

file

FEB 21 1985

Shelby Memorial Hospital  
ATTN: Garland Strohl  
Administrator  
South First and Cedar Street  
Shelby, IL 62565

RE: Your Request to Amend Your NRC License Number 12-24317-01 For Termination  
Gentlemen:

In order to complete our review and authorize the release of your facilities for unrestricted use, we need information on the following items:

1. Please submit the name and qualifications of the individual who will be performing your close-out surveys.
2. Specify the type survey that will be performed (e.g., GM survey meter, wipe test, etc.)
3. Describe the type of instrument that will be used to analyze survey results and the methods used to convert wipe test results to desintegrations per minute per unit area.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 78219.

Sincerely,

Original Signed By  
Bruce S. Mallett  
Materials Licensing Section

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REG3 LIC30  
12-24317-01 PDR

R111

Jan 24/85

Mallett/cm  
02/08/85