

CATEGORY 1

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR:9709120070 DOC.DATE: 97/09/04 NOTARIZED: NO DOCKET #
FACIL:50-387 Susquehanna Steam Electric Station, Unit 1, Pennsylva 05000387
50-388 Susquehanna Steam Electric Station, Unit 2, Pennsylva 05000388
AUTH.NAME AUTHORITY AFFILIATION
JONES,G.T. Pennsylvania Power & Light Co.
RECIP.NAME RECIPIENT AFFILIATION
Document Control Branch (Document Control Desk)

SUBJECT: Responds to violations noted in insp repts 50-387/97-04 & 50-388/97-04. Corrective actions: NRC issued util Notice of Enforcement Discretion on 970909 & NRC issued Amend 167 to plants, clarifying methodology re lab analysis of charcoal.

DISTRIBUTION CODE: IE01D COPIES RECEIVED: LTR 1 ENCL 1 SIZE: 14
TITLE: General (50 Dkt)-Insp Rept/Notice of Violation Response

NOTES:

05000387

	RECIPIENT		COPIES		RECIPIENT		COPIES	
	ID CODE/NAME		LTR	ENCL	ID CODE/NAME	LTR	ENCL	
	PD1-2 PD		1	1	POSLUSNY,C	1	1	
INTERNAL:	ACRS		2	2	AEOD/SPD/RAB	1	1	
	AEOD/TTC		1	1	DEDRO	1	1	
	FILE CENTER		1	1	NRR/DISP/PIPB	1	1	
	NRR/DRCH/HHFB		1	1	NRR/DRPM/PECB	1	1	
	NRR/DRPM/PERB		1	1	NUDOCS-ABSTRACT	1	1	
	OE DIR		1	1	OGC/HDS2	1	1	
	RGNI FILE 01		1	1				
EXTERNAL:	LITCO BRYCE,J H		1	1	NOAC	1	1	
	NRC PDR		1	1	NUDOCS FULLTEXT	1	1	

NOTES:

1 1

NOTE TO ALL "RIDS" RECIPIENTS:
PLEASE HELP US TO REDUCE WASTE. TO HAVE YOUR NAME OR ORGANIZATION REMOVED FROM DISTRIBUTION LISTS OR REDUCE THE NUMBER OF COPIES RECEIVED BY YOU OR YOUR ORGANIZATION, CONTACT THE DOCUMENT CONTROL DESK (DCD) ON EXTENSION 415-2083

TOTAL NUMBER OF COPIES REQUIRED: LTR 21 ENCL 21

C
A
T
E
G
O
R
Y
1
D
O
C
U
M
E
N
T





Pennsylvania Power & Light Company

Two North Ninth Street • Allentown, PA 18101-1179 • 610/774-5151

George T. Jones
Vice President - Nuclear Operations
610/774-7602
Fax: 610/774-7797

SEP 04 1997

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Mail Stop P1-137
Washington, D. C. 20555

**SUSQUEHANNA STEAM ELECTRIC STATION
REPLY TO A NOTICE OF VIOLATION**

(50-387/97-04-01, 50-388/97-04-01; 50-387/97-04-02,
50-388/97-04-02; 50-387/97-04-03; 50-388/97-04-03;
50-387/97-04-04, 50/388/97-04-04; AND
50-387/97-04-05, 50-388/97-04-05)

PLA-4666

FILE R41-2

Docket Nos. 50-387
and 50-388

This letter provides Pennsylvania Power and Light Company's response to the Notice of Violation (50-387/97-04-01, 50-388/97-04-01; 50-387/97-04-02, 50-388/97-04-02; 50-387/97-04-03; 50-388/97-04-03; 50-387/97-04-04, 50/388/97-04-04; and 50-387/97-04-05, 50-388/97-04-05) contained in NRC Integrated Inspection Report 50-387/97-04 and 50-388/97-04 dated August 5, 1997.

We trust that the Commission will find the attached response acceptable. If you have additional questions, please contact Mr. J. M. Kenny at (610) 774-7535.

Very truly yours,

G. T. Jones

Attachment

IEO1
|||

copy: NRC Region I
Mr. K. Jenison, NRC Sr. Resident Inspector
Mr. C. Poslusny, Jr., NRC Sr. Project Manager

9709120070 970904
PDR ADBCK 05000387
G PDR



Violation 1 (387-388/97-04-01)

SSES Unit 1 and Unit 2 Technical Specifications (TSs) 4.6.5.3.b.2 and 4.6.5.3.c for the shared standby gas treatment system; and TS 4.7.2.b.2 and 4.7.2.c for the shared control room emergency outside air supply system, require the testing of the charcoal adsorbers in accordance with Regulatory Guide 1.52, Revision 2, March 1978.

