



SOUTHSIDE
COMMUNITY
HOSPITAL

300 GAK STREET
FARMVILLE VIRGINIA 23901

434 392.8211
FAX 434 392 7654

RECEIVED
REGION 1

'05 JAN 26 P12:52

January 17, 2005

License Assistance Section
Nuclear Material Safety Branch
US Nuclear Regulatory Commission - Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: License Number 45-19782-01

03019230

To Whom It May Concern:

Dr. Greg S. Shields is no longer practicing at this facility. Please remove from our license.

Sincerely,

Lee S. Anthony

Lee S. Anthony, Ph. D.
Radiation Safety Officer

Gwen S. Eddleman

Gwen S. Eddleman
President/CEO

136352

NMSS/RGNI MATERIALS-002

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

1/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMCIS. 45-18782-01
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 136352.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

Sincerely,
Licensing Assistance Team Leader

License Fee Management Branch, ARM
and
Regional Licensing Sections

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      :          (FOR LFMS USE)
      :          INFORMATION FROM LTS
      :          -----
      :
      : Program Code: 02120
      : Status Code: 0
      : Fee Category: 7C
      : Exp. Date: 20120731
      : Fee Comments: CODE 23
      : Decom Fin Assur Req'd: N
      :
      : .....
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A. REGION

I

Applicant/Licensee:	SOUTHSIDE COMMUNITY HOSPITAL
Received Date:	20050126
Docket No:	3019230
Control No.:	136352
License No.:	45-19782-01
Action Type:	Amendment

Amount: _____
Check No.: _____

Signed M. A. Perkins
Date 1/26/2005

1. Fee Category and Amount: _____

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____