

PETERSBURG HOSPITAL COMPANY, LLC
d/b/a SOUTHSIDE REGIONAL MEDICAL CENTER
NUCLEAR MEDICINE DEPARTMENT
801 SOUTH ADAMS STREET
PETERSBURG, VA 23803

December 23, 2004

Penny Lanzisera
Senior Health Physicist
Nuclear Regulatory Commission
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 19406-1415

45-00317-02
03003301

SUBJECT: Deletion of authorized users.


Dear Ms. Lanzisera:

Please remove the following two (2) physicians from our Materials License No. 45-00317-02.

1. Maurice F. Mullins, M.D.
2. Brian R. J. Williamson, M.D.

Thank you for your cooperation.

Sincerely,



Kevin Mullen
Director of Nuclear Medicine

04 DEC 27 P 2:43

RECEIVED
REGION 1

136201

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

12/23/2008, and to inform you that the initial processing which includes an administrative review has been performed.

☒ APEND. 45-00317-02
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136201
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	-----
	:	
License Fee Management Branch, ARM	:	Program Code: 02120
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 7C
	:	Exp. Date: 20051031
	:	Fee Comments: CODE 16
	:	Decom Fin Assur Req'd: N
	:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PETERSBURG HOSPITAL COMPANY, LLC
 Received Date: 20041227
 Docket No: 3003301
 Control No.: 136201
 License No.: 45-00317-02
 Action Type: Amendment

2. FEE ATTACHED

Amount: /
 Check No.: /

3. COMMENTS

Signed M. A. Perkins
 Date 12/28/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
 Renewal _____
 License _____

3. OTHER _____

Signed _____
 Date _____