- a) Contrary to the above, on March 6, 1997, and May 15, 1996, the "A" and "B" standby gas treatment system charcoal adsorbers respectively were not tested in accordance with Regulatory Guide 1.52, Revision 2, March 1978. Also, on December 11, 1996, and December 18, 1996, the control room emergency outside air supply system charcoal adsorbers were not tested in accordance with Regulatory Guide 1.52, Revision 2, March 1978.

Response

See LER 387/97-013-00 for additional information.

1. Reason for the Violation

In 1989, PP&L changed the laboratory standard for the testing of activated charcoal. PP&L's use of this conservative standard was erroneously considered acceptable to meet existing Technical Specification requirements. Also, the surveillance requirement, as stated in the Technical Specifications, did not explicitly specify the test procedure or the test conditions, only that a laboratory analysis of the carbon must meet "the laboratory testing criteria of Regulatory Position C.6.a of Regulatory Guide 1.52, Revision 2, March 1978, for a methyl iodide penetration of less than 0.175%." The actual laboratory standard was identified by reference through two additional documents.

It is important to note that identification of this violation was a direct result of training that reiterated management expectations for strict compliance with the Technical Specifications. Following this training our personnel identified that the Technical Specifications needed to be revised to reflect improved industry standards for laboratory testing of activated carbon.

2. Corrective Steps Which Have Been Taken and the Results Achieved

- a. Per letter dated June 26, 1997 (PLA-4640), PP&L submitted a Request for Enforcement Discretion for charcoal filter laboratory testing. NRC issued a Notice of Enforcement Discretion on July 9, 1997.

- b. Per letter dated June 27, 1997 (PLA-4641), PP&L issued Proposed Amendment No. 207 to License NPF-14 and Proposed Amendment No. 172 to License NPF-22: Clarification of Used Charcoal Filter Testing. On July 30, 1997, NRC issued Amendment No. 167 to NPF-14 and Amendment No. 141 to NPF-22 which clarify the methodology used to satisfy surveillance requirements for the laboratory analysis of activated charcoal.

3. Corrective Steps Which Will Be Taken to Avoid Further Violations

- a. A review of procurement and design input processes will be completed to ensure consideration of licensing document changes as a result of changes in those processes (e.g., testing methodology, specifications, etc.). This activity is scheduled to be completed by October 31, 1997.
- b. As part of PP&L's Current Licensing Basis project, an evaluation of processes, such as revising tests and standards used by PP&L, will be performed to ensure consistency with licensing documents. This activity is scheduled to be completed by October 31, 1998.

4. Date of Full Compliance

Based on 2 above; PP&L is in full compliance.



Violation 2 (387-388/97-04-02)

SSES Technical Specification (TS) 6.2.3 states that the Nuclear Safety Assessment Group (NSAG) shall be composed of at least five dedicated, full-time engineers with at least three located onsite, each with a bachelor's degree in engineering or related science.

- a) Contrary to the above, on June 20, 1997, the NSAG was not composed of five dedicated, full-time engineers, in that, two of the five engineers were not dedicated, full-time to NSAG activities.
- b) Contrary to the above, for a period of about 3 years (June 1994 through December 1996) one of the NSAG engineers did not have a bachelor's degree in engineering or related science.

Response

1. Reason for the Violation

- 1a. PP&L always considered that the Manager-NSAG (ISES) and the nuclear safety engineer at the General Office met the criteria of "dedicated, full-time engineers" to meet the Technical Specifications. In December 1983, PP&L assigned the SRC chairman function to be part of the duties of the ISES manager. The SRC Executive Assistant was also changed at that time, to the second General Office ISES (off-site) member, to maintain the smooth operation of the SRC. This assignment was based, in part, upon the premise that it would enhance the operation of the SRC and ISES by providing the ISES manager additional insight into the operation of the Department through increased participation in discussion of safety-related matters with major Department managers.
- 1b. PP&L believed that, based upon Section 4.1 of ANSI/ANS-3.1-1981, it had the authority to grant a waiver of qualification requirements for one nuclear safety engineer, considering his education (in his third year toward a bachelor's degree in mathematics) and job experience (holder of an SSES SRO License and 3½ years SRO experience). The fact that PP&L did not have the authority to waive the Technical Specifications requirement was identified by an outside audit (August 1996). Our assumption that the ANSI Standard could be utilized without an associated change to the Technical Specifications was a cognitive error.

