



Somerset
MEDICAL CENTER

110 Rehill Avenue
Somerville, NJ 08876-2598
908.685.2200
somerseomedicalcenter.com

RECEIVED
REGION 1

'05 APR 15 112:27

April 12, 2005

United States Nuclear Regulatory Commission
License Assistant Section
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

Re: License #29-03089-01 03002466

To Whom It May Concern:

Somerset Medical Center respectfully requests to amend our radioactive materials license in the following manner:

Please add the following material for use in Interstitial Prostate Brachytherapy.

Physical Form: Sealed Sources
Model Name: STM 1251
Manufacturer: Source Tech Medical, LLC
Carol Stream, IL
Maximum Possession: 100 Millicuries
Amount

If you have any questions or require additional information, please contact me at 908-685-2927

Respectfully,

Michael A. Medina
Michael A. Medina, MPA
Assistant Vice President

MAM/cs

Cc: Vincent Immerso, Physicist
Gary Jones, Physicist

136885

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

4/12/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-03089-01
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 136885.
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: 20050731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: SOMERSET MEDICAL CENTER
Received Date: 20050415
Docket No: 3002466
Control No.: 136885
License No.: 29-03089-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: _____

3. COMMENTS

Signed *Rebecca Jones*
Date 4/22/05

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 _____