

NOV 12 1999



Notice of Proposed Reciprocity Activity

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

Description of Device Varian Model VariSource High Dose Rate Remote Afterloader (CA661D103S)	Activity to be Performed PMI/Routine Service
Description of Source Omnitron International Model SL-777/777V (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed)	

Site Name and Address Mid-Michigan Regional Medical Center 4005 Orchard Dr. Midland, MI 48670	Site Contact Person Name : Larry langrill Telephone : (517) 839-3450
Licensee/Site Identification Number RTS# : 531	Dates on which work will performed From 11/22/99 to 11/23/99

Comments N/A

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

Signed David Kuligowski Date 11/12/99

Authorizing Official:

M. C. Hernandez
 Signature M. C. Hernandez
 Radiation Specialist

Title: _____

Date: 11/15/99



UNITED STATES
NUCLEAR REGULATORY COMMISSION

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

NOV 15 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 _____