2. Corrective Steps Which Have Been Taken and the Results Achieved

- 2a. Two additional persons with bachelor's degrees in engineering have been assigned as dedicated full-time ISES engineers to assure Technical Specification compliance.
- 2b. The member of ISES without a bachelor's degree in engineering was replaced on December 16, 1996, with an individual who holds a bachelor's degree in engineering.

Additionally, Condition Report 96-1256 was written on August 22, 1996 as a result of the audit that identified the inappropriate waiver of qualifications. The resolution of that Condition Report included a revision to NDAP-QA-0010, "Nuclear Department Minimum Qualifications and Training Requirements." Section 2.7 of Revision 2 to NDAP-QA-0010, prohibits a waiver of Technical Specification training and qualification requirements.

3. Corrective Steps Which Will Be Taken to Avoid Further Violations

- 3a. PP&L is developing a revision to the Technical Specifications to clarify the staffing requirements for NSAG (ISES). At a minimum, the revision will ensure the current ISES organization is clearly reflected, and will also provide for future flexibility while continuing to support the basis of the Technical Specification requirements. This change is currently planned to be submitted by November 21, 1997.
- 3b. No additional actions are necessary.

4. Date of Full Compliance

Based on 2 above, PP&L is in full compliance.

Resolution of NSAG (ISES) Activities with Current Licensing Basis Requirements

The cover letter transmitting this Notice of Violation requested that PP&L address our "...planned corrective actions to review and reconcile the activities performed by NSAG and the current licensing basis requirements." NRC Inspection Report 97-04 provided the basis for this request by identifying other weaknesses including organization changes that could compromise the independence of the NSAG, and inadequate implementation of required NSAG functions. Each of these are discussed below.

- Organization changes that could compromise NSAG independence: See the Corrective Steps taken in response to Violation 97-04-03 in this letter. Effective August 15, 1997, the Manager - ISES reports directly to the Senior VP- Generation and Chief Nuclear Officer. A new ISES charter will be issued by October 31, 1997 reflecting this change. Associated changes to the FSAR will be processed in accordance with 10CFR50.71.
- Inadequate implementation of required NSAG functions: The Inspection Report discussed inconsistencies between the original SSES SER (NUREG 0776) and PP&L's current implementation of NSAG functions. PP&L believes that our current commitments are established in FSAR Subsection 18.1.7.3 (Rev. 51, 2/97), which reflects the changes which have occurred since the SER was issued (an exception to this is the pending changes to reflect the organization change discussed above), and is consistent with the Technical Specifications. However, we also recognize that the basis for these changes should have been better documented and communicated.

PP&L believes that clarification of the current licensing basis requirements is appropriate based on the NRC findings. Therefore, in support of development of the new ISES charter discussed above, PP&L plans to document a reconciliation of the original ISES functions described in the SER against the revised ones described above. Current licensing basis changes resulting from this review will be processed in accordance with regulatory requirements.

Overall Technical Specification Compliance Issues

The cover letter transmitting the response to the NOV also requested that PP&L address recurring instances where it was reasoned that "meeting the intent of a Technical Specification was equivalent to following the requirement as written." Specifically, we were requested to include those additional actions deemed appropriate to assure that all requirements are strictly adhered to and that appropriate changes will be requested prior to implementing new methods of conformance.

PP&L understands the compliance concern. PP&L has conducted training on these issues to sensitize our personnel. As a direct consequence of this training, the charcoal testing issue (see Violation 1) was identified by one of our employees.



For some time, PP&L has acted to improve our Technical Specifications through amendments, and we also openly developed some interpretations that in retrospect should have been the subject of license amendments. In parallel, however, we applied significant resources toward the development of Improved Technical Specifications (ITS) in an effort to address the larger issue of the overall inadequacies of the current standard. PP&L supplied several individuals in support of the industry effort in the late eighties, including two who served (each for a number of years) as chairman of the BWR Owners' Group committee on this subject. In 1995, we committed even more resources via the PP&L ITS project in support of developing Susquehanna specific ITS. As you are aware, we submitted our proposed ITS amendment in August of 1996, and currently plan to implement the ITS in mid -1998. Our intent is for the ITS to largely resolve the need for future Technical Specification interpretations.

