

May 19, 2005

U. S. Nuclear Regulatory Commission  
Region II  
Atlanta Federal Center  
61 Forsyth St. S. W. Suite 25T85  
Atlanta, GA 30303-3415

RECEIVED  
REGION I

2005 JUN -3 AM 10:56

RE: Amendment to License

03010683

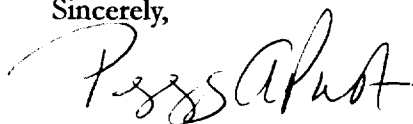
Radioactive Material License No: 47-16259-01, Monongalia General Hospital

Gentlemen:

We are planning on moving our existing nuclear medicine department. The date of completion for the move is approximately the end of August 2005. Enclosed please find a diagram of the anticipated hot lab. Once we move, we will perform a closeout survey and forward you the results.

Also, please delete Scott Watkins, MD as an authorized user. Dr Watkins has left our facility and therefore we will no longer be performing Brachytherapy. Please remove all references in 35:400, to this service from our license.

Sincerely,



Peggy Pust  
Director of Imaging Services  
Monongalia General Hospital

1200 J.D. Anderson Drive • Morgantown, WV 26505 • (304) 598-1200 [www.monhealth.com](http://www.monhealth.com)

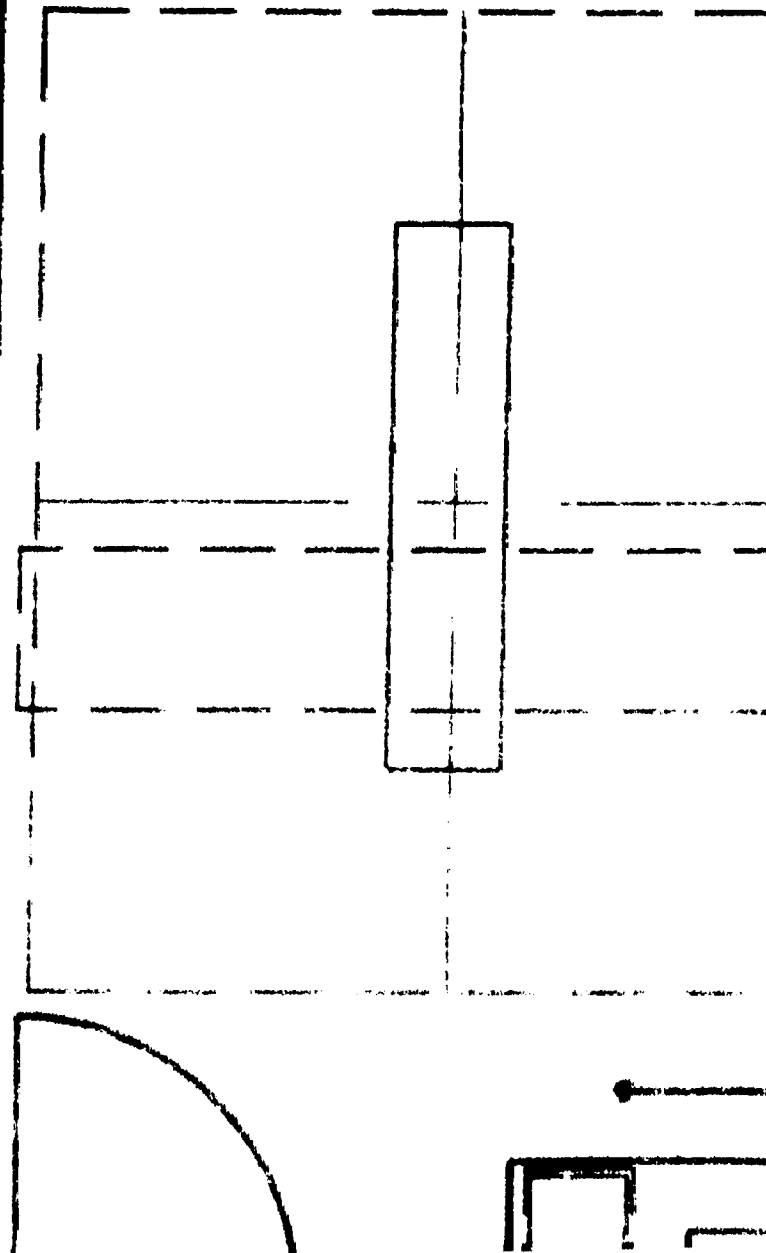
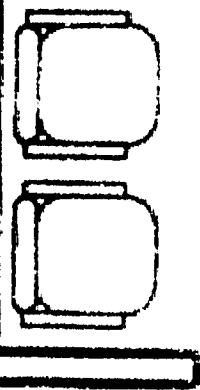
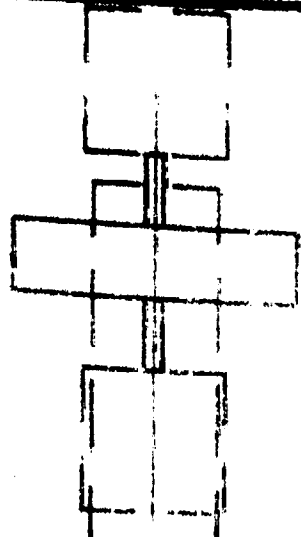
137146

MECH.

HOTLAB

- ① sink
- ② L block
- ③ Dose Calibrator
- ④ Lead brick Storage
- ⑤ Under counter generator

UPTAKE



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

5/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 47-16259-01 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

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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** 137146.  
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: 20110831  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MONONGALIA GENERAL HOSPITAL  
Received Date: 20050603  
Docket No: 3010683  
Control No.: 137146  
License No.: 47-16259-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed *Debra J. J. J.*  
Date 6/10/2005

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 \_\_\_\_\_