CARDIOLOGY CONSULTANTS, LTD.

JOHN P. PARKER, M.D., F.A.C.C.
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SHERRI F. JENNINGS, MS, P.A.-C.
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RECEIVED
REGION 1

'05 JAN -3 P12 :46

CARDIAC CONSULTATION
CARDIAC DIAGNOSTICS
CARDIAC CATHETERIZATION
INTERVENTIONAL CARDIOLOGY
CARDIAC PACEMAKERS
ELECTROPHYSIOLOGY
NUCLEAR CARDIOLOGY
TRANSPLANTATION MEDICINE
PERIPHERAL ANGIOGRAPHY
PERIPHERAL INTERVENTION
PERIPHERAL DIAGNOSTICS
CARDIAC RESEARCH

EMERITUS
JACK B. TAYLOR, M.D., F.A.C.C.
GLENN C. NYE, M.D., F.A.C.C.

JANET A. MCNAUGHT
ADMINISTRATOR

December 27, 2004

Bryan A. Parker, Health Physicist
Division of Nuclear Materials Safety
Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

SUBJECT: CLOSE OUT SURVEYS FOR SUITE 105, 844 KEMPSVILLE ROAD, NORFOLK, VA 23502
NRC LICENSE NO. 45-25095-01 03031611

Dear Mr Parker,

Please find the enclosed close out surveys dated 7/6/04 for temporary use of Suite 105.

Sincerely,

Kathy Holt

Kathy Holt, RT(N), CNMT

136233

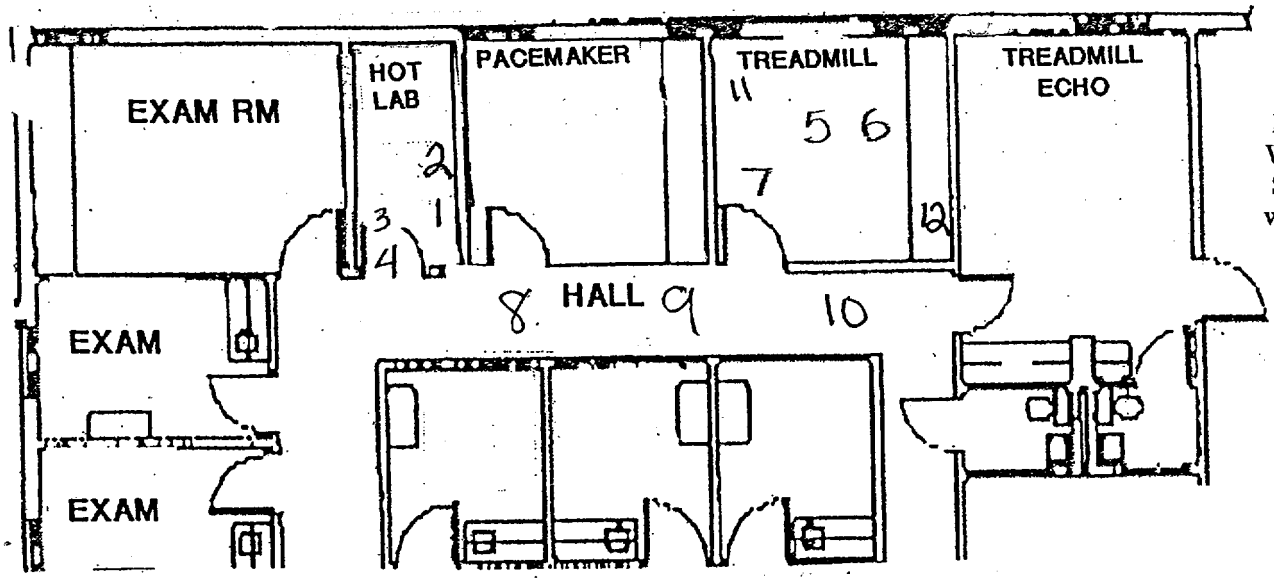
NMSS/RGN1 MATERIALS-002

DePaul Hospital, 150 Kingsley Lane
Norfolk, VA 23505
Office: (757) 889-5351
Fax: (757)-489-9436

