



SOUTHSIDE
COMMUNITY
HOSPITAL

800 OAK STREET
FARMVILLE, VIRGINIA 23901

434.392.8811
FAX 434.392.7654

RECEIVED
REGION I

'05 FEB 24 P12 :48

February 21, 2005

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

Re: License Number 45-19782-01 03019230

To Whom It May Concern:

Dr. Charles Jihun Chung 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

136550
NMSS/RGNI MATERIALS-002

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

2/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 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** 136550.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

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: 20050224
 Docket No: 3019230
 Control No.: 136550
 License No.: 45-19782-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS

Signed Rebecca J. Ford
 Date 3/7/2005

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 _____