

VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

February 9, 2000

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555

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Docket Nos. 50-338
50-339
License Nos. NPF-4
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Gentlemen:

VIRGINIA ELECTRIC AND POWER COMPANY
NORTH ANNA POWER STATION UNITS 1 AND 2
REVISION TO EMERGENCY PLAN IMPLEMENTING PROCEDURE

Pursuant to 10 CFR 50.54(q), enclosed is a recent revision to a North Anna Power Station Emergency Plan Implementing Procedure. The revision does not implement actions that decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b).

Please update your manual by performing the actions described in Attachment 1, Tabulation of Changes.

Very truly yours,


W. R. Matthews
Site Vice President

Commitments Stated or Implied: None.

Enclosures

cc: U.S. Nuclear Regulatory Commission (2 copies)
Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

Mr. M. J. Morgan
NRC Senior Resident Inspector
North Anna Power Station

A045

**ATTACHMENT 1
TABULATION OF CHANGES**

**VIRGINIA ELECTRIC AND POWER COMPANY
REVISION TO NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES**

Enclosed are recent revisions to North Anna Power Station Emergency Plan Implementing Procedures (EIPs). Please take the following actions in order to keep your manual updated.

REMOVE AND DESTROY	DATED	INSERT	EFFECTIVE DATE
EPIP-4.05, Rev. 8	1/1/94	EPIP-4.05, Rev. 9	2/4/00

Emergency Plan Privacy and Proprietary Material has been removed. Reference Generic Letter No. 81-27.

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DHIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-1.01	032	09/07/99	10/01/99	EMERGENCY MANAGER CONTROLLING PROCEDURE
EPIP-1.02	011	09/07/99	10/01/99	RESPONSE TO NOTIFICATION OF UNUSUAL EVENT
EPIP-1.03	014	09/07/99	10/01/99	RESPONSE TO ALERT
EPIP-1.04	014	09/07/99	10/01/99	RESPONSE TO SITE AREA EMERGENCY
EPIP-1.05	016	09/07/99	10/01/99	RESPONSE TO GENERAL EMERGENCY
EPIP-1.06	002	02/02/95	02/08/95	PROTECTIVE ACTION RECOMMENDATIONS
EPIP-2.01	020	03/26/99	05/17/99	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS
EPIP-2.02	014	01/04/99	01/29/99	NOTIFICATION OF NRC
EPIP-2.04	003	08/07/92	08/07/92	TRANSMITTAL OF PLANT, RADIOLOGICAL AND EMERGENCY STATUS
EPIP-3.02	018	12/17/97	01/07/98	ACTIVATION OF TECHNICAL SUPPORT CENTER
EPIP-3.03	012	12/20/93	01/01/94	ACTIVATION OF OPERATIONAL SUPPORT CENTER
EPIP-3.04	015	07/14/98	07/20/98	ACTIVATION OF LOCAL EMERGENCY OPERATIONS FACILITY
EPIP-3.05	001	09/07/99	10/01/99	AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION
EPIP-4.01	016	05/12/99	05/17/99	RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
EPIP-4.02	011	05/02/96	05/10/96	RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE
EPIP-4.03	011	12/20/93	01/01/94	DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE
EPIP-4.04	009	11/21/94	11/28/94	EMERGENCY PERSONNEL RADIATION EXPOSURE
EPIP-4.05	009	01/28/00	02/04/00	RESPIRATORY PROTECTION AND KI ASSESSMENT
EPIP-4.06	009	12/21/95	12/28/95	PERSONNEL MONITORING AND DECONTAMINATION
EPIP-4.07	013	02/02/95	02/08/95	PROTECTIVE MEASURES
EPIP-4.08	012	07/19/95	07/21/95	INITIAL OFFSITE RELEASE ASSESSMENT
EPIP-4.09	011	07/19/95	07/21/95	SOURCE TERM ASSESSMENT
EPIP-4.10	010	04/23/98	04/28/98	DETERMINATION OF X/Q

