

K-4

29-30935-01

5-11-05

030 36630

Steve,

RECE
REGI

Enclosed please find a
drawing of our facility. I hope
this is what you needed to
show the relation of the
stress lab to the Nuclear
Medicine Area.

'05 MAY 1

Mariang Shukan R.T.

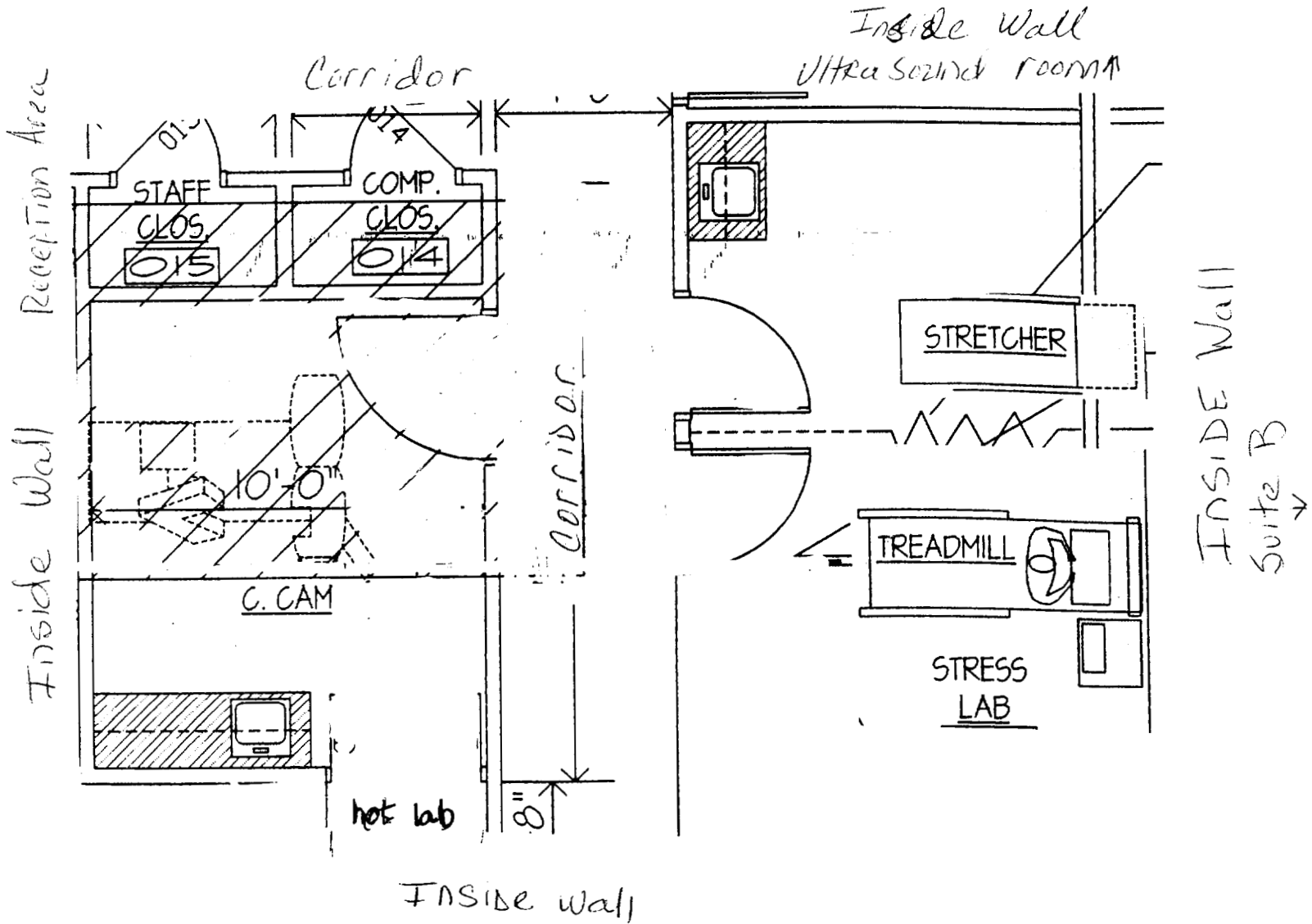
137042

NMGS/RGNI MATERIALS-002

REC'D IN LAT MAY 13 2005

W-11

3-11-05



Nuclear Medicine Room & Stress lab

South Jersey Diagnostic Center
636 Kings Hwy, Suite C
Woodbury, NJ 08096

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

5/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NO 7/1/05 29-30935-01 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 137042.
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: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140831
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SOUTH JERSEY CARDIOV. DIAGNOSTIC CT
Received Date: 20050513
Docket No: 3036630
Control No.: 137042
License No.: 29-30935-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed M. A. Perkins
Date 5/16/05

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 _____