

ROBERT WOOD JOHNSON SURGERY CENTER

561 CRANBURY ROAD, EAST BRUNSWICK, NJ 08816 • 732-390-4300 FAX 732-390-0556

June 9, 2005

Licensing Assistance Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region 1
475 Allendale Road
King of Prussia, PA. 19406-1415

03036601

RE: Request for Amendment of Materials License # 29-30922-01

2005 JUN 13 PM 1:44

RECEIVED
REGION 1

Dear Sir or Madam:

This is a request for amendment of the materials license for:

East Brunswick Surgery Center, LLC
DBA Robert Wood Johnson Surgery Center
561 Cranbury Road
East Brunswick, NJ 08816

We request the following amendment:

Please delete Dr. Alan Coher as the Radiation Safety Officer, as he has resigned from the staff and moved out of the area as of May 25, 2005. Replace Dr. Cohler as Radiation Safety officer with Dr. Robert Cole who is already listed on the license.

Also due to my recent marriage, please change my name on the license from Christine Hopkins to Christine Reilly.

Thank you,

Sincerely,



Christine Reilly, RN, MAS, CNOR
Administrator

137209
NMSS/RGNI MATERIALS-002

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

6/9/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-30922-01 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** 137209.
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: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION **I**

1. APPLICATION ATTACHED

Applicant/Licensee: EAST BRUNSWICK SURGERY CENTER, LLC
Received Date: 20050613
Docket No: 3036601
Control No.: 137209
License No.: 29-30922-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed *Adrienne Hines*
Date 6/14/09

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 _____