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July 8, 2003

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

Subject: Oconee Nuclear Station  
Docket Nos. 50-269, -270, -287  
Emergency Plan Implementing Procedures Manual  
Volume C Revision 2003-07

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2003-07, July 2003.

This revision is being submitted in accordance with 10 CFR 50-54(q) and does not decrease the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures.

Any questions or concerns pertaining to this revision please call Rodney Brown, Emergency Planning Manager at 864-885-3301.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Very truly yours,

R. A. Jones.  
VP, Oconee Nuclear Site

xc: (w/2 copies of attachments)  
Mr. Luis Reyes,  
Regional Administrator, Region II  
U. S. Nuclear Regulatory Commission  
61 Forsyth St., SW, Suite 24T23  
Atlanta, GA 30303

w/copy of attachments  
Mr. James R. Hall  
Rockville, Maryland

(w/o Attachments, Oconee Nuclear Station)  
NRC Resident Inspector  
J. R. Brown, Manager, Emergency Planning

1045

July 8, 2003

OCONEE NUCLEAR SITE  
INTRASITE LETTER

SUBJECT: Emergency Plan Implementing Procedures  
Volume C, Revision 2003-07

Please make the following changes to the Emergency Plan Implementing Procedures Volume C by following the below instructions.

REMOVE

Cover Sheet 2003-06  
Table of Contents page 1 & 2  
RP/0/B/1000/017 - 11/04/02  
EM 5.1,-Rev. 8 - Engineering  
Emergency Response Plan - 07/17/02

INSERT

Cover Sheet 2003-07  
Table of Contents page 1 & 2  
RP/0/B/1000/017 - 07/02/03  
EM 5.1,-Rev. 10 - Engineering  
Emergency Response Plan -  
07/02/03

NOTE: EM 5.1, Rev.9 - Engineering Emergency Response Plan 06/09/03  
copy provided.

# DUKE POWER

## EMERGENCY PLAN IMPLEMENTING PROCEDURES VOLUME C



**APPROVED:**

*Gene Stovall* / for W.W. FOSTER -

W. W. Foster, Manager  
Safety Assurance

07/08/2003

Date Approved

07/08/2003

Effective Date

VOLUME C  
REVISION 2003-07  
JULY 2003

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RP/0/B/1000/002	Control Room Emergency Coordinator Procedure	08/29/02
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RP/0/B/1000/007	Security Event	08/29/02
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RP/0/B/1000/010	Procedure For Emergency Evacuation/Relocation Of Site Personnel	02/26/03
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RP/0/B/1000/016	Medical Response	09/12/02
RP/0/B/1000/017	Spill Response	07/02/03
RP/0/B/1000/018	Core Damage Assessment	09/30/97
RP/0/B/1000/019	Technical Support Center Emergency Coordinator Procedure	01/27/03
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<b>NSC – 110</b>	<b>Nuclear Supply Chain – SCO Emergency Response Plan</b>	<b>04/02/01</b>
<b>Engineering Manual 5.1</b>	<b>Engineering Emergency Response Plan</b>	<b>07/02/03</b>
<b>Human Resources Procedure</b>	<b>ONS Human Resources Emergency Plan</b>	<b>01/07/02</b>
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<b>Safety Assurance Directive 6.1</b>	<b>Safety Assurance Emergency Response Organization</b>	<b>11/11/02</b>
<b>Safety Assurance Directive 6.2</b>	<b>Emergency Contingency Plan</b>	<b>03/27/00</b>
<b>Training Division</b>	<b>Training Division Emergency Response Guide DTG-007</b>	<b>05/01/03</b>

NSD 703 (R04-01)  
**INFORMATION ONLY**

Duke Power Company  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/O/B/1000/017  
Revision No. 008

**PREPARATION**

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Spill Response

(4) Prepared By Ray Waterman (Signature) Ray Waterman Date 06/03/03

- (5) Requires NSD 228 Applicability Determination?  
 Yes (New procedure or revision with major changes)  
 No (Revision with minor changes)  
 No (To incorporate previously approved changes)

(6) Reviewed By Robert Taylor (QR) Date 6/9/03  
Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA RGZ Date 6/9/03  
Reactivity Mgmt Review By \_\_\_\_\_ (QR) NA \_\_\_\_\_ Date \_\_\_\_\_  
Mgmt Involvement Review By \_\_\_\_\_ (Ops Supt) NA \_\_\_\_\_ Date \_\_\_\_\_

(7) Additional Reviews  
Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)  
By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_  
By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By Robyn Brown Date 7/2/03

