

# AtlantiCare

**REGIONAL MEDICAL CENTER**

RECEIVED  
REGION 1

2007 SEP 14 AM 11: 23

August 28, 2007

*NMSS*

USNRC  
Division of Materials Licensing  
475 Allendale Road  
King of Prussia, PA 19406

Re: 29-08622-04  
Atlanticare Regional Medical Center  
1925 Pacific Avenue  
Atlantic City, NJ

*03002515*

The above referenced licensee will be relocating its nuclear medicine department to a location currently under construction within the hospital campus at 1925 Pacific Avenue, Atlantic City, NJ.

All necessary shielding will be provided to ensure compliance with regulatory requirements including shielded hot trash and materials storage within the hot lab. There will be no other changes to the radiation safety program.

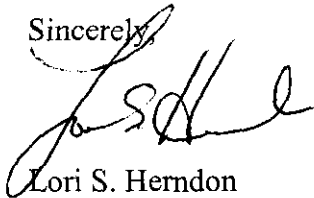
A closeout survey including tests for removable contamination will be conducted of the existing department at the termination of services prior to release for uncontrolled use. A copy will be made available to you upon your request.

The timeline for relocation is within the next six to eight weeks.

A diagram of the new department is enclosed. There is occupancy above and below and the floor and ceiling construction consists of a minimum of 6" concrete.

If there are any questions please contact Jonathan Law (609) 652-3409.

Sincerely,



Lori S. Herndon  
Senior Vice President & Chief Operating Officer

1925 Pacific Avenue, Atlantic City, NJ 08401 ■ 609-345-4000  
Jimmie Leeds Road, Pomona, NJ 08240 ■ 609-652-1000

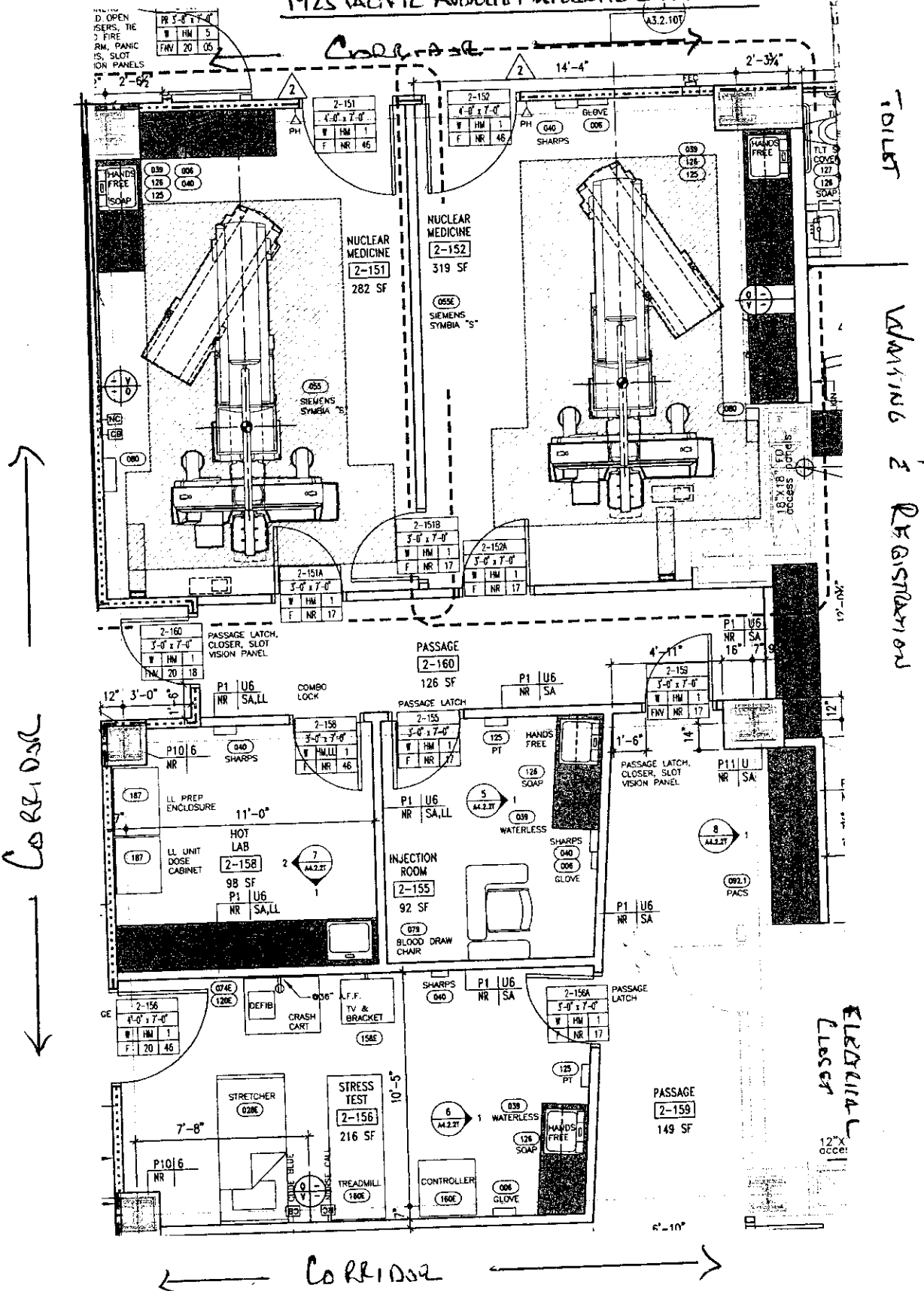
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NMSS/RGN1 MATERIALS-002

# ATLANTIC REGIONAL MEDICAL CENTER

## NUCLEAR MEDICINE DEPARTMENT

1925 PACIFIC AVENUE, ATLANTIC CITY, NJ



ALL # 29-08622-04  
 NISL# 70020

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

8/28/2007 <sup>(RECEIVED)</sup> 9/14/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-02622-04  
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** 141069.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.