102 Fairview Drive, Suite E
Franklin, VA 23851
Office: (757) 562-0383
Fax: (757) 569-6102

Leigh Atrium, 844 Kempsville Road
Norfolk, VA 23502
Office: (757) 466-6100
Fax: (757)-466-1597

Close-out survey for Suite 105



Measurements performed With Bicron 2000 GM Survey Meter A044W with pancake probe

1. Dose Calibrator
2. Hot Trash
3. Hot Lab Door
4. Hot Lab Floor
5. Console
6. Treadmill
7. Chair
8. Hall Floor
9. Hall Floor
10. Hall Floor
11. Table
12. Counter

Murillo

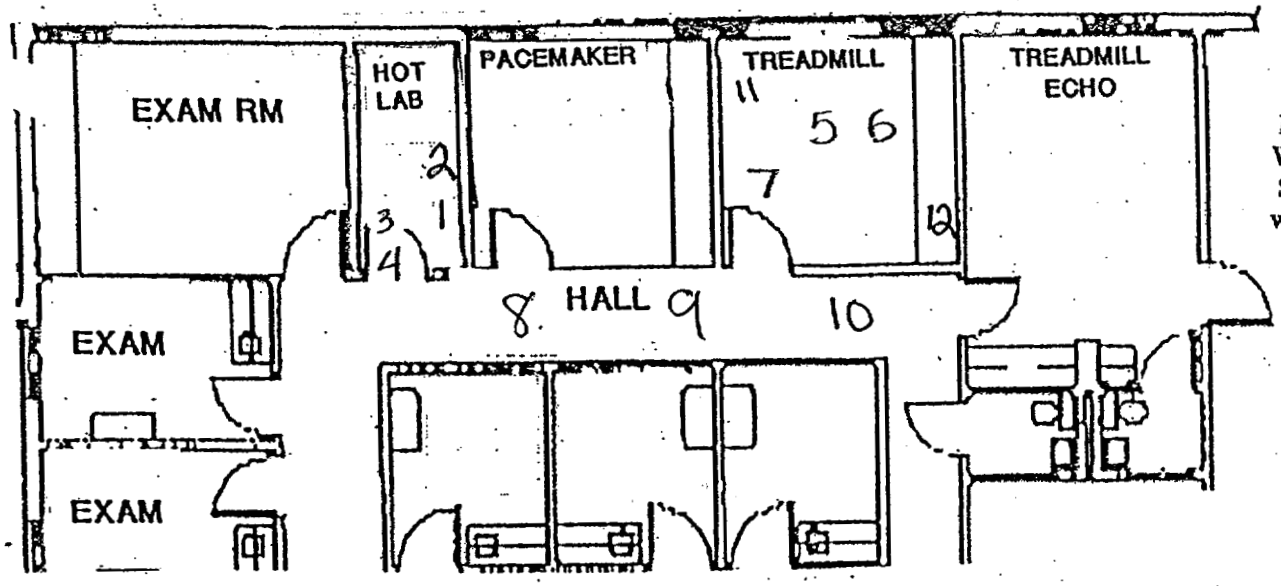
Performed by: Kathy Holt RT(N), CNMT
7-2-2004

Trigger Level 2000 dpm

	CPM	− BKG	= net CPM	X C.F.(145)	÷ SAMPLE SIZE	= DPM/100 cm^2
1.	40	40	0	0	4	∅
2.	40					"
3.	40					"
4.	40					"
5.	40					"
6.	40					"
7.	40					"
8.	40					"
9.	40					"
10.	40					"
11.	40					"
12.	40					"

NOTES:

Close-out survey for Suite 105



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9. Hall Floor
10. Hall Floor
11. Table
12. Counter

Performed by: Kathy Holt RT(N), CNMT
7-2-2004

Area	Mr/hr
bkg	.02
1.	.02
2.	.02
3.	.02
4.	.02
5.	.02
6.	.02
7.	.02
8.	.02
9.	.02
10.	.02
11.	.02
12.	.02

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

12/27/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-25095-01

☑ 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** 136233.
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 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20050430
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
   Applicant/Licensee: CARDIOLOGY CONSULTANTS, LTD.
   Received Date: 20050103
   Docket No: 3031611
   Control No.: 136233
   License No.: 45-25095-01
   Action Type: Amendment

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

3. COMMENTS

Signed M. A. Perkins
Date 1/4/2005

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 _____