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

25 May 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 adding a new imaging camera. The “Reading Room” and the Nuclear Medicine office will be combined into a single room, and the camera will be installed in this new space. (Please refer to the enclosed floor plan). 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

05
MAY 27 P2:23

RECEIVED
REGION 1

137117
NMSS/RGNI MATERIALS-002

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

5/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 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** 137117.
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: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20141031
 : Fee Comments: CODE 23 OTHER
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: MONONGAHELA VALLEY HOSPITAL, INC.
 Received Date: 20050527
 Docket No: 3007584
 Control No.: 137117
 License No.: 37-06575-03
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.: /

3. COMMENTS
 Signed Rebecca J. Ford
 Date 7/2/2005

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 _____