

NOV 8 1985

Holy Family Hospital  
Department of Radiology  
ATTN: LeRoy F. Pesce  
President  
2300 Western Avenue  
Manitowoc, WI 54220

Gentlemen:

Enclosed is Amendment No. 09 which terminates your NRC License Number 48-10251-02 in accordance with your request.

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

Sincerely,

Original Signed By  
George M. McCann  
Materials Licensing Section

Enclosure: Amendment No. 09

RIII

McCann/cm  
11/04/85

8512040228 851108  
REG3 LIC30  
48-10251-01 PDR

# CONVERSATION RECORD

TIME

1:40pm

DATE

31 October 1985

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT  
WITH YOU Carol Mirkers,

ORGANIZATION (Office, dept., bureau,  
etc.) Holy Family Hosp

TELEPHONE NO.  
(414) 684

Admin Asst. to Mr Pesce

Manitowoc, Wis.

2011

SUBJECT

C/N 79959

SUMMARY

Ms Mirkers indicated that the unit has  
been removed by ~~the~~ Newton Products.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Mike Mc C

SIGNATURE

Sergey Mc C

DATE

31 Oct 85

ACTION TAKEN

SIGNATURE

TITLE

DATE

## CONVERSATION RECORD

TIME

DATE

10-18-85

TYPE

☐ VISIT☐ CONFERENCE☐ TELEPHONE☐ INCOMING☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT  
WITH YOUORGANIZATION (Office, dept., bureau,  
etc.)

TELEPHONE NO.

SUBJECT

SUMMARY

re: Termination of Holy Family Hospital

Yes, they want to terminate

I told Gerald to have Holy Family  
Medical Center send in a letter  
requesting termination.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

P. Vachon

10-18-85

ACTION TAKEN

SIGNATURE

TITLE

DATE