

RECEIVED  
REGION I

'04 DEC 13 P1:13

U.S. Nuclear regulatory Commission  
Materials Licensing Branch  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: Amendment to license  
Radioactive Material License Nos. 47-16259-01  
Monongalia General Hospital

03010683

Gentlemen:

We wish to amend our license as follows:

We are moving our nuclear medicine department to a new location within the radiology department. See enclosed diagrams for new nuclear medicine department location and hot lab configuration. Upon completion of construction and acceptance by your office, we will move our hot lab and scan rooms to the new locations and then perform close out surveys on the old area.

We also would like to add the following doctors to our license:

- Jeffrey M Yost, MD
- Peter Caruso, MD

Their prior experience can be referenced under the license number 47-17282-01.

If you have any questions or require additional information, please do not hesitate to contact us at anytime.

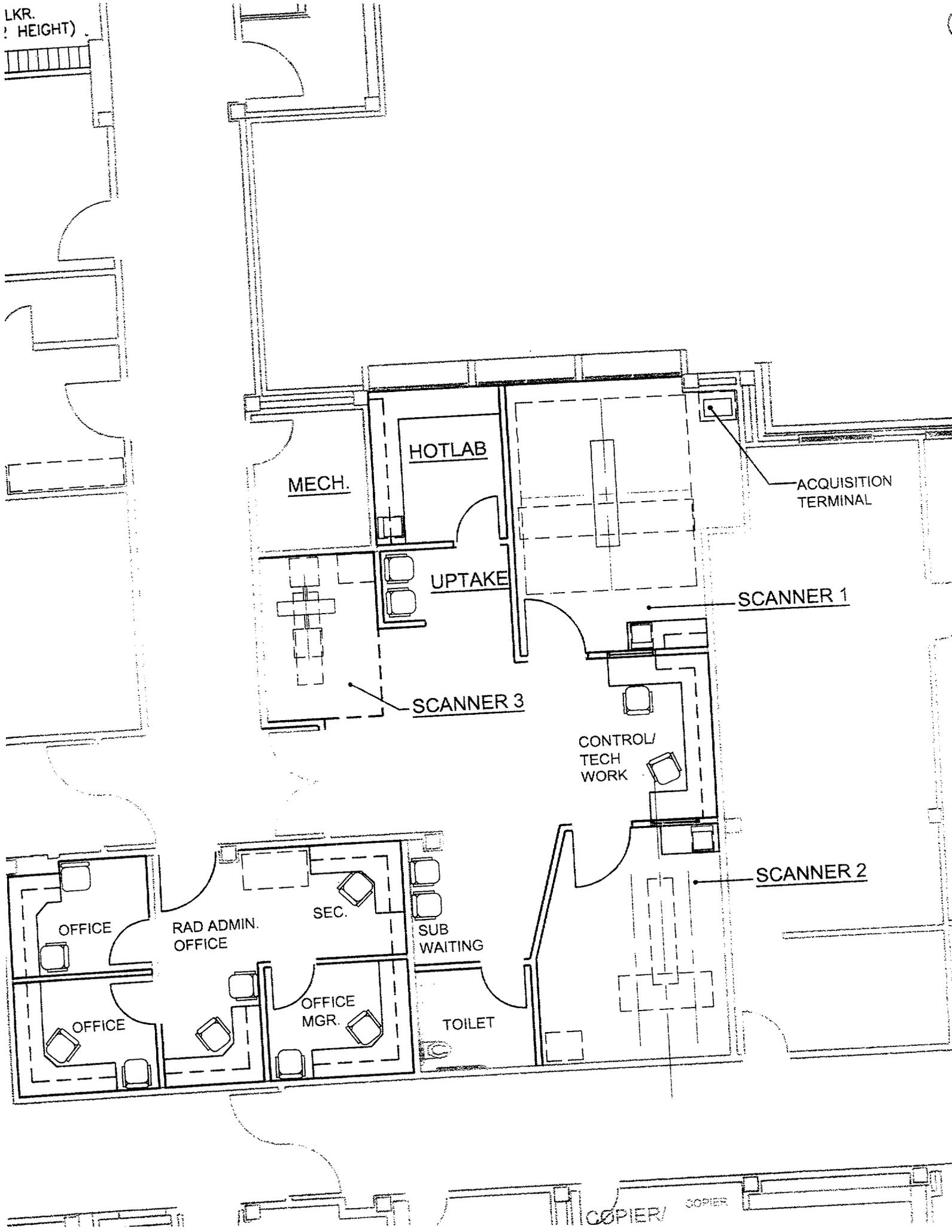
Sincerely,

  
\_\_\_\_\_  
Administrator

136125

**NMSS/RGNI MATERIALS-002**

LKR.  
HEIGHT)



This is to acknowledge the receipt of your letter/application ~~dated~~ *undated*  
*received 12/13/04* and to inform you that the initial processing which  
includes an administrative review has been performed.

*AMEND. 47-06259-01*  
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** 136#25.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20110831  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MONONGALIA GENERAL HOSPITAL  
Received Date: 20041213  
Docket No: 3010683  
Control No.: 136125  
License No.: 47-16259-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed M. A. Leblanc  
Date 12/15/04

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 \_\_\_\_\_