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-4.13	008	12/20/93	01/01/94	OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA
EPIP-4.14	007	12/20/93	01/01/94	INPLANT MONITORING
EPIP-4.15	010	08/12/98	08/14/98	ONSITE MONITORING
EPIP-4.16	013	11/05/98	11/10/98	OFFSITE MONITORING
EPIP-4.17	014	08/12/98	08/14/98	MONITORING OF EMERGENCY RESPONSE FACILITIES
EPIP-4.18	011	08/12/98	08/14/98	MONITORING OF LEOF
EPIP-4.21	008	12/20/93	01/01/94	EVACUATION AND REMOTE ASSEMBLY AREA MONITORING
EPIP-4.22	013	04/02/93	04/02/93	POST ACCIDENT SAMPLING OF CONTAINMENT AIR
EPIP-4.23	013	03/13/96	03/18/96	POST ACCIDENT SAMPLING OF REACTOR COOLANT
EPIP-4.24	010	07/20/99	07/22/99	GASEOUS EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.25	008	07/23/93	07/23/93	LIQUID EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.26	010	11/05/96	11/13/96	HIGH LEVEL ACTIVITY SAMPLE ANALYSIS
EPIP-4.28	007	01/09/97	01/14/97	TSC/LEOF RADIATION MONITORING SYSTEM
EPIP-4.30	004	01/04/99	01/08/99	USE OF MIDAS CLASS A MODEL
EPIP-4.31	003	06/20/94	06/20/94	USE OF MIDAS CLASS B MODEL
EPIP-4.33	002	04/23/98	04/28/98	HEALTH PHYSICS NETWORK COMMUNICATIONS
EPIP-4.34	001	12/20/93	01/01/94	FIELD TEAM RADIO OPERATOR INSTRUCTIONS
EPIP-5.01	011	12/11/96	12/17/96	TRANSPORTATION OF CONTAMINATED INJURED PERSONNEL
EPIP-5.03	015	12/09/97	12/11/97	PERSONNEL ACCOUNTABILITY
EPIP-5.04	008	07/20/99	07/22/99	ACCESS CONTROL
EPIP-5.05	013	06/25/96	07/02/96	SITE EVACUATION
EPIP-5.07	010	08/12/98	09/17/98	ADMINISTRATION OF RADIOPROTECTIVE DRUGS
EPIP-5.08	006	11/05/98	11/10/98	DAMAGE CONTROL GUIDELINE

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK THIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL DATE	EFFECTIVE DATE	DOCUMENT TITLE
EPIP-5.09	003	03/26/99	03/31/99	SECURITY TEAM LEADER CONTROLLING PROCEDURE
EPIP-6.01	007	05/12/99	05/17/99	RE-ENTRY/RECOVERY GUIDELINE

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-4.05	PROCEDURE TITLE RESPIRATORY PROTECTION AND KI ASSESSMENT (With 2 Attachments)	REVISION 9
		PAGE 1 of 4

PURPOSE

To provide guidance for respiratory protection and KI assessment.

LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work

ENTRY CONDITIONS

Any one of the following:

1. Activation by another EPIP.
2. Activation by the Radiological Assessment Director or Radiological Assessment Coordinator.

Approvals on File

Effective Date 2/4/2000

NUMBER EPIP-4.05	PROCEDURE TITLE RESPIRATORY PROTECTION AND KI ASSESSMENT	REVISION 9
		PAGE 2 of 4

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
1	INITIATE PROCEDURE: • By: _____ Date: _____ Time: _____	
2	DETERMINE IF USE OF RADIOPROTECTIVE DRUGS IS REQUIRED: a) Determine radioiodine concentration ($\mu\text{Ci}/\text{cc}$) from survey results: _____ $\mu\text{Ci}/\text{cc}$ b) Determine respiratory protection factor using Attachment 2: PF = _____ c) Determine actual concentration: Step 2.a = _____ $\mu\text{Ci}/\text{cc}$ Step 2.b d) Determine actual or projected exposure duration (hours): _____ e) Determine iodine dose commitment: $\mu\text{Ci}/\text{cc}$ (from Step 2.c) x $1.57\text{E}+6$ x Exposure Duration (hours) = _____ Rem _____ x $1.57\text{E}+6$ x _____ = _____ Rem f) Determine if actual or projected exposure ≥ 25 Rem Thyroid CDE	IF KI administration <u>NOT</u> required, <u>THEN</u> GO TO Step 6. b) IF respiratory protection <u>NOT</u> worn, <u>THEN</u> use a protection factor of 1. f) IF < 25 Rem Thyroid CDE exposure, <u>THEN</u> GO TO Step 6.
3	REVIEW RESULTS WITH RAD	
4	HAVE RAD ASK SEM FOR APPROVAL TO ADMINISTER RADIOPROTECTIVE DRUGS	IF approval <u>NOT</u> granted, <u>THEN</u> GO TO Step 6.

NUMBER EPIP-4.05	PROCEDURE TITLE RESPIRATORY PROTECTION AND KI ASSESSMENT	REVISION 9
		PAGE 3 of 4

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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5 ASK RAD TO ASSIGN EPIP-5.07,
ADMINISTRATION OF RADIOPROTECTIVE
DRUGS

6 CONSIDER USE OF RESPIRATORY PROTECTION FOR THE FOLLOWING AREAS: IF respiratory protection NOT required, THEN GO TO Step 11.

