

SAINT VINCENT HEALTH CENTER
232 West 25 Street
Erie, Pennsylvania 16544
814/452-5000



November 5, 2004

37-05125-01

03003045

U.S. Nuclear Regulatory Commission
Region #1
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Letter dated October 21, 2004

Subject: Enhanced transportation security for radioactive materials

To Whom It May Concern:

This letter is to inform you that we do not intend to transport, ship, or receive quantities of certain radioactive material of concern equal to or greater than the limits identified in Enclosure 1 of the letter dated October 21, 2004.

Sincerely,



Matt Shebel, Director of Radiology
Saint Vincent Health Center

MS/jo

136029

NMSS/RGNI MATERIALS-002
REC'D IN LAT NOV 22 2004

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

11/5/2004, and to inform you that the initial processing which includes an administrative review has been performed.

NOTIFICATION 37-05125-C1
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 136029.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-98)

Sincerely,
Licensing Assistance Team Leader

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02310
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20131031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: ST. VINCENT HEALTH CENTER
Received Date: 20041122
Docket No: 3003045
Control No.: 136029
License No.: 37-05125-01
Action Type: Notifications

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS

Signed W.A. Perkins
Date 11/30/2004

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 _____