



Obici Hospital
Obici Health System

RECEIVED
REGION 1

'04 DEC -6 P1 :55

November 23, 2004

U.S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, PA 19406

Attn: Mike Perkins
Licensing Assistant

03014647

Reference: Radioactive Materials License 45-18195-01

Dear Mr. Perkins:

We would like to request that our radioactive materials license be amended to designate Robert J. Dhaem, M.D. as Radiation Safety Officer. Dr. Dhaem is presently an authorized user on our license.

Please contact Roy F. Heltzel, Jr., our consulting physicist, at 757-410-9051, should further information be required.

Very truly yours,

Chet Hart
Chief Operating Officer

136092

NMSS/RGNI MATERIALS-002

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

11/23/2008, and to inform you that the initial processing which includes an administrative review has been performed.

AMSDA. 45-13195-01
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 136092.
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: 20141031
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: LOUISE OBICI MEMORIAL HOSPITAL
 Received Date: 20041206
 Docket No: 3014647
 Control No.: 136092
 License No.: 45-18195-01
 Action Type: Amendment

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

3. COMMENTS

Signed M.A. Serbin
 Date 12/16/04

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 _____