With the above as background, PP&L recognizes that the NRC's question is in the area of compliance with our current Technical Specifications. In addition to the longer term resolution provided by the ITS, we will take the following actions:

- A memorandum reiterating management expectations concerning Technical Specification compliance will be sent to Department personnel.
- We will re-review all documented interpretations of Technical Specifications for compliance issues and take the appropriate action upon identifying any deficiencies. This review will be completed by November 21, 1997.
- We have begun a compliance review of Technical Specification Section 6.0, Administrative Controls, in response to the concerns raised by the NRC regarding NSAG (ISES) compliance. This review will be completed by October 3, 1997.
- As part of PP&L's Current Licensing Basis (CLB) Project, detailed reviews of certain FSAR Sections are being performed. One element of these reviews is to evaluate how pertinent FSAR details have been translated into design, operation, maintenance or testing bases; this includes review of the FSAR against associated Technical Specification requirements. If deficiencies are identified, appropriate actions will be taken in accordance with our Condition Report program.

As a result of these activities and other ongoing reviews, further questions will likely be identified. Our commitment to the NRC is that upon identification, these issues will be promptly and effectively resolved through our deficiency process.

Violation 3 (387-388/97-04-03)

10CFR50.54a states that the licensee may make changes in a previously accepted Quality Assurance Program description included or referenced in the Final Safety Analysis Report (FSAR), without prior NRC approval, provided the change does not reduce the commitments in the program description previously accepted by the NRC. Prior to February 1995, Section 17.2 of the SSES FSAR described the responsibilities of the manager of Quality Assurance. Those responsibilities did not include management of the Nuclear Safety Assessment Group, and the Operational Experience Services Group.

Contrary to the above, in February 1995, the licensee made changes in the accepted Quality Assurance Program description, without prior NRC approval, that reduced the commitment for the span of control of the manager Quality Assurance previously accepted by the NRC. The change created a new position, manager of Nuclear Assessment Services (MNAS), that included management of the Nuclear Safety Assessment Group and the Operations Experience Services Group, in addition to the Quality Assurance Program. This increase in the span of control of the Quality Assurance Program manager decreased the commitment in the program description previously approved by the NRC. Specifically, the ability of the MNAS to oversee the implementation of the QA program was reduced.

Response

1. Reason for the Violation

PP&L failed to evaluate the subject change in accordance with the requirements of 10CFR50.54a, based on the lack of sufficient procedural requirements to implement such an evaluation. Based on our review, despite the lack of such requirements, routine QA Program updates to FSAR Section 17.2 prior to the creation of the Nuclear Assessment Services organization were evaluated in accordance with 10CFR50.54(a).

2. Corrective Steps Which Have Been Taken and the Results Achieved

To assure compliance with current QA Program requirements, PP&L has made the following organizational changes to the Nuclear Department and the Nuclear Assessment Services Group:

- The Nuclear Assessment Services group will be comprised of the following functions:
 - (1) QA audit program, (2) QA surveillance program, (3) QC inspections, (4) assessment services, and (5) employee concerns program. The Manager - Nuclear Assessment Services continues to report to the Senior Vice President - Generation and Chief Nuclear Officer.
- The Independent Safety Evaluation Services (ISES) group (Nuclear Safety Assessment Group) has been separated from Nuclear Assessment Services. The ISES organization retains its functional responsibility to perform the independent oversight functions delineated in Technical Specifications. The Manager - ISES reports directly to the Senior Vice President - Generation and Chief Nuclear Officer.
- The Operating Experience Services (OES) group continues to be responsible for the administration of the deficiency management program. This group has also been separated from Nuclear Assessment Services and now reports to the Manager - Special Projects who reports to the General Manager - Susquehanna SES.

These organizational changes became effective on August 15, 1997. An evaluation pursuant to 10CFR50.54(a) was performed, and concluded that these changes did not result in a reduction in PP&L QA Program commitments.

3. Corrective Steps Which Will Be Taken to Avoid Further Violations

- a. A Department procedure is being developed to assure that future QA program changes comply with 10CFR50.54(a). This procedure supplements the existing procedure that controls changes to licensing documents. The current schedule for issuing the procedure is October 31, 1997.
- b. FSAR changes reflecting the organizational changes described above will be processed in accordance with 10CFR50.71.
- c. A review of QA program changes made since the creation of the Nuclear Assessment Services Group will be performed to assure compliance with 10CFR50.54(a). Any deficiencies identified will be processed in accordance with our Condition Report program.. This review is scheduled to be completed by November 3, 1997.

