



Divine Providence Hospital - Muncy Valley Hospital
The Williamsport Hospital & Medical Center

Richard W. DeWald
Chairman of the Board

Sister Joanne Bednar
Vice Chairman

Steven P. Johnson
President & CEO

April 19, 2005

NRC License No: 37-04185-01 03003037

U.S. Nuclear Regulatory Commission
Region I
Nuclear Materials Section B
475 Allendale Road
King Of Prussia, PA 19406

J1

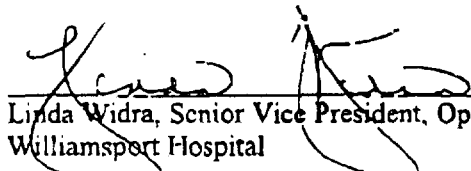
Dear Sirs,

We would like to amend our license to relocate our stress labs. Attached is a schematic for your review. In addition we would like to remove the stress labs currently on our license and release the area for general use. We only used diagnostic materials with short half-lives in this area.

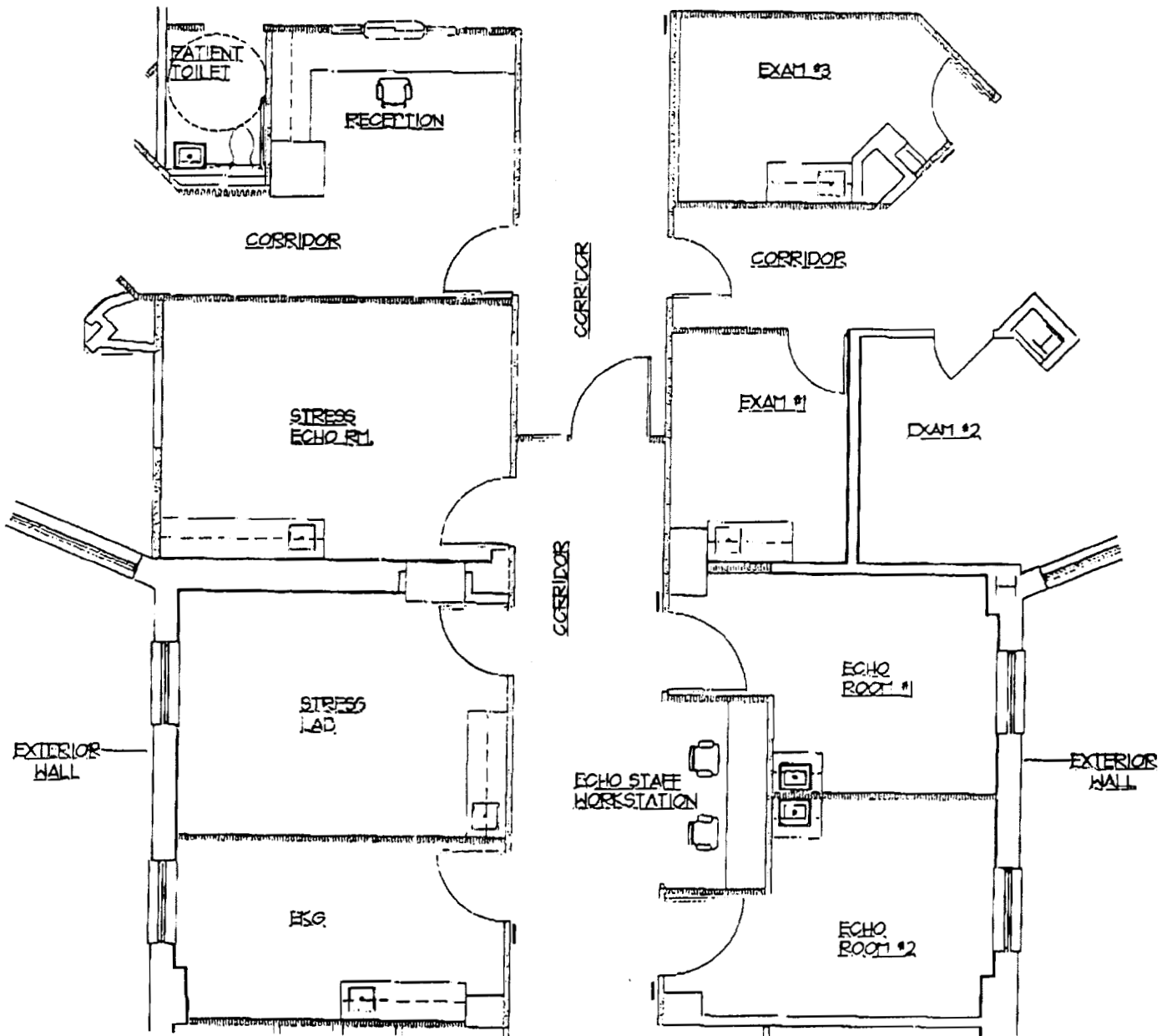
We are asking for this amendment to be expedited since our plan is to relocate the stress labs on Friday 4/22/2005 and begin reconstruction on the vacated stress labs on 4/25/2005.

