

# **Notice of Proposed Reciprocity Activity**

FEB - 4 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 (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

Dates on which work will performed

RTS# :-537

From 2/9/00 to 2/10/00

Comments N/A

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

Date 2-4-00

Signature

M. C. Hernandez

Radiati pecialist

NE05 Copy to RIV



#### UNITED STATES

## **NUCLEAR REGULATORY COMMISSION**

## REGION IV

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

FEB - 7 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	
	Applica NRC Fo Agreem Program  2. REVISIO License Agreem  3. CLARIF License	nent State License:  ICATION ATTACHED  ee: Variaw Associates  nent State License: CA 1025-43  TACHED  t: \$ Check: #
B.	LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH	
	1. Fee Category and Amount:	
		Fee Paid. Submittal may be processed for:
		License
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