activity</b><br>Kent Schable<br>Contact #: 800-864-1672<br><br><b>OCT 25 1999</b> |

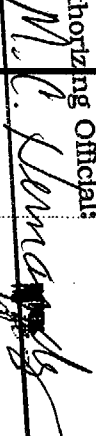
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|--|--|
| <b>Description of Device</b><br>Varian Model VarSource High Dose Rate Remote Afterloader (CA6611D103S)   | <b>Activity to be Performed</b><br>PMI/Routine Service |
| <b>Description of Source</b><br>Omnitron International Model SL-777777TV (LA0760S102S)<br>Iridium-192, Special Form, Sealed Source<br>Maximum Activities:<br>13 curies (shipped) 10 curies (installed) |  |

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|---|---|
| <b>Site Name and Address</b><br>Divine Providence Hospital<br>1100 Granpian Blvd.<br>Williamsport, PA 17740 | <b>Site Contact Person</b><br>Name John V. Cape, MD<br>Telephone 570-321-2400 |
| <b>Licensee/Site Identification Number</b><br>RTS 388   | <b>Dates on which work will performed</b><br>From 10/27/99 to 10/28/99        |

**Comments** N/A

I hereby certify that the above information is true and complete.

Signed  Date 10/25/99

Authorizing Official:  
  
 Signature M. C. Hernandez  
 Title: Radiation Specialist  
 Date: 10/26/99

PDR S TPRG.



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

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

OCT 28 1999

MEMORANDUM TO: Shirley Crutchfield  
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 \_\_\_\_\_