



RECEIVED  
REGION 1

'05 APR 27 P1 :02

License No. 37-05811-02  
Mail Control No. 136298

April 22, 2005

USNRC Region I  
Licensing Assistance Section  
475 Allendale Road  
King of Prussia, PA 19406

37-05811-02  
03003056

Gentlemen:

Enclosed is the diagram and closeout survey of the decay-in-storage closet, which was located on the 1<sup>st</sup> floor of Radiology. All values for ambient exposure rates and removable contamination were below levels permissible for Nonrestricted use.

If you have questions about this matter please contact John C. Ramsey at 570-977-6449.

Thank you.

Sincerely,

Jacqueline Cotterall, Director  
Department of Radiology

cc Anthony H. Bliss, Vice President  
Professional Services

William Tatu, M.D., Radiation Safety Officer  
Nuclear Medicine

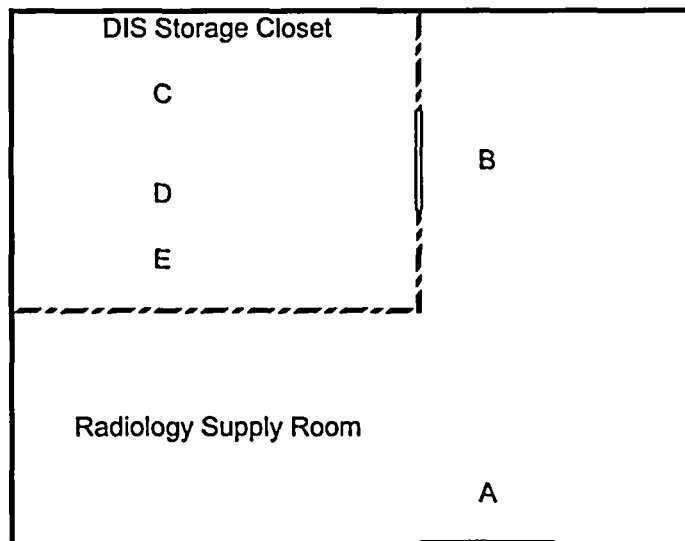
Attachments

136948  
NMSS/RGNI MATERIALS-002  
REF. 136298

**POCONO MEDICAL CENTER  
Closeout Survey**

NRC license No. 37-05811-02  
PA license No. PA-0034

March 18, 2005



Location	Survey mR/hr	Swipe dpm/100cm <sup>2</sup>	Survey equipment
A	0.05	0	Captus 2000 Well Efficiency: 97%  Ludlum 14C, Sn. 48756 Cal date: 8/10/2004
B	0.05	0	
C	0.05	0	
D	0.05	0	
E	0.05	0	
Background	0.05	509	

Conclusion: All samples are acceptable for Nonrestricted use.

Performed by,

*Thomas Staskowski*  
Thomas Staskowski, CNMT

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

4/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-05811-02 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 136940.  
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 (R1)  
(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: 20130228  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: POCONO MEDICAL CENTER  
Received Date: 20050427  
Docket No: 3003056  
Control No.: 136948  
License No.: 37-05811-02  
Action Type: Amendment

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

3. COMMENTS

Ref 136298

Signed Rebecca J. Leonard  
Date 5/31/2005

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 \_\_\_\_\_