

DL-032596-09

# MERITUS HEALTH SYSTEMS

A Medical Diagnostics Company

March 25, 1996

Dianne Keim  
Licensing Division  
U.S. Nuclear Regulatory Commission  
Suite 2900  
101 Marietta Street, NW  
Atlanta, GA 30323

FAX (404) 331-7437

RE:

Dear Dianne,

Meritus is finalizing discussions to purchase a Mobile Nuclear Medicine unit for use in replacing a unit damaged in a road accident. Can you please tell us what is necessary for compliance with U.S. NRC requirements?

The unit is a specialty built medical unit. A sketch of the floorplan is included. It is approximately 39 feet in length and 8 feet in width except in an area using an expansion "pull-out" section. This section is approximately 10.5 feet wide.

The unit was originally built to house a CT scanner and is therefore lead-lined in the walls. It was converted to Nuclear Medicine approximately two years ago.

Radioisotope storage features include an outside access port into the lead-lined safe. This can be used by the Radiopharmacy for direct delivery of isotopes to the safe. The safe is accessible also from the inside. Included in that location are the dose calibrator, etc. The unit also features two lead-lined "trash can" style receptacles for decay-in-storage of waste. One is designated for short half-life materials, and the other for longer half-life materials (though we use very little of these).

Meritus will maintain the same safety checks and documentation as previously used.

Please let us know if additional documentation or information is needed by your agency.

Sincerely,



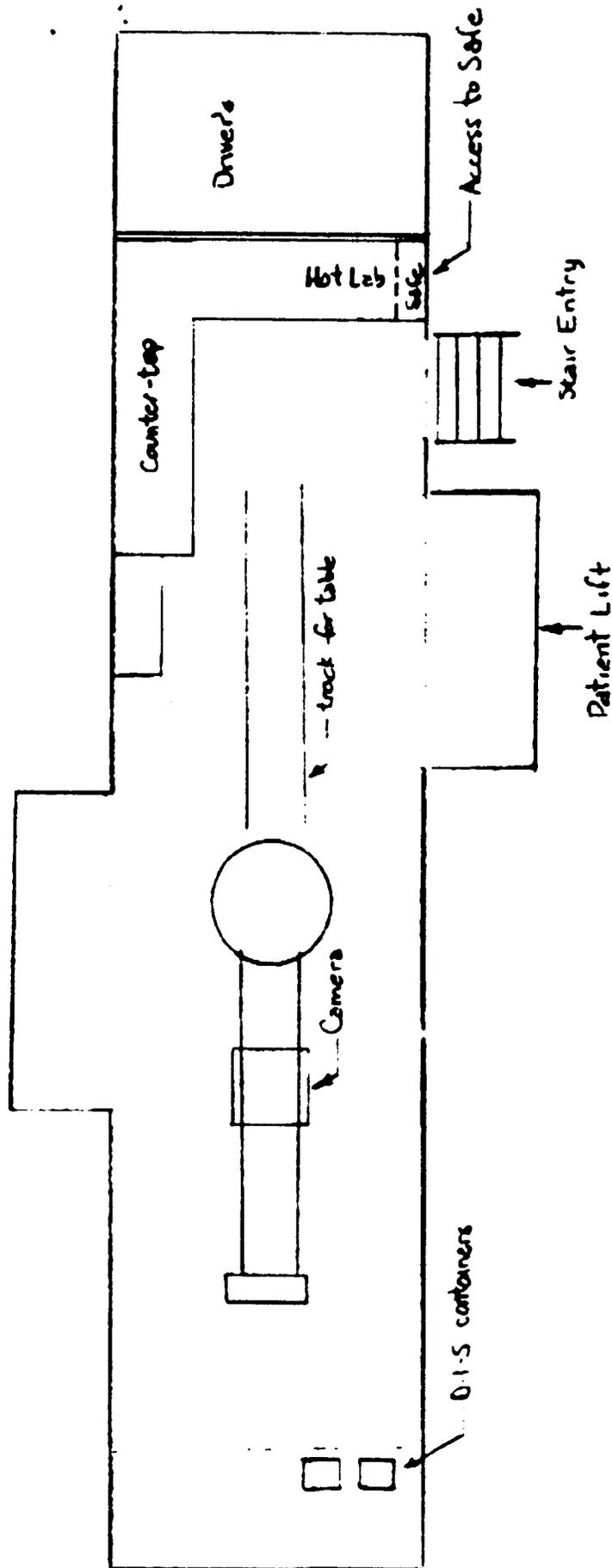
Joel Dobson  
Administrator

257011

233 Hershberger Road, Suite 200, Roanoke, Virginia 24012

(703) 563-8700

Facsimile (703) 366-8068



Calumet Coach Mobile Medical Unit

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20545-0001

Meritus Health Systems, Inc.  
Attn: Joel Dobson  
Administrator  
233 Hershberger Road, Suite 200  
Roanoke, VA 24012

6k

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

3-25-96

LICENSE NUMBER

45-25194-01

CONTROL NUMBER

257011 Attn: Rita Messier, LFARB, T9E10

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 430.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$ 430.00  
PAYMENT RECEIVED \$  
AMOUNT DUE \$ 430.00

- Your request was received without the prescribed application fee.
- We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.
- Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).
- Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE - LICENSE FEE ANALYST

Rita Messier

LFDCB

RE Messier

4/1/96

*[Handwritten Signature]*

II. FEE NOT REQUIRED

- Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because:
  - We received your Check No. \_\_\_\_\_ in payment of the fee.
  - The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.
  - Your request was combined, prior to review, with your \_\_\_\_\_ request, Control No. \_\_\_\_\_.

III. CHECK RETURNED

- Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:
  - INSUFFICIENT FUNDS
  - ACCOUNT CLOSED
  - OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.
- The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

Distribution:

X: O&F/RF  
O&F R/P (2)  
Pending Fee File  
Region II

DATE

4-1-96