



RECEIVED
REGION 1

700 LAWN AVENUE
SELLERSVILLE PA 18960
PHONE 215-453-4000
FAX 215-453-9151

GRAND VIEW HOSPITAL

'05 APR 28 P 1:17

April 25, 2005

United States Nuclear Regulatory Commission
Licensing Assistance Section
475 Allendale Rd.
King of Prussia, PA 19047

03012571

RE: LICENSE NUMBER 37-13187-02

Dear Sir/ Madam:

Grand View Hospital wishes to amend our Materials License as follows:

We would like to remove Asha M. Kovalovich, M.D. and Andrew Fireman, M.D. as authorized users.

If you have any questions, please contact Dorothy Barwis at 215-453-4950.

Sincerely,

Mark Horne
Vice President, Clinical and Support Services
Grand View Hospital

MH/db

136970

NMSS/RGNI MATERIALS-002

VHA Member of Voluntary Hospitals of America, Inc.

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

4/25/2005 and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-13187-02
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 136970.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader

(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: 20140331
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GRAND VIEW HOSPITAL
Received Date: 20050428
Docket No: 3012571
Control No.: 136970
License No.: 37-13187-02
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed: M. A. Perkins
Date: 5/10/2005

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 _____