- Areas where high airborne concentrations are suspected but not verified by monitoring
- Areas where monitoring indicates air concentration ≥ 0.30 DAC using the relationship:
 $\Sigma \frac{CONC_i}{DAC_i}$
- Areas where noxious gases or oxygen deficient air are present

NOTE: Fuel melt situations may produce a large amount of beta and/or alpha-emitting contaminants not normally seen by analysis.

7 DETERMINE PROPER RESPIRATOR TYPE:

- a) Assess respiratory hazards of area to be entered
- b) Review Attachments 1 and 2 to determine respirator type
- c) Check if DAC hours are to be recorded for individuals
- d) Initiate normal HP procedure for assigning stay times
- c) GO TO Step 8.

8 ISSUE RESPIRATOR IAW NORMAL HP PRACTICES

NUMBER EPIP-4.05	PROCEDURE TITLE RESPIRATORY PROTECTION AND KI ASSESSMENT	REVISION 9 <hr/> PAGE 4 of 4
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 9	DETERMINE IF SUPPLY OF RESPIRATORS IS ADEQUATE	Get alternate supply of respirators from North Anna Warehouse or Surry Power Station.
_____ 10	FILL BOTTLES: a) Use normal bottle charging system in Auxiliary Building b) Verify normal charging area - HABITABLE	<u>IF</u> charging of bottles <u>NOT</u> required, <u>THEN</u> GO TO Step 11. b) <u>IF NOT</u> habitable, <u>THEN</u> do the following: <ul style="list-style-type: none"> • Use Safety and Loss Prevention cascade system <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Get compressed, normal atmospheric mixture, used by firefighters <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Charge bottles using portable compressor from Operations
_____ 11	TERMINATE EPIP-4.05: <ul style="list-style-type: none"> • Give EPIP-4.05, forms, and applicable records to Radiation Protection Supervisor • Completed by: _____ Date: _____ Time: _____ 	

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.05	GUIDANCE FOR RESPIRATORY PROTECTION	9
ATTACHMENT		PAGE
1		1 of 1

NOTE: Compressed air SCBAs are available in Health Physics for use in non-subatmospheric conditions.

HAZARDS	RECOMMENDED USE	ACCEPTABLE USE
<u>Oxygen Deficiency</u>	Self-contained breathing apparatus with full face, pressure demand respirator	-----
<u>Radioactive Particulate</u> ≥ 0.30 , but $< 10 \Sigma \text{CONC}_i$ DAC_i	Full face respirator with particulate cartridge	No respirator; Record DAC hours; Ensure < 10 hours/week.
≥ 10 , but $< 400 \Sigma \text{CONC}_i$ DAC_i	Atmosphere supplying (airline) with full face respirator	Full-face respirator with particulate cartridge; Record DAC hours; Ensure < 10 hours/week.
$> 400 \Sigma \text{CONC}_i$ DAC_i	Self-contained breathing apparatus with full face, pressure demand respirator	-----
<u>Radiiodines</u> ≥ 0.30 , but $< 10 \Sigma \text{CONC}_i$ DAC_i	Full face respirator with iodine cartridge; Record DAC hours; Ensure < 10 hours/week	No respirator; Record DAC hours; Ensure < 10 hours/week.
≥ 10 , but $< 400 \Sigma \text{CONC}_i$ DAC_i	Atmosphere supplying (airline) with full face respirator	Full-face respirator with iodine cartridge; Record DAC hours; Ensure < 10 hours/week.
$> 400 \Sigma \text{CONC}_i$ DAC_i	Self-contained breathing apparatus with full face, pressure demand respirator	-----
<u>Unknown Atmosphere</u>	Self-contained breathing apparatus with full face, pressure demand respirator	-----

NUMBER	ATTACHMENT TITLE PROTECTION FACTORS	REVISION
EPIP-4.05		9
ATTACHMENT		PAGE
2		1 of 1

<u>DESCRIPTION</u>	<u>MODES</u>	<u>PROTECTION FACTORS</u>	
		PARTICULATES ONLY	PARTICULATES, GASES & VAPORS
<u>Air Purifying Respirator:</u>			
a. Full-face with particulate canister	Negative Pressure	100	-----
b. Full-face with iodine canister	Negative Pressure	100	-----
<u>Atmosphere Supplying Respirators:</u>			
a. Airline Respirators: Full-face	Continuous flow		1,000
b. SCBA: Full-face	Pressure demand		10,000