

■ **SAINT BARNABAS**  
■ **HEALTH CARE SYSTEM**  
*Kimball Medical Center*

RECEIVED  
REGION 1

ALBERT R. GAMPER, JR.  
Chairman  
Saint Barnabas Health Care System

RONALD J. DEL MAURO  
President and Chief Executive Officer  
Saint Barnabas Health Care System

JOE HICKS  
Executive Director  
Kimball Medical Center

'05 APR 18 A2:40

April 13, 2005

United States Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

Attention: Medical Licensing Division

Re: Materials License 29-14017-01

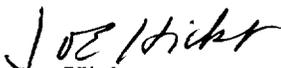
03001980

Dear Sir or Madam:

Kimball Medical Center, Radioactive Materials License #29-14017-01, wishes to modify our existing nuclear medicine department to accommodate new imaging equipment. As indicated on the enclosed diagram, a wall will be removed to enlarge the room where a new camera is being installed. The space in question is already part of the nuclear medicine department but is currently used for storage of medical supplies.

If you have any questions or require additional information, please do not hesitate to contact Ms. Stephanie Iszak, Director of Radiology and Radiation Oncology, at (732) 886-4717 or our consulting medical physicist, Karen Wheeler, MS, at (908) 788-9440 ext. 45.

Sincerely,

  
Joe Hicks

Enc.

