29-30935-01 5-11-05 030 36630

Steve,

RECE Regi

Enclosed please find a "05 MAY"

drawing your jacility. I hope

this is what you needed To

show the relation of the

Atress Lab to the Nuclear

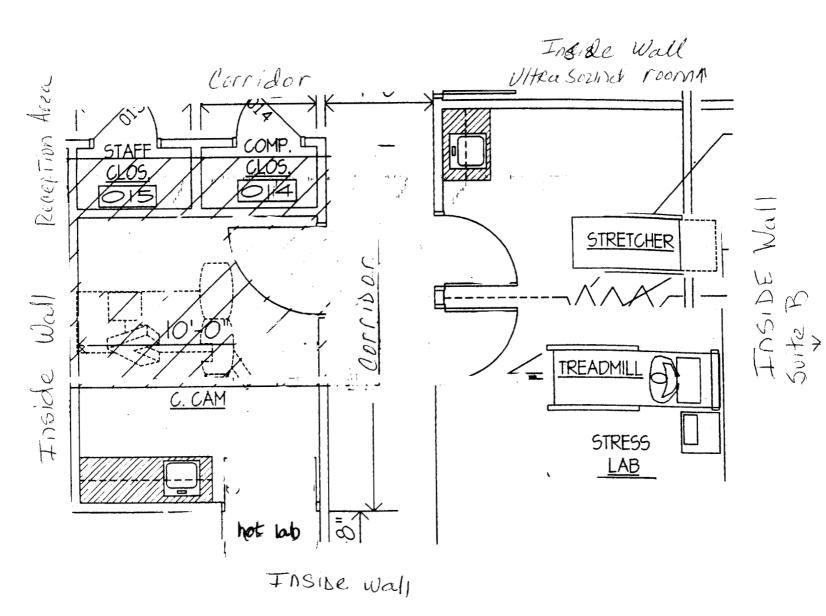
Medicine area.

Marianse Sheekan RT.

137042

NMSS/RGNI MATERIALS-632

REC'D IN LAT MAY 1 3 2005



South Jersey Diagnostic Center 636 Kings Hwy. Suite C Woodbury, NJ 08092

This is to acknowledge the reconstruction of the second of	ceipt of your letter/application dated, and to inform you that the initial processing which riew has been performed.
	29 - 309 35-cd ive omissions. Your application was assigned to a enote that the technical review may identify additional ional information.
Please provide to this office	ee within 30 days of your receipt of this card
	en forwarded to our License Fee & Accounts Receivable separately if there is a fee issue involved.
Your action has been assigned When calling to inquire about You may call us on (610) 337	ed Mail Control Number 1370 62. this action, please refer to this control number. 2-5398, or 337-5260.
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
License Fee Management Br and Regional Licensing Sectio	anch, ARM : Program Code: 02201 : Status Code: 0 ns : Fee Category: 7C : Exp. Date: 20140831 : Fee Comments: : Decom Fin Assur Reqd: N
LICENSE FEE TRANSMITTAL	
A. REGION I	
Received Date: Docket No: Control No.: License No.:	3036630 137042
2. FEE ATTACHED Amount: Check No.:	
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1. Fee Category and Amou	nt:
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