NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011

RA-9B-2

DIVISION OF REACTOR SAFETY

FACSIMILE TRANSMITTAL

DATE/TIME: _____

PRIORITY:
Immediately ____
1 Hour ____
2-4 Hours ____

MESSAGE TO: KENT SUTTON

MESSAGE FROM: DAVID LIVELESS

NUMBER OF PAGES: 9 PLUS TRANSMITTAL SHEET

TELECOPY NUMBER: _____ VERIFICATION NUMBER: _____

CONTACT: _____

TRANSMITTAL INSTRUCTIONS/ATTACHMENT(S):

REVISED EPS Fault Tree for Cooper SPAR (LOOP)

DISPOSITION:

Transmitted by: _____

Return to Originator ___
Place in Mail ___
Other ___

Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 2
FOIA-2006-0007

W-2

TRANSMISSION VERIFICATION REPORT

TIME : 04/23/2004 09:51
NAME : USNRC
FAX : 8178608212
TEL :

DATE,TIME	04/23 09:49
FAX NO./NAME	714028255102
DURATION	00:01:52
PAGE(S)	10
RESULT	OK
MODE	STANDARD ECM