

Meriden-Wallingford Cardiovascular Associates, LLC  
1062 Barnes Road Suite 300  
Wallingford CT 06492

April 1, 2005

USNRC Region I  
475 Allendale Rd  
King of Prussia PA 19406

Greetings:

03036420

Please amend our byproduct materials license number 06-30842-01 as follows:

We have relocated our injection area as seen on the enclosed Room Detail sketch. We will include this in our daily area surveys and weekly wipe testing as stated in our earlier license commitment.

Thank you for your consideration.

Sincerely yours,

Robert J. Golub, M.D.  
Radiation Safety Officer



136799

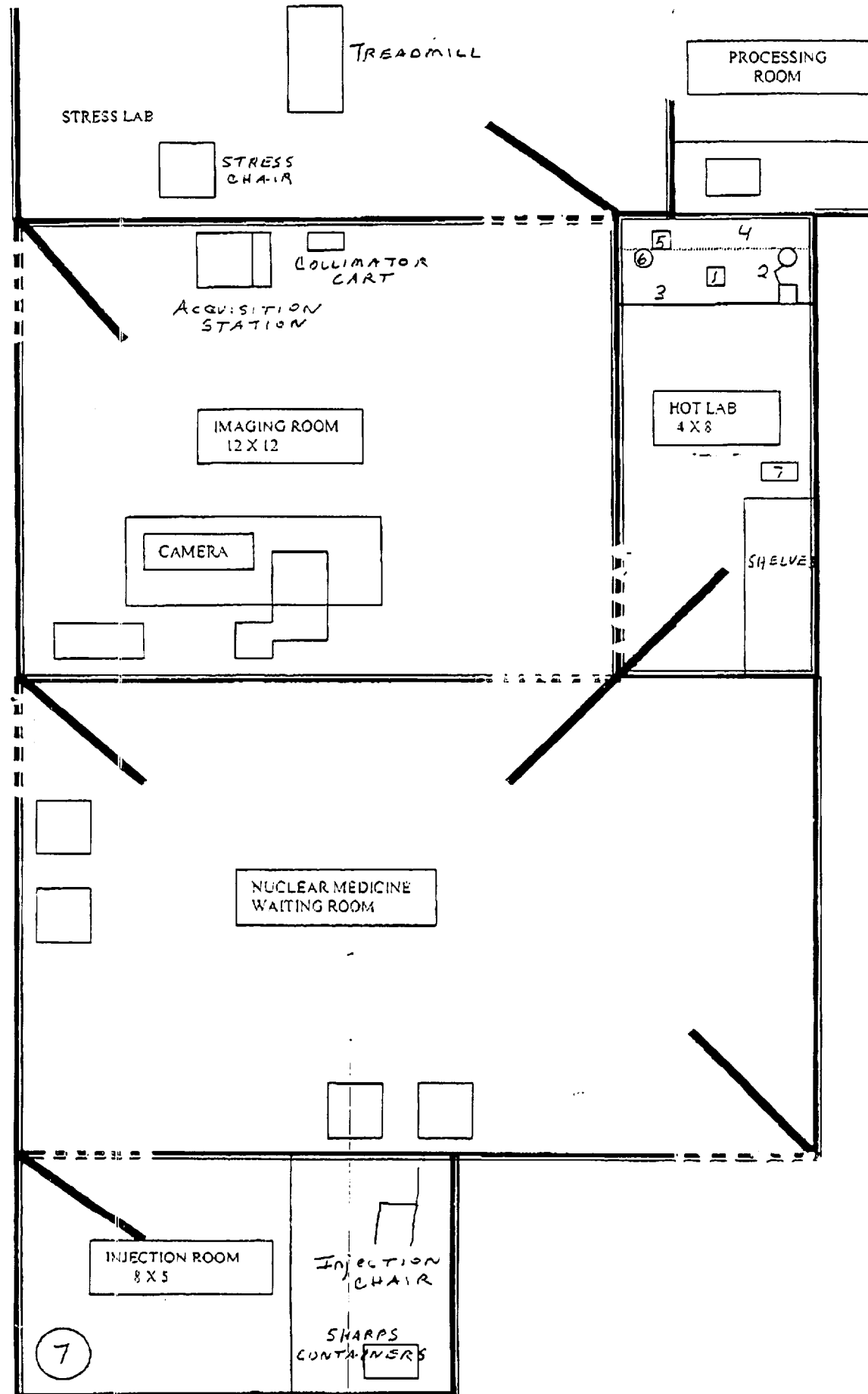
NMCS/RONI MATERIALS-002

# MERIDEN WALLINGFROD CARDIOVASCULAR ASSOCIATES, LLC ROOM DETAILS

HALLWAY OF  
BUILDING

## HOT LAB LEGEND

1. Pb shield
2. Dose Calibrator
3. Counter Space
4. Shelving
5. GM counter
6. Wel counter
7. Waste/Storage



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

4/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ NOTIFICATION 06-30842-0  
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 136789.  
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: 02201  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20131031  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

Applicant/Licensee: MERIDEN-WALLINGFORD CARDIOV.ASSOC,L  
Received Date: 20050401  
Docket No: 3036420  
Control No.: 136799  
License No.: 06-30842-01  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed *M. A. Perkins*  
Date *4/14/2005*

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 \_\_\_\_\_