

RECEIVED  
REGION 1



**MUHLENBERG  
REGIONAL  
MEDICAL CENTER**

'04 DEC -1 P12 56

November 9, 2004

U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

03002449

Re: Enhanced Transportation Security for Radioactive Material;  
NRC License # ~~29-12611-01~~ 29-02575-01

WMM

To whom it may concern:

We do not intend to transport, ship or receive quantities of radioactive materials equal to or greater than the limits identified in Enclosure 1 of the letter from the NRC dated October 21, 2004. If in the future we do intend to do this, we shall then notify the NRC in writing 90 days in advance of the shipment.

If you require additional information, please contact me at 908-668-2197.

Sincerely,

Nancy Fiamingo  
License Administrator  
Sr. Vice President and Chief Operating Officer  
Solaris Health System

cc: Trent Hall, Sr. Physicist

136066

**NMSS/RGNI MATERIALS-002**



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

11/9/2014, and to inform you that the initial processing which includes an administrative review has been performed.

*NOTIFICATION 29-02575-01*  
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

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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** 136066.  
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: 20120531  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Req: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: MUHLENBERG REGIONAL MEDICAL CENTER  
 Received Date: 20041201  
 Docket No: 3002449  
 Control No.: 136066  
 License No.: 29-02575-01  
 Action Type: Notifications

2. FEE ATTACHED  
 Amount:             
 Check No.:           

3. COMMENTS

Signed M. A. Perkins  
 Date 12/5/2004

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 \_\_\_\_\_