

**Waterbury Hospital Health Center,
64 Robbins Street
Waterbury CT 06721**

RECEIVED
REGION 1

May 3, 2005

'05 MAY 12 P1 :29

Nuclear Regulatory Commission
Region I
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406-1415

03001251

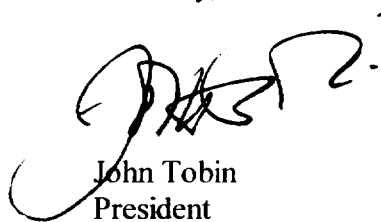
REFERENCE: License # 06-02406-01 Amendment

To Whom It May Concern:

Please remove brachytherapy procedures 35.400 from our license. We no longer perform or plan to perform brachytherapy at this hospital. As noted in our January 29, 2003 letter, all Cs-137 and the Sr-90 sealed brachytherapy sources were transferred to Adco Services Inc, 17650 Duvan Drive, Tinley Park, IL 60477, for commercial disposal, and no other brachytherapy sources remain.

Thank you for your prompt attention to this matter.

Sincerely,



John Tobin
President

137038
NMSS/RGNI MATERIALS-002

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

5/3/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- ☒ Amendment 06-02406-01 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** 137038.
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 2B
 : Exp. Date: 20050831
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WATERBURY HOSPITAL HEALTH CENTER
Received Date: 20050512
Docket No: 3001251
Control No.: 137038
License No.: 06-02406-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Michael J. Finner*
Date 5/16/2005

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 _____