



SOUTHSIDE
COMMUNITY
HOSPITAL

800 OAK STREET
FARMVILLE, VIRGINIA 23901

434.392.8811
FAX 434.392.7654

03019230

November 11, 2004

US Nuclear Regulatory Commission
Region II
Atlanta Federal Center
61 Forsythe Street, S. W.
Ste 23T85
Atlanta, GA 30303-3415

Attn: Cynthia Taylor

Re: License Number 45-19782-01

Dear Ms. Taylor:

Dr. James J. Rinaldi 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

04 NOV 22 AM 03:34

RECEIVED
REGION I

136013

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

November 11, 2004, and to inform you that the initial processing which includes an administrative review has been performed.

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. *Amend.*

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 136013.
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: 20120731
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SOUTHSIDE COMMUNITY HOSPITAL
Received Date: 20041122
Docket No: 3019230
Control No.: 136013
License No.: 45-19782-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed (S)
Date 11/29/04

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 _____