

Kelling Hospital, Inc.

114 W. Kelling Avenue — P. O. Box 155
Waverly, Missouri 64096

February 5, 1985

D.G. Wiedeman, Chief
Nuclear Materials Safety
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois

Dear Mr. Wiedeman:

On January 18, 1985, Jim Francis, CNMT with Mobile Medical Services, Jefferson City, Missouri, conducted an exit survey at our hospital for completion of the necessary steps to terminate our license.

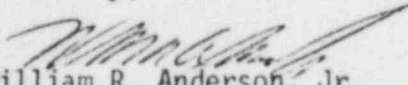
Enclosed is a copy of the letter from Mr. Francis as well as the room drawing of the areas surveyed.

It is my understanding that when you receive this information all the necessary requirements will have been met to terminate our license.

If there are additional steps necessary please notify me.

Thank-you for your assistance.

Sincerely,


William R. Anderson, Jr.
Administrator

WRA/ve

Enc: (2)

RECEIVED

FEB 08 1985

REGION III

8504110226 850329
REG3 LIC30
24-20029-01 PDR

FEB 8 1985

"At Kelling We Care"

Mobile Medical Services
1021 C S.W. Boulevard
Jefferson City, Missouri 74101

Kelling Hospital and Clinic
114 West Kelling Avenue
Waverly, Missouri 64096

Re: Nuclear License Exit Survey

Gentlemen:

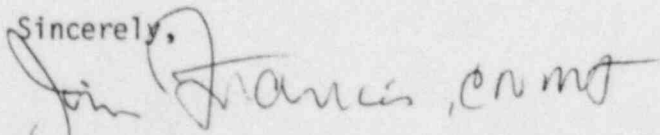
On January 18, 1985, Mr. Jim Francis, CNMT, conducted an exit survey at your hospital. The survey was done with a thin window survey meter open and the wipe material at contact with the window.

The instrument used was a Victoreen 498 Series 608.
0 - 100 Mr/hr
Calibrated 6/10/85 by the
Rad. Consultants of Mid America
License #24-18831-01

Enclosed is a room drawing of the areas surveyed and the results of that survey. You should enclose this letter and the accompanying drawing with your response to the Nuclear Regulatory Commission.

If you need further assistance, please feel free to contact me at the Jefferson City office.

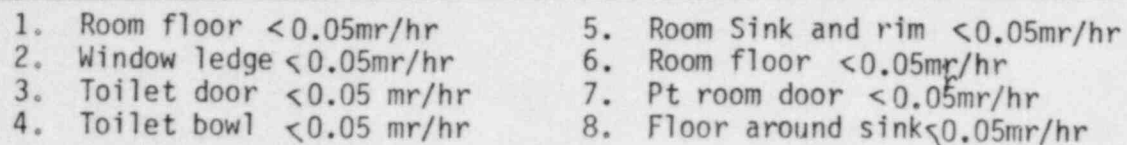
Sincerely,



Jim Francis, CNMT
Technical Coordinator

Enclosure

EXIT SURVEY JANUARY 18, 1985



CONVERSATION RECORD

TIME

12:23p

DATE

10-4-84

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☒ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

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

William Ardison

ORGANIZATION (Office, dept., bureau, etc.)

Kelling Clinic

TELEPHONE NO.

SUBJECT

~~RECEIVED~~

letter dtd 7-24-84

SUMMARY

Send in letter from Mobile Medical Svcs requesting amendment.

Kelling must submit close out survey.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

P. Vachon

DATE

10/4/84

ACTION TAKEN

SIGNATURE

TITLE

DATE