# Notice of Proposed Reciprocity Activity

Licensee Name Varian Medical Systems 911 Hansen Way, MS C-080 Palo Alto, CA 94304

VARJAN

License Information State of California, Department of Health Services # 1025-43 Expiration Date: 11/25/97 (timely renewal) Licensee Contact Tony Sorensen, Radiation Safety Officer 650-424-6662 650-855-7375 (fax)

JAN 2 6 2000

Person Authorized to Perform Activity Richard Nusspickel

Contact #: 800-864-1672

Description of Device Varian Model VariSource High Dose Rate Remote Afterloader (CA661D103S)

Description of Source Omnitron International Model SL-777/777V (LA0760S102S) Iridium-192, Special Form, Sealed Source Maximum Activities: 13 curies (shipped) 10 curies (installed) Activity to be Performed Non Routine Service (see comments)

Site Name and Address Divine Providence Hospital 1100 Grampian Blvd Williamsport, PA 17740

N/A

Licensee/Site Identification Number

#### Site Contact Person

Name John V. Calce, MD

Telephone 570-321-2400

Dates on which work will performed

From 1/31/00 to 2/4/00

Comments RTS # 388 On site to repair unit. Unresettable error code 78 - - WIRE NOT PARKED, TREAT NOT ENABLED

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

 Signed
 Date

 Page 1 of 2
 M. C. Jenninkale

 Signature
 M. C. Hernandez

 Title:
 Radiation Specialist

 1/26/00

56/01/00 12:25 P.002

VARISOURCE

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#### UNITED STATES

### NUCLEAR REGULATORY COMMISSION

**REGION IV** 

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

JAN 26 2000

Memorandum To:	Shirley Crutchfield License Fee & Accounts Receivable Branch (T9 E10)
FROM:	Christi Hernandez Nuclear Materials Licensing Branch, Region IV
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 a	ssociat	es	
	Agreement State License:		ĊA	1025-43	

4. FEE ATTACHED Amount: \$

Check: #

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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