CONNECTICUT COALITION AGAINST MILLSTONE

www.mothballmillstone.org

April 5, 2005

Advisory Committee on Reactor Safeguards
U.S. Nuclear Regulatory Commission
Washington DC 20555-0001

Re: Millstone Nuclear Power Station
Application for License Renewal

Dear Sirs:

Thank you for the opportunity to provide comments to aid your consideration and review of the application by Dominion Nuclear Connecticut, Inc. ("Dominion") to extend the operating licenses of Millstone Nuclear Power Station, Units 2 and 3.

We are providing the following written comments in advance of your subcommittee meeting on April 6, at which we will appear to present additional comments.

We request that you devote scrutiny at a fundamental level to the Dominion application. The NRC staff has reached many conclusions, as expressed in the draft Safety Evaluation Report ("SER"), which are not supported by the operational history of Millstone nor current NRC inspection experience.

Our preliminary comments may be summarized as follows:

I. The SER fails to adequately consider the operational history of Millstone Units 2 and 3.

Both Units 2 and 3 are presently operating in a period characterized by dangerous cost-cutting, engineering weakness, failure to correct longstanding mechanical defects and simple inability to understand reactor processes. These are weaknesses which have been identified by the NRC's staff of inspectors throughout the past year, 2004, the most current period of operations considered by the

NRC regional inspectors. Please refer to the attached list of Degraded Conditions which we have compiled from 2004 NRC inspection reports. Dominion routinely and with impunity violated its Technical Specifications - its licensing basis – according to the NRC's own inspectors. This phenomenon appears to be a continuation of the systemic disregard for licensing conditions which plagued Millstone operations during the early 1990s and led to the unprecedented stationwide shutdown that began in 1996. Unit 1 never recovered and is being decommissioned. Unit 2 was shut down for three years. Unit 2 was shut down for two years.

Since assuming ownership of Millstone in 2001, Dominion has filed request after request to the NRC to relax surveillance standards and remove safety procedures from the Technical Specifications. In each and every instance that we are aware of, the NRC has acceded to Dominion's requests. This relaxation of safety standards has a direct bearing on issues you must consider in the relicensing review because the entire SER assumes a continuation of NRC inspections, licensee Technical Specifications and maintenance and surveillance standards in effect as of February 2005 which may no longer be in effect and may soon be revised or even eliminated.

As one example, although the NRC found that during the year 2004, Dominion routinely violated its licensing conditions at its Unit 2 and Unit 3 nuclear reactors, cut corners on safety, misled the U.S. Nuclear Regulatory Commission about the extent of corrosion damage to the Unit 3 reactor vessel head and thereby (implicitly) exposed the State of Connecticut to heightened risk of nuclear accident, the NRC pronounced Dominion's performance in 2004 as so positive that it warranted a reduction in NRC inspections through the year 2006.

10 CFR 54.21(a) requires that an applicant for a renewed license must demonstrate that the effects of aging will be managed in such a way that the intended function or function to structures and components will be maintained, consistent with the current licensing basis for the period of extended operation.

Apropos 10 CFR 54.21(a), the SER states at page 1-4 as follows:

Active equipment, however, is considered to be adequately monitored and maintained by existing programs. In other words, the detrimental effects of aging that may affect active equipment are more readily detectable and can be identified and corrected through routine surveillance, performance monitoring and maintenance activities. The surveillance and maintenance activities programs for active equipment, as well as other aspects of maintaining the plant design and licensing basis, are required throughout the period of extended operation.

As the attached Compilation of Degraded Conditions – Millstone 2004 reveals, Dominion has repeatedly fallen short of detecting, identifying and correcting defects and detrimental effects of aging in active equipment through "routine surveillance, performance monitoring and maintenance activities."

