



RECEIVED
REGION 1

Country Club Road
Monongahela, PA 15063-1095
724-258-1000
www.monvalleyhospital.com

'05 MAR 21 P1:18

18 March 2005

U.S. Nuclear Regulatory Commission, Region I
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 19406 - 1415

Re: License Number 37-06575-03

03007584

To Whom It May Concern:

This information is in regards to a change in the above mentioned license. We are moving the location of the cardiac stress lab [specifically the treadmills used for nuclear cardiology studies]. Referring to the enclosed floor plan, we are relocating the treadmills around the corner from their present location. If you have any questions regarding this application please feel free to contact me.

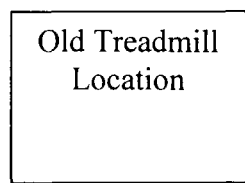
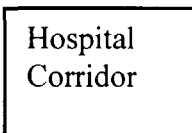
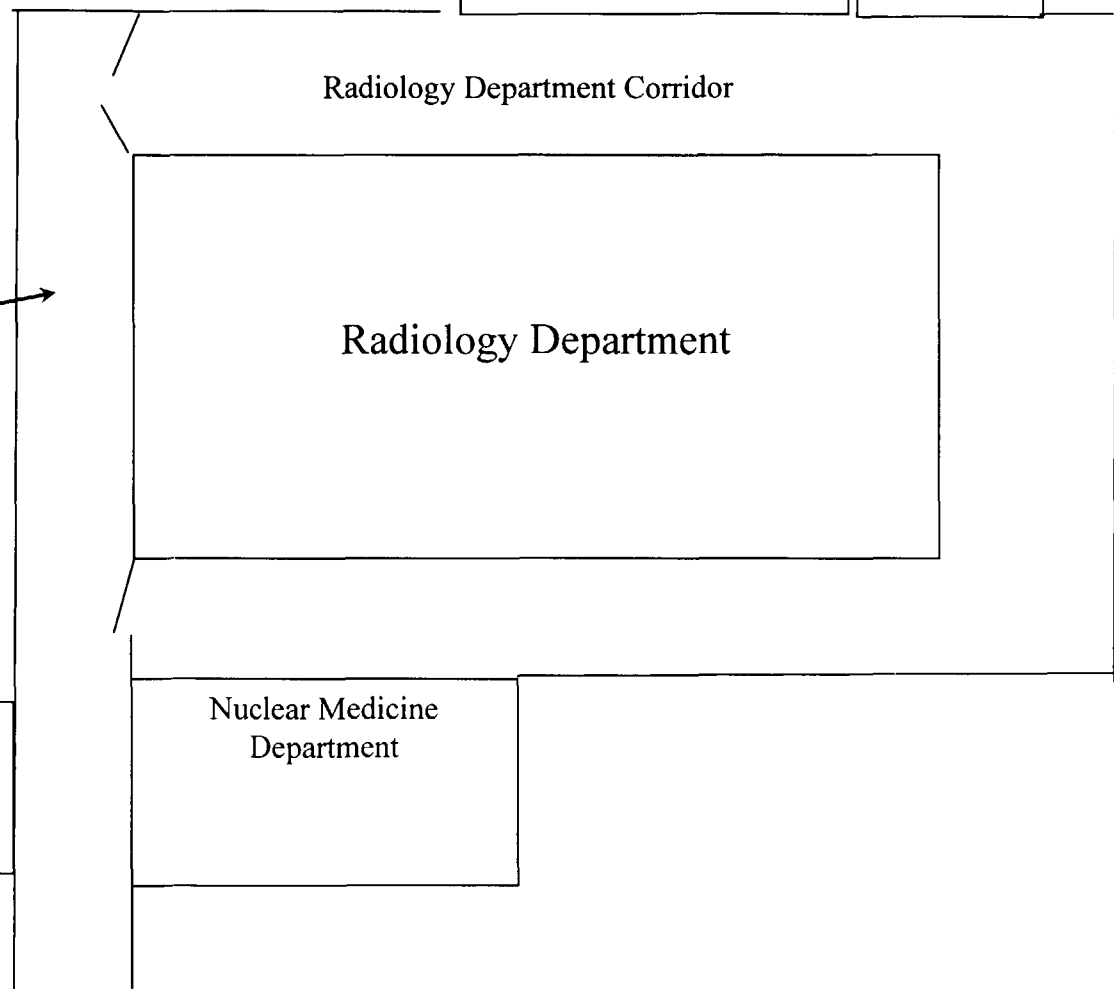
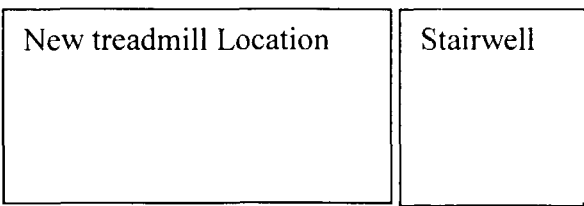
Thank you.

Michael Semon, M.S., CRP, DABR
Radiation Safety Officer
724-258-1975 Voice
724-258-1976 FAX
MSemon@monvalleyhospital.com

136749

NMSS/RONI MATERIALS-002

Outside, above grade



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

3/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- AMEND. 37-06575-03
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 136 749.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(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: 20141031
Fee Comments: CODE 23 OTHER
Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: MONONGAHELA VALLEY HOSPITAL, INC.
Received Date: 20050321
Docket No: 3007584
Control No.: 136749
License No.: 37-06575-03
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *M. A. Perkins*
Date *4/10/2005*

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 _____