**PERFORMANCE** (Compare with control copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_  
Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

- (12) Procedure Completion Verification:  
 Unit 0  Unit 1  Unit 2  Unit 3 Procedure performed on what unit?  
 Yes  NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?  
 Yes  NA Required enclosures attached?  
 Yes  NA Data sheets attached, completed, dated, and signed?  
 Yes  NA Charts, graphs, etc. attached, dated, identified, and marked?  
 Yes  NA Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (Attach additional pages)

<b>Duke Power Company</b> <b>Station Name</b>  <b>Spill Response</b>  <b>Reference Use</b>	<b>Procedure No.</b> <b>RP/0/B/1000/017</b>
	<b>Revision No.</b> <b>008</b>
	<b>Electronic Reference No.</b> <b>OX002WPE</b>

## Spill Response

**NOTE:** This procedure is an Implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

### 1. Symptoms

1.1 An unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters has occurred or is occurring and has been reported to the Control Room.

1.1.1 A chemical or substance can include:

- Products with an MSDS or Chemical Fact Sheet
- Hazardous wastes
- Radionuclide releases in excess of Tech Spec or 10CFR20 limits
- Oil and petroleum products
- Insulation containing, or potentially containing asbestos
- Any of the above materials contained in or on plant equipment, systems or components such as RCW water, wet layup water, etc.

### 2. Immediate Actions

**NOTE:**

- All spills or releases reported to the control room should be documented on Enclosure 4.1, Spill Report Form.
- Steps 2.1 through 2.4 needs to be addressed before allowing caller to hang up the phone.

\_\_\_\_ 2.1 Obtain the specifics of the spill/release from the person reporting the spill/release.

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Ext. \_\_\_\_\_

Spill Location \_\_\_\_\_

Material Spilled \_\_\_\_\_

Phone ext. or pager # that person can be reached at a later time (This number will be entered on Line 1 of Enclosure 4.1, Spill Report Form) \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_ 2.2 **IF** the event involves a fire, explosion hazard, or a release of toxic gas such as ammonia, hydrazine or chlorine gas
- THEN** relocate/evacuate all personnel from the spill area and downwind areas.
- \_\_\_\_\_ 2.2.1 Ask the switchboard operator to contact the Environmental/Safety (EH&S) duty person for assistance in determining areas to be evacuated.
- \_\_\_\_\_ 2.2.2 Notify OSM to consult RP/0/B/1000/001, (Emergency Classification) whenever flammable or toxic gasses are detected/reported within or have the potential for entering the site area boundary
- 2.3 **IF** the spill can be secured
- THEN** perform the following:
- \_\_\_\_\_ instruct the caller to secure the area of the spill,
- \_\_\_\_\_ warn others of any known danger,
- \_\_\_\_\_ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.
- \_\_\_\_\_ 2.3.1 **IF** there is procedural guidance for handling a spill of this material and quantity
- THEN** instruct the caller to follow the procedure if it can be done safely.
- \_\_\_\_\_ 2.4 **IF** the release is still in progress, continues to spread, or if there is no procedural guidance for handling releases of this material
- THEN** \_\_\_\_\_ dispatch a Fire Brigade member to assess the event,
- \_\_\_\_\_ warn others of any known danger
- \_\_\_\_\_ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

\_\_\_\_\_ 2.4.1 **IF** the Fire Brigade requests site HAZMAT Team response or the event is a petroleum product that has reached water or is likely to reach water through floor drains, sumps or yard drains.

**THEN** page out the ONS HAZMAT Team, by having the switchboard operator activate the HAZMAT Team pagers.

\_\_\_\_\_ 2.4.1.1 Use plant P/A system and make following announcement twice (2):

\_\_\_\_\_ If a drill: This is a drill, This is a drill, All HAZMAT Team personnel please respond to PAP staging area. All HAZMAT Team personnel please respond to PAP for staging area.

\_\_\_\_\_ If actual event: May I have your attention please, May I have your attention please, All HAZMAT team members please respond to PAP staging area. All HAZMAT team members please respond to PAP staging area.

\_\_\_\_\_ 2.4.1.2 Call the Security PAP and request them to post the following information in the Administrative Building hallway outside the PAP

- Incident Location
- Chemicals involved, if known
- Any other pertinent information that may be available for the site HAZMAT Team responders

<p><b>NOTE:</b></p> <ul style="list-style-type: none"><li>• The request for offsite HAZMAT team assistance should be made simultaneous with the request for fire department assistance. Offsite HAZMAT teams will not respond unless the fire department is also responding.</li><li>• Request for assistance from the Oconee County HAZMAT Team must be made through the local Oconee County fire department.</li></ul>
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\_\_\_\_\_ 2.5 **IF** conditions warrant assistance from the local county HAZMAT teams as determined by the Fire Brigade Leader or the HAZMAT Team Leader

**THEN** contact the appropriate County Rural Fire Department by calling the number listed in Section 8 of the Emergency Telephone Directory and request assistance of the County HAZMAT Team and local fire department.

