



Virginia Baptist Hospital

3300 Rivermont Ave., Lynchburg, VA 24503 2033 181-491 10001

DL-070595-04

July 5, 1995

Earl G. Wright
U.S. Nuclear Regulatory Commission
Region II
Suite 2900
101 Marietta Street, N.W.
Atlanta GA 30323

RE: Docket Number: 030-03343 License Number: ~~45-10542-01~~
Docket Number: 030-03309 License Number: 45-02207-01
Subject: Amendment Request, Materials License

Dear Mr. Wright:

Mr. Bipin K. Agarwal has terminated employment with these facilities. His departure requires some adjustment to our Nuclear Medicine Materials License. Our Joint Radiation Safety Committee has appointed Larry H. Redmond, M.D., as interim Radiation Safety Officer. We have contracted with Mr. Van H. McComas, M.S., for physics services. I am requesting the following amendments be made to the above referenced Materials Licenses issued to Virginia Baptist and Lynchburg General Hospitals.

1. Delete - Bipin K. Agarwal, M.E., as Radiation Safety Officer
Delete - Bipin K. Agarwal, M.E., as Teletherapy Physicist
2. Add - Larry H. Redmond, M.D., as Radiation Safety Officer.
Add - Van H. McComas, M.S., as Teletherapy Physicist.

This is for notification/record purposes only as this is an interim change. A request for formal change, amendment, will be made as soon as our physics position is filled.

All correspondence regarding this change and future transactions should be to my attention. Feel free to contact me by telephone at (804) 947-4010. It is always a pleasure in dealing with your office and staff.

Sincerely,

A. Glenn Dalton
Administrative Director of Radiation Oncology

256598

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001
Attn: Rita Messier

*Virginia Baptist Hospital
Attn: A. Ann Dalton,
Admin. Director Radiation Oncology
3300 Rivermont Avenue
Richmond, VA 24503*

TYPE OF ACTION

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

REQUESTED DATE
7/5/95

LICENSE NUMBER
45-10542-01

CONTROL NUMBER
256508

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
<i>7C</i>	\$	\$	\$ <i>500</i>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$
PAYMENT RECEIVED	\$
AMOUNT DUE	\$ <i>500</i>

Your request was received without the prescribed application fee.

We received your Check No. _____ in the amount of \$ _____. Payment of the additional fee noted above is required.

Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(e).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

Rita Messier

LFDCB

Ann Dalton

7/14/95

II. FEE NOT REQUIRED

Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

- We received your Check No. _____ in payment of the fee.
- The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.
- Your request was combined, prior to review, with your _____ request, Control No. _____.

III. CHECK RETURNED

Enclosed is Check No. _____ which was returned to us by the bank for:

- INSUFFICIENT FUNDS
- ACCOUNT CLOSED
- OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

DISTRIBUTION

REG. DIV. RE

LFDCB R.F. 2)

Pending Fee File

Region *II*

DATE

7/14/95