For example, Millstone Unit 2 suffered four (4) unplanned shutdowns ("scrams") during the recent inspection period. These scram events triggered cascading failures, some of which resulted from a systemic and historic failure to correct malfunctioning equipment. Other events at Unit 2 during 2004 which exemplify degrading conditions adversely affecting safety include the following:

- A spent nuclear fuel rod *broke* at Unit 2 on August 5 while operators were inspecting fuel assembly *failures*. The lethal rod fragmented, potentially exposing workers to radiological hazards and contaminating of the cooling system. It took a week's effort to recover all the pieces.
- During two unplanned emergency shutdowns, safety valves failed to operate properly and Dominion failed to correct long-standing repetitive failures of these safety valves. The NRC called this failure "more than minor" because it undermined plant stability.
- Inspectors discovered a critical modification was made to the spent fuel pool water level indicator without documentation.
- Dominion failed to follow procedures to properly test pressurizer level control circuitry only when Unit 2 was in shutdown, resulting in the inadvertent startup of both standby charging pumps with one charging pump running. The NRC

found "neither operators nor instrumentation and calibration personnel identified these procedure requirements prior to the conduct of testing." As a result, both "redundant" safety systems were adversely affected, causing a significant pressure rise in the system which nearly exceeded the maximum pressure allowable on the relief valve system

Millstone Unit 3 suffered serious failures by personnel to follow basic procedures in 2004. For example, on November 4, 2004, while operating at 100 per cent power, it was determined that an existing oil leak at Unit 3 may have rendered the critical safety injection pump inoperable, according to a report Dominion filed with the NRC.

A similar condition had previously been detected but was not corrected. A 4 drop-per-minute oil leak at the same pump had previously been detected on August 8, 2002 and was not corrected until April 16, 2003. The 6-drop-per-minute oil leak identified on October 14, 2004 was not corrected until November 4, 2004.

According to Dominion's report of the oil leak as filed with the NRC,

> Upon further evaluation, it was determined that oil leaks of 6 drops per minute and 4 drops per minute would have depleted the pumps' usable oil after a running period of approximately 11 and 17 days, respectively.
>
> The root cause of these conditions is determined to be a latent organizational weakness in understanding the risks and consequences of oil leaks on safety related equipment.

Other examples of degrading conditions at Unit 3 during 2004 abound:

- During a draindown of the vital reactor coolant system at Unit 3, the worker assigned to monitoring the refuel pool level left his assignment before completion; the reactor coolant draindown continued in his absence for 1.5 hours. Operators were left to rely on the remote camera indication of the refuel pool level – and they read it incorrectly. The NRC correctly called this safety breach "more than minor" because it "affected the likelihood of

causing a loss of reactor water inventory to the point that shutdown cooling could be lost."

- Millstone Unit 3 suffered repetitive failures of leakage tests for vital water systems. Over a span of eight years – including three years of Dominion operations – the same known failure mechanism resulted in a 50 per cent failure rate for critical check valves.
- On April 4, while Dominion was preparing to remove the reactor vessel head at Unit 3, an overhead crane malfunctioned, causing significant damage to a critical lifting rig and damaging personnel safety equipment.
- Serious discrepancies were noted in systems monitoring control rod positioning.
- NRC inspectors discovered boric-acid buildup on the reactor vessel head worse than what was reported by Dominion.
- Dominion violated the Technical Specifications by failing to properly vent the reactor coolant system and the residual heat removal system. The NRC said the violation was "more than minor" because it had potential to render vital charging pumps inoperable in an emergency.
- Dominion violated its Technical Specifications when an electrical system failure required it to stop reactivity additions to the Unit 3 nuclear reactor; contrarily, operators increased reactivity and heat buildup. The NRC Dominion's failure to cease the reactivity addition with a degraded electrical configuration was a "performance deficiency."
- Operators did not recognize that a failure of a vital inverter made the electrical train inoperable.
- Operators did not understand the potential significance of air found in the discharge piping of the RHR (residual heat removal) system at Unit 3 and their evaluation was not technically supported.
- Operators did not adequately consider the effects of small oil leaks on high head safety injection pumps at Unit 3.

The NRC, in a scathing inspection report, concluded that Dominion failed to appropriately address degraded conditions at Millstone in 2004.

The NRC inspectors "found a lack of rigor by Dominion related to both the understanding of the effects of degraded conditions and the technical bases used to evaluate degraded conditions . . . resulting in violations [of Millstone's licensing requirements]."[1]

This dereliction of duty occurred while no fewer than five (5) "resident inspectors" were assigned to Millstone on a full-time basis.

II. Refurbishment – Closed Cooling System

Dominion's Relicensing Application fails to identify any "major refurbishment" planned or contemplated at Millstone Unit 2 or Unit 3. The NRC staff who prepared the SER, in common with the NRC staff who prepared the draft Environmental Impact Statement, accepted Dominion's representation at face value without challenge.