- If the TSC is operational, the TSC Offsite Communicator can make this request.

- \_\_\_\_\_ 2.6 **IF** the HAZMAT event is located at Keowee Hydro
- THEN** request assistance from the Pickens County HAZMAT Team through the local Pickens County fire department.
- 2.6.1 If the TSC is operational, contact the TSC Offsite Communicator and initiate the turnover of remaining procedure requirements to them.
- 2.6.1.1 Turnover should include information received from the caller,
- Actions taken
  - Response of the Fire Brigade/HAZMAT Team
  - Other known information
- \_\_\_\_\_ 2.7 Complete steps 1-10 of Enclosure 4.1, (Spill Report Form) for all spills reported to the Control Room.
- \_\_\_\_\_ 2.8 Immediately contact the EH&S Duty Person for all spills reported to the Control Room.
- During normal day shift hours (0700-1730, Monday – Thursday) contact EH&S at ext. 4090.
  - During back shift, weekends, page EH&S Duty person.
- \_\_\_\_\_ 2.8.1 Provide the information from lines 2 through 10 on the Spill Report Form to the Duty Person and any other known details of the release.

**NOTE:** The Duty Person may have to research regulations or consult with others to determine if the release is reportable. During this time, completion of this procedure will be suspended. Request that the Duty Person inform you if it appears that the time required to make a determination of reportability will be longer than originally expected.

- \_\_\_\_\_ 2.9 Ask the Duty Person if the release is reportable.
- 2.9.1 **IF** the release is not reportable
- THEN** perform the following:
- \_\_\_\_\_ Go to the bottom of the Spill Report Form.
  - \_\_\_\_\_ Mark a line through “Approved for Release” and initial.
  - \_\_\_\_\_ Sign in the “Operations Shift Manager/Emergency Coordinator” space.
  - \_\_\_\_\_ Go to Section 3.0, Subsequent Actions, of this procedure.

\_\_\_\_\_ 2.10 **IF** the release is reportable

**THEN** perform the following:

\_\_\_\_\_ Request from the Duty Person the information that is required to complete line numbers 11 through 13 on the Spill Report Form.

\_\_\_\_\_ Have the Operations Shift Manager or Emergency Coordinator sign the "Approved For Release" space at the bottom of the form.

**NOTE:** Reportable releases require notification of off-site emergency and regulatory agencies. The telephone notification to the Nuclear Regulatory Commission in Step 2.12 must be made within 4 hours after Step 2.12 has begun.

\_\_\_\_\_ 2.11 Fax the approved form to the Oconee County Emergency Preparedness Agency at the fax number listed in the Emergency Telephone Directory, Section 4.

\_\_\_\_\_ 2.12 Fax the approved form to the Oconee County Law Enforcement Center to the fax number listed in Section 5 of the Emergency Telephone Directory.

\_\_\_\_\_ 2.12.1 Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5.

\_\_\_\_\_ 2.12.1.1 Write the contact information for the Oconee County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

\_\_\_\_\_ 2.13 **IF** the release is to Keowee River

**THEN** fax the form to the Pickens County Emergency Preparedness Agency at the fax terminal number listed in the Emergency Telephone Directory, Section 4.

\_\_\_\_\_ 2.13.1 Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

\_\_\_\_\_ 2.13.1.1 Write the contact information for the Pickens County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

**NOTE:** The 24-hour contact number for the S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) is State Emergency Response Commission. It may be necessary to wait for a return call from the BSHWM duty person. The State Emergency Response Commission's normal working hours are 0830 – 1700, after this time you will reach a recording.

