



RECEIVED
REGION I

APR 18 12:43

April 11, 2005

RE: Amendment to NRC License number 37-17331-01

03012567

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

To Whom It May Concern:

We would like to amend our Materials License to reflect the following changes...

- Remove the following individuals from the license
 - Dr. Antonio Buendia, as RSO and Authorized User
 - Steven Perlin, M.D., as Authorized User
 - Paul D. Guisler, M.D., as Authorized User
 - Gerald Stanley, M.D., as Authorized User
- Add the following Authorized Users to the license

	Individual	Previous experience, license number, etc.	Requested Uses
Radiation Safety Officer*	Mark Van Blargan, D.O.	NRC#: 37-13181-01	N/A
Authorized User	Mark Van Blargan, D.O.	NRC#: 37-13181-01	35.100, 35.200
Authorized User	Lanny Chuang, D.O.	NRC#: 37-13181-01	35.100, 35.200
Authorized User	Vernon Pocius, D.O.	NRC#: 37-13181-01	35.100, 35.200
* Refer to attached delegation of authority			

If you require any additional information concerning this amendment request, please contact our consultant physicists, Sam Payne (570) 477-3925 or Doug Heim (570) 473-1726.

Sincerely,

Cindy Gorr
President and CEO


136892

NMSS/RGNI MATERIALS-002

Radiation Safety Officer - Delegation of Authority

You, Mark Van Blargan, D.O., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time.

I accept the above responsibilities,



Signature of Radiation Safety Officer



Signature of Management Representative

4-12-05

Date

4/11/05

Date

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

4/16/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-17331-01
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 136882.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20130630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

Applicant/Licensee: PHC-ASHLAND, L.P.
Received Date: 20050418
Docket No: 3012567
Control No.: 136892
License No.: 37-17331-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *M. A. Perkins*
Date *4/24/2005*

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 _____