However, we point out that the National Pollution Discharge Elimination System ("NPDES") Permit – issued to Millstone in 1992 for a five-year maximum term under the federal Clean Water Act – expired in 1997. Its legal status is, at best, dubious. The Coalition has served Dominion with a Notice of Intent to Sue[2] with regard to the NPDES permit. The prospective lawsuit will seek to enjoin Millstone operations to the extent they rely on the expired NPDES permit and will seek, in the alternative, conversion of the facility to a closed cooling system without delay.

The Coalition has recommended that, if an NPDES permit is to be issued to allow future electricity generation at Millstone, the Millstone plant must be converted from the present "once-through" cooling system to a closed cooling system to avoid unnecessary and devastating environmental impacts which have been identified through the 35-year operational history of Millstone, including driving the indigenous Niantic winter flounder stocks to near-extinction through intake suction of larvae during the critical spawning season. Such a conversion was recently ordered by the U.S. Environmental

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[1] See IR 05000336-04-008, IR 05000423-04-008 on 10/01/2004-12/31/2004 for Millstone [Nuclear] Power Station, Units 2 and 3 (January 31 2005), page 19 of 33.

[2] A copy of the Notice to Sue dated March 21, 2005 is attached.

Protection Agency at the Brayton Point fossil fuel plant in Massachusetts.[3]

Such a conversion doubtless meets the NRC's unstated definition of "refurbishment." An order to convert Millstone from a once-through to a closed cooling system is likely to be entered in prospective NPDES proceedings before the Connecticut Department of Environmental Protection ("CTDEP"). (This assumes CTDEP will be of a mind to consider issuance of a new NPDES permit in light of Millstone's operational record, which includes criminal violations of the 1992 NPDES permit, as well as the million- and billion-dollar fines recently assessed against Dominion's corporate cousins for violations of the federal Clean Air Act.[4])

Dominion's failure to report the prospect of such a major refurbishment in its relicensing application – and the NRC's consequent failure to evaluate such a major refurbishment from a safety perspective – constitutes a substantial omission. The draft Safety Evaluation Report is grossly incomplete without such an evaluation.

III. Health and Safety

The most fundamental flaw in the draft SER is its failure to recognize the extent to which routine Millstone operations jeopardize the health of the public and workers on a daily basis as well as cumulatively over time through the release of radioactive and chemical waste byproducts to the air and water.

The draft SER assumes that present safety systems are "adequate" to protect the public and workforce from harmful radiation doses.

The NRC's failure to consider these effects during the relicensing period may constitute acts of misfeasance or malfeasance.[5]

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[3] The Brayton Point facility has recently been acquired by Dominion's associated corporate entities.

[4] See Coalition's comments to the NRC on the draft Environmental Impact Statement, dated March 16, 2005, at page 9.

[5] Id at 5.

For example, the NRC environmental review team limited its review of Millstone radiation emissions to the years 2001, 2002 and 2003.[6] During the time period 2001-2003, Dominion reported extraordinarily high levels of strontium-90 concentrations in goat milk sampled five miles north-northeast of Millstone.[7] Millstone releases of strontium-90 appear to have exceeded permissible doses to human organs.[8] From records filed with the NRC, it appears that onsite sampling for strontium-90 stack releases may have been discontinued as long ago as 1997.[9] To the extent that this is true, it is submitted that Dominion has failed to provide a credible record to the NRC to support fundamental underpinnings of the SER.

We bring the case of Zachary M. Hartley to your attention. Zachary was born in December 1997 with cancer in his jawbone. The jawbone and a tumor the size of an orange were surgically removed during a life-saving operation when Zachary was fourteen months of age. During her pregnancy, Zachary's mother unwittingly swam regularly at Hole-in-the-Wall Beach in Niantic, Connecticut, approximately 8,000 feet from the Millstone discharge point and thus within Millstone's 8,000-foot nuclear, chemical and thermal "mixing zone." A fish caught that year midway between the beach and the Millstone discharge point by Millstone environmental lab personnel tested positive for cesium-137. Millstone acknowledged the cesium-137 was a plant effluent. Zachary's parents' belief, that his condition was likely brought about due to his mother's exposure to Millstone radiological and toxic effluent, is supported by Dr. Helen Caldicott, world-renowned pediatrician, co-founder of Physicians for Social Responsibility and an authority on the health effects of exposure to low-level ionizing radiation, who reviewed Zachary's medical records.[10]

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[6] See Coalition's March 16, 2005 submissions, attached hereto, page 19.
[7] See Coalition's March 2, 2005 submission, attached hereto.
[8] Id.
[9] The Coalition has sought clarification from the NRC as to how, if at all, strontium-90 stack releases are measured. See Coalition letter to Paul G. Krohn dated April 1, 2005, attached.
[10] News reports containing Dr. Caldicott's comments will be shared at the ACRS subcommittee meeting on April 6, 2005.

