



SOUTHSIDE  
COMMUNITY  
HOSPITAL

300 OAK STREET  
FARMVILLE VIRGINIA 23001

434 392.8211  
FAX 434 392 7654

RECEIVED  
REGION 1

'05 JAN 26 P12:52

January 17, 2005

License Assistance Section  
Nuclear Material Safety Branch  
US Nuclear Regulatory Commission - Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

03019230

Re: License Number 45-19782-01

To Whom It May Concern:

Dr. Greg S. Shields is no longer practicing at this facility. Please remove from our license.

Sincerely,

Lee S. Anthony, Ph. D.  
Radiation Safety Officer

Gwen S. Eddleman  
President/CEO

136352

NMSS/RGNI MATERIALS-002

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

1/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMMIS. 45-19782-01  
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 136352.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader

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: 20120731  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Reqd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: SOUTHSIDE COMMUNITY HOSPITAL  
 Received Date: 20050126  
 Docket No: 3019230  
 Control No.: 136352  
 License No.: 45-19782-01  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount:             
 Check No.:           

3. COMMENTS  
 Signed M. A. Perkins  
 Date 1/26/2005

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 \_\_\_\_\_