Office of the President ROBERT P. RITZ, CHE.



February 2, 2005

USNRC Region I 475 Allendale Rd King of Prussia PA 19406

Dear Sir:

Please accept notification that we have vacated the areas indicated on the attached drawings. We have completed a close-out area survey and wipe test, attached. All areas are at or below background.

Please amend our byproduct materials license number 06- 00679-01 to reflect the deletion of these areas of use or storage of byproduct materials.

Sincerely

Robert P. Ritz, C.H.E.

President & Chief Executive Officer

FFR -7

7 P12:56

56 Franklin Street Waterbury, Connecticut 06706 (203) 709-6303 Fax: (203) 709-3066

E-mail: rritz@stmh.org

136439

St.Mary's Hospital NRC License # 06-00679-01 Radiation Therapy Dept.

Area Survey and Wipe Testing Results For Decommissioning

<u>LOCATION</u> L-Block	.01 mr/hr.	WIPE TEST 72
Source Safe	.01 mr/hr.	dpms 72 dpms
Lead Bricks	.01 mr/hr.	72 dpms
Cs Rod Holder	.01 mr/hr.	68 dpms
Source Holder Cart	.01 mr/hr.	68
Door Handle/Lock	.01 mr/hr.	dpms 68
Counter Top	.01 mr/hr.	dpms 68
BrachyTherapy Hotlab		dpms January 11th
Lundlum Wellcounter Eberline 14c	Background = 65 Background = .0	
Countarian		
Countertop	.01 mr/hr.	61
Shelf 1	.01 mr/hr.	dpms 61
·		dpms 61 dpms 61
Shelf 1	.01 mr/hr.	dpms 61 dpms 61 dpms 61
Shelf 1 Shelf 2	.01 mr/hr. .01 mr/hr.	dpms 61 dpms 61 dpms 61 dpms 61 dpms 61
Shelf 1 Shelf 2 Shelf 3 Lead Bricks	.01 mr/hr01 mr/hr01 mr/hr.	dpms 61 dpms 61 dpms 61 dpms 61 dpms

No change

		100 Enange
	STORAGE STORAGE	Radioactive Material Storage RadioathipsTherefore. Dept. St. Marys Hospital O'Brien Building. Sub-Breconcit. April 12, 1982 , Radiotion. Physicist
2"Pb blocks	Countertop	Sink
lair Associates		(win plaster temp) RADIATION PHYSICS
,€	L-Block (Rodium Cherrical (Co = 4(p3)	DOSIMETRY LABORATORY
	B	RACHYTHERAPY \
		Hotlab"
	(Aza arus in sakit)	
		er til gran er melja menna militar i kaling sing si

2/2/2005	e receipt of your letter/application dated, and to inform you that the initial processing which e review has been performed.
There were no admini	strative omissions. Your application was assigned to a ease note that the technical review may identify additional
Please provide to this	office within 30 days of your receipt of this card
	s been forwarded to our License Fee & Accounts Receivable you separately if there is a fee issue involved.
Your action has been ass When calling to inquire a You may call us on (610)	signed Mail Control Number 136439. bout this action, please refer to this control number. 337-5398, or 337-5260.
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader

	: (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: 20050630 : Fee Comments:
LICENSE FEE TRANSMITTAL	
A. REGION I	
1. APPLICATION ATTACHED Applicant/Licensee: ST. MARY'S HO Received Date: 20050207 Docket No: 3001243 Control No:: 136439 License No:: 06-00679-01 Action Type: Amendment	SPITAL
2. FEE ATTACHED Amount: Check No.:	
3. COMMENTS Signed Date	leteria Jured
B. LICENSE FEE MANAGEMENT BRANCH (Chec	k when milestone 03 is entered //)
1. Fee Category and Amount:	
2. Correct Fee Paid. Application may Amendment Renewal License	be processed for:
3. OTHER	
Signed	

Date