We are aware of numerous other instances of cancers afflicting people who have been exposed to the Millstone "mixing zone." Millstone's deadly effects are not limited to human impacts. We are analyzing the case of a black Labrador retriever which succumbed to inoperable osteosarcoma of the spine at the age of 1.5 years. The dog was a habitual Niantic shoreline beachgoer. As the Coalition continues its research, it will share information with the NRC and other public officials. In the meantime, we have called upon the Governor and local public officials to close the Niantic beaches to swimming and to post appropriate signs warning of the hazards.

It is well known that aging stressors affecting nuclear power plants, such as vibration, thermal cycling, mechanical stress, corrosion, chemical contamination and metal fatigue, increase the likelihood of radiological leakage to the environment.

Rather than strengthen radiological protection at Millstone, Dominion is continuously relaxing standards. Dominion allowed its "high-range" radiation monitor – key to measuring radiation doses to the public – to become seriously degraded, according to NRC inspection reports filed in 2004. Recently, Dominion obtained an extraordinary amendment from the NRC which permitted it to substitute personnel for equipment which would automatically close a door to containment in the event of an accident releasing radiation to the environment. The amendment allowed Dominion in its discretion to neglect to assign personnel to close the door in the event of an accident involving the release of radiation if the radiation levels were too high. Thus, the NRC removed a critical physical barrier required by the Technical Specifications to protect the public from an unnecessary release of radiation during a fuel handling accident. Presently, the NRC is considering a license amendment request by Dominion which would allow it to delete certain radiological protection responsibilities including "maintaining records and reports on radioactive contamination levels" from its quality assurance program.[11]

[11] See February 25, 2005 letter from Victor Nerses, NRC Senior Project Manager, to Darrell J. Roberts, NRC Chief, Section 2, Project Directorate I

Dominion's recent failure to properly employ engineering controls led two workers who handled contaminated air filters to suffer serious radiation exposures from "significant elevated airborne radioactivity concentrations" in the work area on September 29, 2004, just one month after Dominion submitted its application to relax quality assurance program for radiological protection of workers.

We have cited above only a very few examples to alert you to a systemic problem which is not being addressed by the NRC at Millstone. In light of this information, the Advisory Council on Reactor Safeguards has no reason to believe that the requirements of 10 CFR 54.21(a) can be met by the present application.

We look forward to expanding upon these comments at your subcommittee meeting on April 6, 2005.

Sincerely,

Nancy Burton

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Millstone-2004:
Expose of Degrading Conditions

During the year 2004, Dominion routinely violated its licensing conditions at its Unit 2 and Unit 3 nuclear reactors, cut corners on safety, misled the U.S. Nuclear Regulatory Commission and exposed the State of Connecticut to a heightened risk of nuclear oblivion.

There is a rational response to this fiasco: MOTHBALL MILLSTONE NOW! Close the plant, move the deadly tons of intensely radioactive waste to safe onsite storage – in dispersed underground bunkers – and convert the site to wind, solar and wavepower generation of electricity.

Below we list many – by no means all – examples of serious errors and degrading conditions which occurred in 2004 and which your government at every level tolerated. Any one of these conditions, combined with others, could have contributed to a serious accident or worse. Your public officials compromised your safety and your future. Call them, email them, write to them. Wake them up! Contact numbers and email addresses appear at the bottom of this item.

Unit 2

Millstone Unit 2 is a 870-megawatt nuclear reactor which went online in 1975. It has one of the worst operational records in the entire U.S. nuclear industry. The NRC ordered it shut down for three years (1996-1999) because it was so unsafe. Connecticut's Department of Public Utility Control declared it "no longer used and useful" in 1998. Unit 2 produces excess electricity which is not needed by Connecticut consumers. Yet, one of former Governor John G. Rowland's dubious achievements before he pleaded guilty to federal corruption charges was to return Unit 2 to service and keep it operating.

