



WAYNE MEMORIAL
HOSPITAL

RECEIVED
REGION 1

'05 JAN 13 P1:44

January 10, 2005

RE: Amendment to NRC License number 37-17755-01

03013285

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

To Whom It May Concern:

We would like to amend our Materials License to reflect the following changes...

- Remove line 6 letter C. Any byproduct material permitted by 10 CFR 35.500, Sealed Sources (North American Scientific Model MED 3601), 300 millicuries per source and 1.0 curie total.

This byproduct material and associated equipment has been removed from our facility by the manufacturer. There are no future plans to utilize this device.

If you require any additional information concerning this amendment request, please contact our consultant physicist, Sam Payne at (570) 477-3925.

Sincerely,

David L. Hoff, CEO
Wayne Memorial Hospital

136290

NMSS/RGNI MATERIALS-002

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

1/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ADDEND. 37-17755-CV
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 136280.
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)
(8-98)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140131
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: WAYNE COUNTY MEMORIAL HOSPITAL
Received Date: 20050113
Docket No: 3013285
Control No.: 136290
License No.: 37-17755-01
Action Type: Amendment

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

3. COMMENTS

Signed M. A. Perkins
Date 1/16/05

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 _____