136891

**NMSS/RGNI MATERIALS-002**

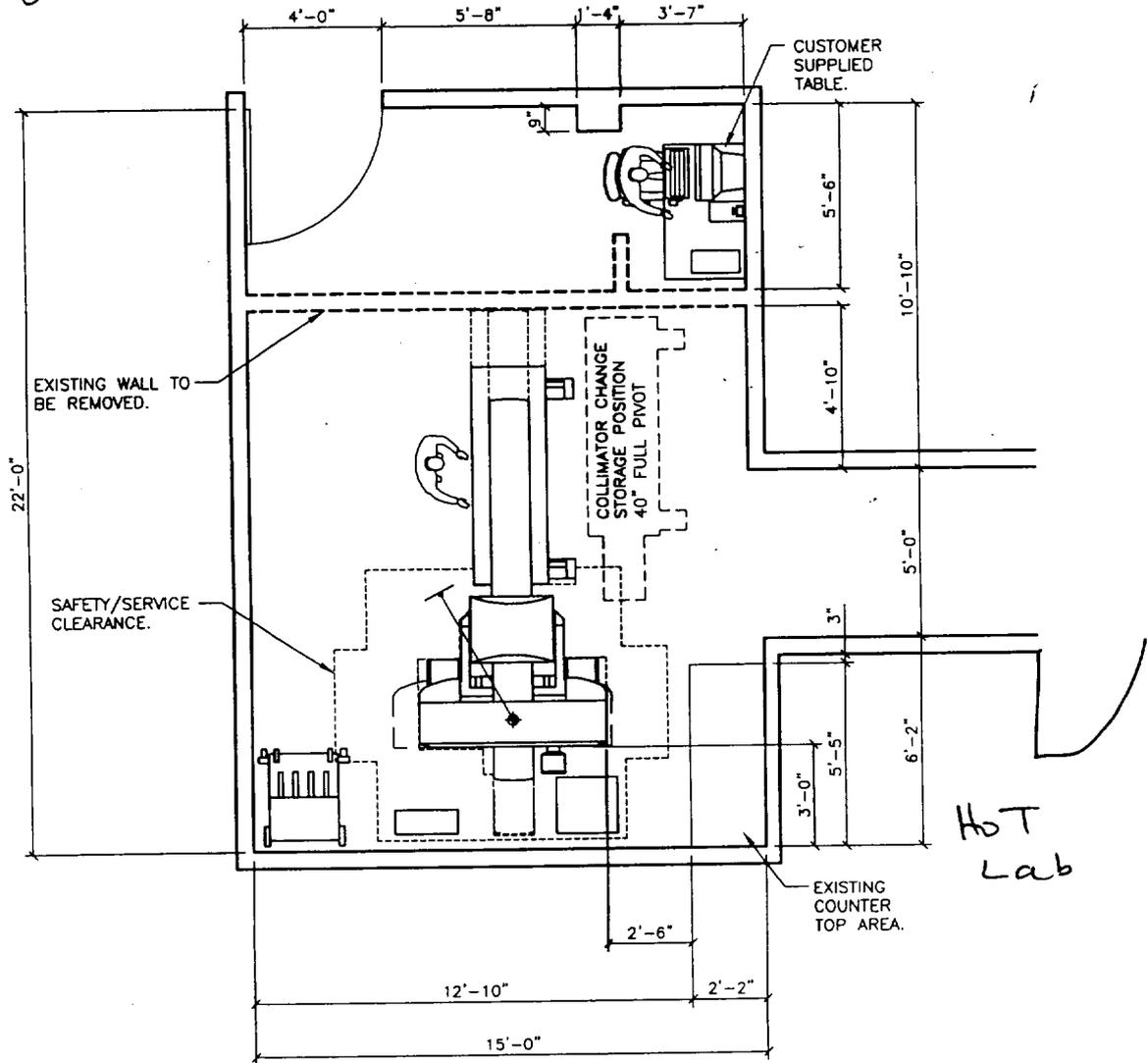


**FINAL LAYOUT REVIEW**

I HAVE REVIEWED THE ATTACHED PLAN(S) AND UNDERSTAND AND AGREE TO THE PROPOSED EQUIPMENT ARRANGEMENT. I HEREBY AUTHORIZE THE PREPARATION OF A COMPLETE SET OF PLANS BASED ON THESE PLANS. I AM AWARE THAT ANY CHANGES MADE AFTER THIS DATE COULD RESULT IN ADDITIONAL EXPENSES BEING INCURRED.

NAME: *S. Dyk* DATE: *4/7/05*

*Corridor*



**PRELIMINARY EQUIPMENT PLAN**

SCALE: 3/16" = 1'-0"

			PROJECT MANAGER: JEFF HOLMES TEL: (908) 647-1221 VMAIL: (800) 753-6336 EXT: FAX: (908) 647-1221 EMAIL: Jeff.Holmes@siemens.com		<b>SIEMENS</b>							
			<b>KIMBALL MEDICAL CENTER</b> 800 River Avenue Lakewood NJ 08701 Nuclear Medicine I - Extended Gantry E.cam Variable									
			THE USE OR REPRODUCTION OF THIS TITLE BLOCK WITHOUT SIEMENS AUTHORIZATION WILL RESULT IN PROSECUTION UNDER FEDERAL STATUTE OF THE LAW.		PROJECT #: <b>0500769</b>							
<table border="1"> <tr> <td>SYN</td> <td>DATE</td> <td>DESCRIPTION</td> </tr> <tr> <td>▲</td> <td>4/6/05</td> <td>REVIS FOR GANTRY'S ROTARY CENTER DRU &amp; ROTATE GANTRY/PNS 180 DEGREES</td> </tr> </table>			SYN	DATE	DESCRIPTION	▲	4/6/05	REVIS FOR GANTRY'S ROTARY CENTER DRU & ROTATE GANTRY/PNS 180 DEGREES	SHEET 1 OF 1		DRAWN BY: CNM	
SYN	DATE	DESCRIPTION										
▲	4/6/05	REVIS FOR GANTRY'S ROTARY CENTER DRU & ROTATE GANTRY/PNS 180 DEGREES										
-REVISION BLOCK-			SCALE: AS NOTED		DATE: 2/15/05							
			REF: 1-380TM2		<b>R-101</b>							

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

4/13/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Approved. 4/13/2005 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

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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 136891.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 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: 02230  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140228  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: KIMBALL MEDICAL CENTER  
Received Date: 20050418  
Docket No: 3001980  
Control No.: 136891  
License No.: 29-14017-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed *M. A. Perkins*  
Date 4/24/05

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 \_\_\_\_\_