These events occurred at Millstone Unit 2 in 2004:

- A spent nuclear fuel rod *broke* at Unit 2 on August 5 while operators were inspecting fuel assembly failures. The lethal rod

fragmented and it took a week for Dominion to recover all the pieces.

- Unit 2's reactor trip breaker failed to shut remotely. This is alarming, given Unit 2's unusual propensity to suffer unexpected and dangerous spontaneous "trips" or shutdowns.
- Unit 2 suffered four reactor "trips" during the inspection period due to equipment failures or personnel error.
- Dominion allowed Millstone's "high-range" radiation monitor – key to measuring radiation doses to the public – to become seriously degraded.
- Atmospheric relief "housekeeping boots" ruptured with potential to interfere with operability of the enclosure building filtration system.
- On April 14, workers discovered that a fuel assembly "had moved several inches upon coming out of the core and would not travel into the mast without causing an overload condition."
- Unit 2 used materials from an unqualified vendor.
- A reactor trip breaker failed to shut.
- The spent fuel pool ventilation system was allowed to become degraded.
- Inspectors discovered a critical modification was made to the spent fuel pool water level indicator without documentation.
- A loss of shutdown cooling occurred, resulting in an uncontrolled reactor coolant system temperature increase of 14 degrees Fahrenheit.
- Dominion repeatedly violated Technical Specifications (its formal licensing conditions) throughout 2004. These "Tech Specs" are legal requirements the public has a right to expect will be carried out and enforced.
- During two unplanned emergency shutdowns, safety valves failed to operate properly and Dominion failed to correct long-standing repetitive failures of these safety valves. The NRC called this failure "more than minor" because it undermined plant stability.
- The emergency diesel generator was allowed to develop a "through-wall" leak.
- Dominion failed to follow procedures to properly test pressurizer level control circuitry only when Unit 2 was in shutdown, resulting in the inadvertent startup of both standby

charging pumps with one charging pump running. The NRC found "neither operators nor instrumentation and calibration personnel identified these procedure requirements prior to the conduct of testing." As a result, both "redundant" safety systems were adversely affected, causing a significant pressure rise in the system which nearly exceeded the maximum pressure allowable on the relief valve system.

- The emergency building filtration system was allowed to degrade.
- Multiple bolt failure due to corrosion buildup disabled one of two primary circulating water pumps while Unit 2 was at full power on June 10.
- On June 18, a reactor coolant pump system malfunction was brought about by the failure of a pressure transmitter.
- Water was discovered in charging pump oil.
- A procedure to test the main steam code safety valve was not independently reviewed by Dominion and supporting documentation was not available to NRC inspectors.
- Degraded conditions were found in the Emergency Building filtration system.
- A "C" service water pump failed a testing program.
- A turbine trip hook malfunctioned.
- A flood door separately emergency diesel generators was left open in violation of procedures.
- Dominion violated its Technical Specifications when it failed to adequately implement post-maintenance testing of a critical pressurizer level instrument; a similar failure was a precursor to the failure to the charging system on March 7, 2003.
- Inspectors discovered that modifications to Unit 2's charging system were not supported by calculations or test data.
- The post-incident recirculation fan timer failed.
- Dominion's failure to properly employ engineering controls led to two workers who handled contaminated air filters to suffer serious radiation exposures from "significant elevated airborne radioactivity concentrations" in the work area on September 29.
- Combustion gas leaked into the emergency diesel generator water system.
- Dominion failed to follow procedures for ventilation function in the switchgear room.

- Unit 2 suffered "excessive leakage" in the radioactive cooling system because of a pump failure.
- The Unit 2 intake structures suffered degrading conditions on November 5, potentially jeopardizing the critical reactor cooling system, due to high winds and high seas.
- Operators did not recognize the significance of several steam generator code "safeties" that had lifted subsequent to reactor trips at Unit 2.
- Operators and engineers at Unit 2 determined compensatory cooling measures installed in a direct current switchgear room at Unit 2 would ensure the availability of the switchgear, while existing technical evaluations stated just the opposite.

Unit 3

Millstone Unit 3 is a 1,150-megawatt nuclear reactor which went online in 1986. It, too, has one of the worst operational records in the entire U.S. nuclear industry. The NRC ordered it shut down for two years (1996-1998) and put it on its notorious "Watch List" because it was so unsafe.