If you have any questions concerning this request please feel free to contact Jeff Kemmler, Director of Nuclear Medicine at (570) 321-2400

Sincerely


Linda Widra, Senior Vice President, Operations
Williamsport Hospital

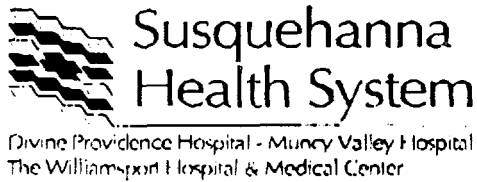
NRCstresslab.1WH word



NEW VASCULAR CENTER @ THE WILLIAMSPORT HOSPITAL
SUB-LEVEL ONE

SCALE: 1/8"=1'-0"





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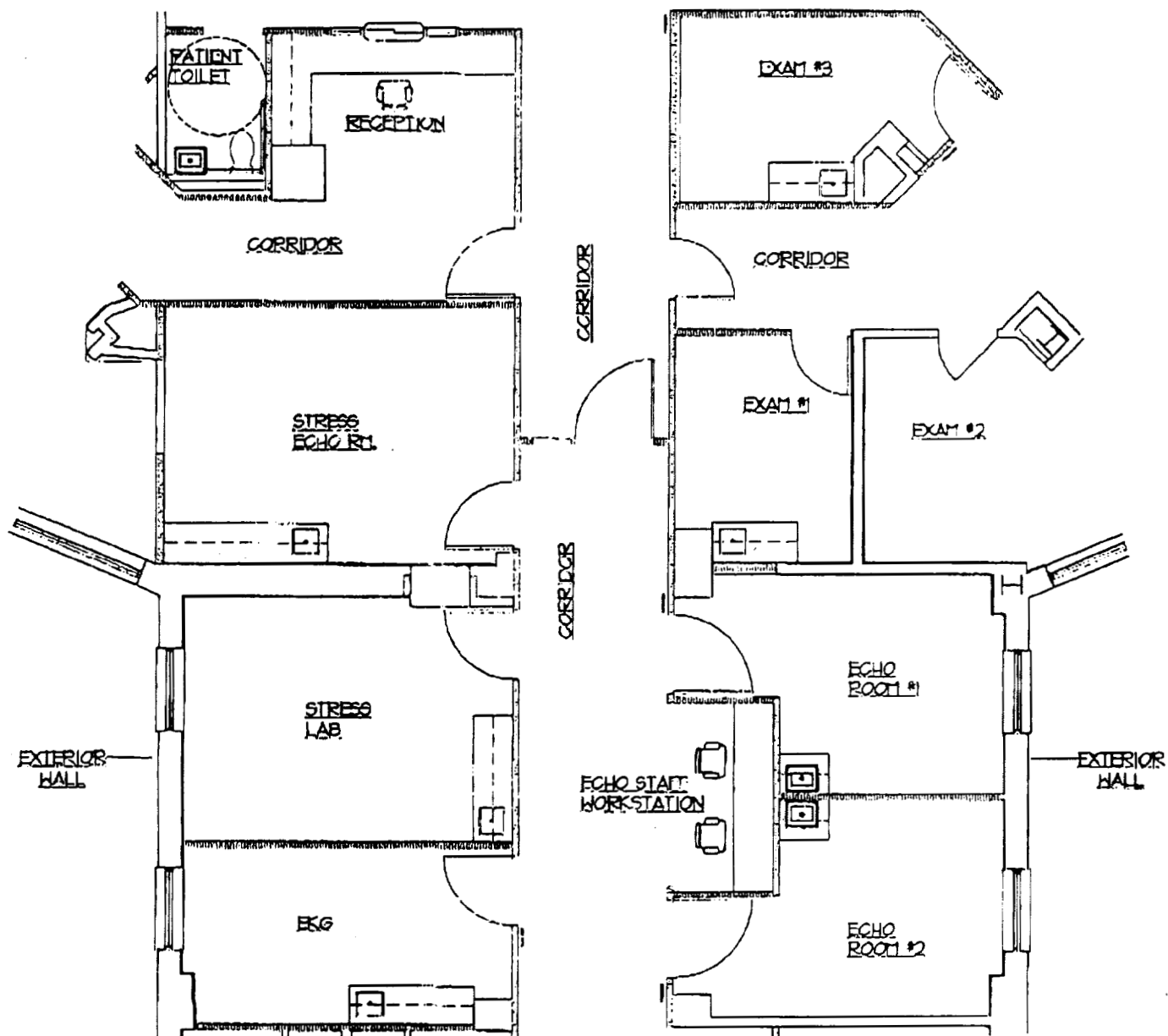
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This is to acknowledge the receipt of your letter/application dated

4/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-04185-01 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 136860.
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: 02240
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140430
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAMSPORT HOSPITAL
Received Date: 20050420
Docket No: 3003037
Control No.: 136860
License No.: 37-04185-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: _____

3. COMMENTS

Signed *Rebecca J. Ford*
Date 4/20/05

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 _____