



STONEWALL JACKSON HOSPITAL

Quality Care - Tradition With Vision

RECEIVED
REGION 1

To:

*04 NOV 18 P12:57

November 15, 2004

Region 1
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

03032086

Subject: Removal of an Authorized User
For License # 45-25136-01
Radioactive Materials License
Stonewall Jackson Hospital

To Whom It May Concern,

Please delete Dr. Steve Sukstorf, M.D. from our license as an Authorized User as well as the Alternate Radiation Safety Officer. He is no longer on staff here.

Thank you for your help regarding this issue.

If you have any questions, please call us at the number below.

Sincerely,

Catherine A. Hensley, CNMT, ARRT (R)(N)
Nuclear Medicine Coordinator

Stonewall Jackson Hospital
1 Health Circle
Lexington, Virginia 24450
(540) 458-3336

1 3 6 0 0 3

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

November 18, 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 136003.
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: 02121
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: STONEWALL JACKSON HOSPITAL
Received Date: 20041118
Docket No: 3032086
Control No.: 136003
License No.: 45-25136-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed (S)
Date 11/22/04

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 _____