



SOUTHSIDE
COMMUNITY
HOSPITAL

800 OAK STREET
FARMVILLE, VIRGINIA 23901

434.392.8811
FAX 434.392.7654

RECEIVED
REGION I

'05 FEB 24 P12 :48

February 21, 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. Charles Jihun Chung is no longer practicing at this facility. Please remove from our license.

Sincerely,

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

Gwen S. Eddleman
President/CEO

136550
NMSS/RGNI MATERIALS-002

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

2/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-19782-01
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 136550.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120731
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SOUTHSIDE COMMUNITY HOSPITAL
Received Date: 20050224
Docket No: 3019230
Control No.: 136550
License No.: 45-19782-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 1
Check No.:

3. COMMENTS

Signed *Robert J. Ford*
Date 3/7/2005

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 _____