- \_\_\_\_\_ 2.14 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at 1-803-253-6488 or 1-888-481-0125.
  - \_\_\_\_\_ 2.14.1 Write the contact information for the S.C. Bureau of Solid and Hazardous Waste Management in the appropriate spaces in the top section of Enclosure 4.1, (Spill Report Form).
  - \_\_\_\_\_ 2.14.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Response Form) to the BSHWM duty person.
  - \_\_\_\_\_ 2.14.3 Obtain the South Carolina Department of Health and Environmental Control file number from the BSHWM duty person and enter that file number in the appropriate space at the top of the Spill Report form.
- \_\_\_\_\_ 2.15 Contact National Response Center at 1-800-424-8802.
  - \_\_\_\_\_ 2.15.1 Write the contact information for the National Response Center in the 'National Response Center Contact' space in the top section of Enclosure 4.1, (Spill Report Form).
  - \_\_\_\_\_ 2.15.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Report Form) to the National Response Center duty person.
  - \_\_\_\_\_ 2.15.3 Obtain the National Response Center file number and enter the number in the "National Response Center File Number" space at the top of Enclosure 4.1, (Spill Report Form).
- \_\_\_\_\_ 2.16 Make a Red Phone call to the Nuclear Regulatory Commission.
  - \_\_\_\_\_ 2.16.1 Provide all the information from Enclosure 4.1, (Spill Report Form) including the offsite agencies that were notified.
- \_\_\_\_\_ 2.17 Notify the Regulatory Compliance Duty Person that an NRC four hour Red Phone call has been made.
  - \_\_\_\_\_ 2.17.1 Ask the Regulatory Compliance Duty Person to notify the NRC Resident Inspector on duty that a four hour Red Phone call has been made.
- \_\_\_\_\_ 2.18 Notify the World of Energy Duty Person of any releases reported to offsite agencies.
- \_\_\_\_\_ 2.19 Go to Section 3. Subsequent Actions, of this procedure.

### **3. Subsequent Actions**

- 3.1 Telephone the person who reported the spill/release (from Line 1 of the yellow sheet/Spill Report form) for any information regarding the department/revision that is responsible for the spill.
  - 3.1.1 Verify that this person can be reached at a later date at the telephone number listed on Line 1 of the Spill Report form.
  - 3.1.2 Advise the spill reporter that it is no longer necessary for him/her to remain at the phone.
- 3.2 Initiate the Problem Investigation Process (PIP).
- 3.3 Record the information from lines 3-10 of the Spill Report form in the appropriate section of the Problem Identification portion of the PIP.
- 3.4 Write the PIP number in the appropriate space at the top of the Spill Report form.
- 3.5 Send the original approved Spill Report form to EH&S (ONO3EM) along with any additional notes or information that will assist in the problem investigation.

### **4. Enclosures**

- 4.1 Spill Report Form

# Spill Report

## Enclosure 4.1

RP/0/B/1000/017

Page 1 of 1

PIP No. \_\_\_\_\_ SCDHEC File No. \_\_\_\_\_ National Response Center File No. \_\_\_\_\_

\_\_\_\_\_  
Oconee County Law Enforcement Center Telephone Date Time  
Contact

\_\_\_\_\_  
Pickens County Law Enforcement Center Telephone Date Time  
Contact

1-888-481-0125

1-803-253-6488

\_\_\_\_\_  
State Emergency Response Committee Telephone Date Time  
(SCBSHWM) Contact

1-800-424-8802

\_\_\_\_\_  
National Response Center Contact Telephone Date Time

1. \_\_\_\_\_  
Name of Person Reporting Release Telephone Date Time  
to 4911)

2. This is \_\_\_\_\_ at Duke Power Company's Oconee Nuclear Site, Seneca, SC  
The telephone number is (864)885-3312.

3. A release of \_\_\_\_\_ occurred at \_\_\_\_\_ on \_\_\_\_\_  
(Name of Product) (Time) (Date)

4. An estimated quantity of \_\_\_\_\_ of the substance was released for a duration of \_\_\_\_\_  
(lbs./gal.) (Hours/Minutes)  
The release [ is, is not] continuing. (Circle one)

5. The material was released to the \_\_\_\_\_ and covers an area of \_\_\_\_\_  
(Air/Water/Soil) (Length and Width)

6. The source of the release was \_\_\_\_\_ located at or from \_\_\_\_\_  
(Drum, Tank, Piping, etc.) (Unit, Building, Vehicle #, System, etc.)

7. It was attributed to \_\_\_\_\_  
(Cause of incident)

8. Corrective action being taken or planned: \_\_\_\_\_  
\_\_\_\_\_

9. There were \_\_\_\_\_ injuries and \_\_\_\_\_ fatalities related to the release.  
(numbers) (numbers)

10. Extent of property damage was \_\_\_\_\_

11. List the hazardous substances in the material and their respective statutory listing:

HAZARDOUS SUBSTANCE

CERCLA OR EHS LIST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Health risks associated with the release: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Recommendations for the public and the emergency response personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Health & Safety (EH&S) Telephone Date Time

APPROVED FOR RELEASE: \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator Date Time