



DEC 6 - 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 Richard Nusspickel Contact #: 800-864-1672

Description of Device Varian Model VariSource High Dose Rate Remote Afterloader (CA661D103S)	Activity to be Performed Non Routine Service (see comments)
Description of Source Omnitron International Model SL-777777V (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed)	

Site Name and Address Divine Providence Hospital 1100 Grampian Blvd Williamsport, PA 17740	Site Contact Person Name John V. Calce, MD Telephone 570-321-2400
Licensee/Site Identification Number N/A	Dates on which work will performed From 12/7/99 to 12/8/99

Comments RTS # 388 On site to repair unit. Unresettable error code 45 - EXPECTED WIRE HOME POSITION NOT FOUND.

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

Signed Date 12/10/99

Authorizing Official:

Signature
M. C. Hernandez
Title: Radiation Specialist
Date: 12/13/99

PDR STPRG

NE05
Copy to RIV



UNITED STATES
NUCLEAR REGULATORY COMMISSION

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

DEC 13 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 _____