



Notice of Proposed Reciprocity Activity

FEB - 8 2000

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 (CA661DI03S)	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 St. Elizabeth Medicaal Center 1501 Hartford St. Lafayette, IN 47903	Site Contact Person Name Trent Ning Telephone (765) 423-6205
Licensee/Site Identification Number RTS# 507 000625	Dates on which work will performed From 2/14/00 to 2/14/00

Comments N/A

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

Signed David Kuligowski Date 2-8-00

M. C. Hernandez
 Signature M. C. Hernandez
 Title: Radiation Specialist
 Date: 2/10/00



UNITED STATES
NUCLEAR REGULATORY COMMISSION

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

FEB 10 2000

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 _____