

From: [Lanzisera, Penny](#)
To: [Lowe, Kim \(Kim.Lowe@camc.org\)](mailto:Kim.Lowe@camc.org)
Subject: Amendment request to remove 2 locations
Date: Monday, March 19, 2018 8:31:00 AM

Licensee: Charleston Area Medical Center
License No. 47-15473-01
Docket No. 03009164
Mail Control 602279

In support of your request to remove 2 locations of use and to change the name of a 3rd location of use, please provide the following:

1. Inventory for the Chesterfield Avenue locations prior to the move.
2. Leak test results of the sources located at the Chesterfield Avenue locations prior to the move.
3. Confirmation that Charleston Area Medical Center has the same ownership of CAMC Cardiology South Charleston as they did with CAMC Kanawha Valley Heart Specialists, Inc.

You may either fax a letter signed by management forwarding this information to 610-337-5269 or email a pdf of the signed letter w/attachments. Thank you for your assistance,

Penny Lanzisera
Senior Health Physicist
US NRC, Region I