

RECEIVED
REGION 1

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STEVENS & LEE
LAWYERS & CONSULTANTS

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March 29, 2005

J-9

VIA FACSIMILE (610-337-5393) & REGULAR MAIL

Michelle Beardsley
United States Nuclear Regulatory Commission
Attn: Licensing Assistance Team
Region I-475 Allendale Rd.
King of Prussia, PA 19406

Re: Closure of Woman's Medical Hospital, located at 3300 Henry Avenue, Philadelphia, Pennsylvania
(NRC License # 37-30485-01, SNM-1369/PA Radioactive License # PA-0212)

03034872 / 07001362
Dear Michelle:

This serves to notify you that, despite strong community support and the dedication of its administrators, management and employees, as a result of low patient volume and other economic factors, our client, Woman's Medical Hospital ("WMH") was forced to cease providing emergency services and inpatient and outpatient hospital services and terminate its general acute care hospital license effective March 12, 2005 at 12:00 p.m (the "Effective Date").

In accordance with 10 CFR §30.36(d)(2), a licensee is required to notify the NRC within 60 days of its decision to permanently cease principal activities and submit Form 314, Certificate of Disposition of Materials. WMH has ceased principal activities as of the Effective Date, but is still in the process of determining how its radioactive materials will be disposed of or transferred. WMH will notify you and submit Form 314 as soon as this information is known, but in no event later than May 11, 2005. We are sending this notification letter now because we understand that WMH's renewal application is due at the end of this month.

Please be advised that all radioactive materials have been securely stored and Kent Lambert, the Radiation Safety Officer, is still overseeing WMH's radiation safety program.

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Scranton • Wilkes-Barre • Princeton • Cherry Hill • New York • Wilmington

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03/29/05/SL1 527673v1/30630.006

136693 / 136694
NMSS/RGNI MATERIALS-002

STEVENS & LEE
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United States Nuclear Regulatory Commission
March 29, 2005
Page 2

If you have any questions concerning this matter or require the completion of any forms in addition to Form 314, please call me at the phone number listed above.

Sincerely,

STEVENS & LEE

A handwritten signature in black ink, appearing to read "KM Raleigh".

Kirsten McAuliffe Raleigh

cc: Ron Hamm, PA DEP, Chief Radioactive Material Licensing Division
Donielle Skelton, PA DEP, Division of Radiation Control
Joe Melnic, PA DEP (AC10-44037)
Kent Lambert, Radiation Safety Officer
Nancy J. Pickering, CEO, WMH

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

3/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Termination 37-30485-01, SNM-1369
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 Numbers** 136693 / 136694
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02310
Status Code: 0
Fee Category: 7C
Exp. Date: 20050430
Fee Comments: 7A STORAGE ONLY 8/29/03
Decom Fin Assur Req'd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WOMAN'S MEDICAL HOSPITAL
Received Date: 20050329
Docket No: 3034872
Control No.: 136693
License No.: 37-30485-01
Action Type: Termination

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Ref. 136694

Signed
Date

Rebecca J. Ford
7/11/2005

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

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 22160
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: EX 7C
 : Exp. Date: 20140430
 : Fee Comments: PACEMAKER/37-00467-36
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WOMAN'S MEDICAL HOSPITAL
Received Date: 20050329
Docket No: 7001362
Control No.: 136694
License No.: SNM-1369
Action Type: Termination

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Ref 136693

Signed
Date

Liberia Jinnah
4/15/05

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

