

RECEIVED
REGION 1

SHARON HOSPITAL

50 Hospital Hill Road, Sharon, CT 06069 Tel 860-364-4141

'05 MAR -2 10:14

To: USNRC, Region I Office
NMSB, Medical Licensing
475 Allendale Road
King of Prussia, PA 19406

February 25, 2005

Re: Request for an Extension for the submission of Renewal Documentation to NRC Materials
License # 06-08020-02


03001272

Dear Sir or Madam:

We would like to request an extension of the deadline for submitting the renewal documentation to your offices. We expect to complete the necessary documentation and have it enroute to your offices by the end of March.

Should you have any questions or desire additional information regarding our continued use of licensed materials please contact me at 860-364-4141. Thank you for your assistance.

Respectfully submitted,


Mr. Daniel Kelly,
President & CEO

136525

NMSS/RGNI MATERIALS-002

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

2/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Renew 06-08020-02
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** 136525.
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: 2
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20050331
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

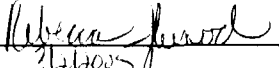
1. APPLICATION ATTACHED

Applicant/Licensee: SHARON HOSPITAL
Received Date: 20050302
Docket No: 3001272
Control No.: 136525
License No.: 06-08020-02
Action Type: Renewal

2. FEE ATTACHED

Amount: /
Check No.:

3. COMMENTS

Signed 
Date 2/2/05

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 _____