These events occurred at Millstone Unit 3 in 2004:

- During a draindown of the vital reactor coolant system at Unit 3, the worker assigned to monitoring the refuel pool level left his assignment before completion; the reactor coolant draindown continued in his absence for 1.5 hours. Operators were left to rely on the remote camera indication of the refuel pool level – and they read it incorrectly. The NRC correctly called this safety breach "more than minor" because it "affected the likelihood of causing a loss of reactor water inventory to the point that shutdown cooling could be lost."
- Millstone Unit 3 suffered repetitive failures of leakage tests for vital water systems. Over a span of eight years – including three years of Dominion operations – the same known failure mechanism resulted in a 50 per cent failure rate for critical check valves.
- Dominion allowed Millstone's "high-range" radiation monitor – key to measuring radiation doses to the public – to become seriously degraded.

- On April 4, while Dominion was preparing to remove the reactor vessel head at Unit 3, an overhead crane malfunctioned, causing significant damage to a critical lifting rig and damaging personnel safety equipment.
- On April 14, workers discovered that a fuel assembly "had moved several inches upon coming out of the core and would not travel into the mast without causing an overload condition."
- Dominion repeatedly violated Technical Specifications (its formal licensing conditions) throughout 2004. These "Tech Specs" are legal requirements the public has a right to expect will be carried out and enforced.
- An emergency diesel generator output breaker malfunctioned.
- A valve failure led to a high steam flow transient which led to a secondary transient.
- An error occurred in the steam generator flow, leading to alarm response procedures.
- "Excessive" gas vented from the reactor heat removal system.
- Leakage developed in a cooling water system relief valve.
- An emergency diesel generator output breaker malfunctioned.
- Serious discrepancies were noted in systems monitoring control rod positioning.
- NRC inspectors discovered boric-acid buildup on the Unit 3 reactor vessel head worse than what was reported by Dominion.
- Dominion violated the Technical Specifications by failing to properly vent the reactor coolant system and the residual heat removal system. The NRC said the violation was "more than minor" because it had potential to render vital charging pumps inoperable in an emergency.
- Dominion violated its Technical Specifications when an electrical system failure required it to stop reactivity additions to the Unit 3 nuclear reactor; contrarily, operators increased reactivity and heat buildup. The NRC Dominion's failure to cease the reactivity addition with a degraded electrical configuration was a "performance deficiency."
- Operators did not recognize that a failure of a vital inverter made the electrical train inoperable.
- Operators did not understand the potential significance of air found in the discharge piping of the RHR (residual heat

removal) system at Unit 3 and their evaluation was not technically supported.
- Operators did not adequately consider the effects of small oil leaks on high head safety injection pumps at Unit 3.

The NRC, in a scathing inspection report, concluded that Dominion failed to address degraded conditions at Millstone in 2004.

The NRC inspectors "found a lack of rigor by Dominion related to both the understanding of the effects of degraded conditions and the technical bases used to evaluate degraded conditions . . . resulting in violations [of Millstone's licensing requirements]."

The blistering NRC inspection reports demonstrate that Dominion is routinely operating Millstone in violation of its legal requirements and endangering the public on a daily basis.

Nevertheless, despite these findings, the NRC *praised* Dominion's "good performance" during 2004 and said it warranted *reduced* NRC inspections in 2005 and 2006.

The NRC's conduct is beyond disturbing. Consider this:

On December 31, 2004, the NRC completed a special inspection of Dominion's fire protection system. The NRC inspectors randomly chose six areas to inspect at Unit 2. One was the turbine building. The NRC reported : "No findings of significance were identified."

On January 14, 2005, just two weeks later, a fire broke out in the Unit 2 turbine building. That fire caused an unprecedented all-site evacuation by non-emergency personnel. That fire also disabled Millstone site security: as a result of the January 14 fire, Dominion lost control over its perimeter fence and lost its ability to exclude intruders and keep track of personnel movement within the nuclear plant. The fire – and the NRC inspectors' failure to detect the fire hazard which led to the fire – exposed the people of Connecticut to the worst known security breach in the history of the state.

Dominion operated Millstone in the year 2004 as though no one was watching and no one cared.

Join the Nuclear Watch! Join the Connecticut Coalition Against Millstone. [click to info@mothballmillstone.org]

Make your government keep watch over Millstone!
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