4. Date of Full Compliance

Based on 2 above, PP&L is in full compliance.

Violation 4 (387-388/97-04-04)

10 CFR 50, Appendix B, Criterion XVI, Corrective Action, requires, in part, that licensees establish measures to assure that conditions adverse to quality, such as failures malfunctions, deficiencies, defective materials and equipment are promptly identified and corrected. Nuclear Department Administrative Procedure NDAP-QA-702, Condition Report, implements the programmatic requirement at SSES. Step 6.1.1 of NDAP-QA-702, requires that all personnel shall identify and report conditions adverse to quality.

- a) Contrary to the above, on May 19, 1997, the licensee failed to initiate a Condition Report after investigative maintenance determined that safety related damper actuator TDM-8271D22 was degraded and should be replaced. The degraded actuator was left in service pending its replacement, with no operability determination, and subsequently failed in a non-conservative position prior to June 10, 1997.
- b) Contrary to the above, from March 1995 through May 22, 1997, the licensee failed to initiate a Condition Report for the Unit 2 post accident sampling station (PASS) small volume liquid sample holder that was bent beyond repair, and non-functional.

Discussion

With regard to activities related to the PASS system, PP&L has reviewed and concurs with NRC's non-cited violation in response to identified weaknesses regarding procedural guidance and training; we also concur with NRC's characterization of our corrective actions (reference NRC Inspection Report 97-04, Section R2.1).

With respect to Violation 4 above, although we concur with subitem a, we do not believe subitem b represents a valid example of failure to initiate a Condition Report. Based on subitem a, however, we have responded in full to both items.

Response

1. Reason for the Violation

- 1a. On May 19, 1997, the Maintenance crew that performed the work associated with Condition Report 97-1725, documented on the Work Authorization (WA) action sheet that it believed the damper control plate was defective. This determination did not trigger an updated Operability determination because maintenance personnel working on the WA failed to recognize the requirements of the Operability procedure (NDAP-QA-0703), which requires reassessment of the

Operability determination when "additional information becomes available that substantially changes the basis or conclusions of the operability assessment."

1b. A Condition Report (or existing deficiency document) was not written at the time the deficient sample holder was identified for the following reasons:

- The deficiency management programs in place in August 1994, when the Unit 2 PASS sample holder required replacement, did not require documentation of this type of condition in the deficiency management program. Therefore, only a work document to replace the sample holder was generated.
- Upon identification of the problem in 1994, a spare sample holder was obtained from the Susquehanna Training Center and temporarily utilized to ensure operability of the Unit 2 PASS system. Surveillances of the Unit 2 PASS system were performed successfully using the temporary sample holder. Since the Unit 2 PASS system was operable with the temporary sample holder, a deficiency did not exist.
- During the Unit 2 PASS surveillance performed in February 1997, the permanent replacement sample holder recently received from the manufacturer was determined to be faulty, and could not be used. CR 97-0402 was generated to document the faulty replacement sample holder. It was then determined that the Unit 1 PASS sample holder would operate acceptably as a replacement for use in the Unit 2 PASS system. Based upon the determination that the Unit 2 PASS system would be operable using the Unit 1 device, the temporary sample holder was no longer utilized.

2. Corrective Steps Which Have Been Taken and the Results Achieved

2a. On June 10, 1997 Condition Report 97-1944 was generated to document that the subject damper was failed. An operability determination was developed as part of the dispositioning of the Condition Report which concluded that the "D" EDG operability was not affected by the condition of the damper, between May 19, 1997 and June 10, 1997.

The subject damper actuator was replaced on June 19, 1997.

2b. The following corrective actions have been taken to upgrade the operation of the PASS system.

- A permanent sample holder was procured and installed in the Unit 2 PASS system.
- The appropriate Chemistry procedure has been revised to allow for use of the sample holders on either Unit.

- Chemistry personnel have been briefed on this event, stressing the importance of procedural adherence.

3. Corrective Steps Which Will Be Taken to Avoid Further Violations

3a. The following actions will be completed by November 21, 1997:

- The Condition Report, Operability Assessment, and Work Authorization procedures will be reviewed and enhanced as appropriate to ensure that when conditions are identified under the WA process that could impact operability, appropriate actions are taken as required by the Condition Report Program.
- PP&L will revise troubleshooting guidance in MT-AD-0509 "Control of Minor Maintenance Activities" that addresses the inputting of ongoing plant component condition information into the operability determination process.
- PP&L will provide training on this event and the aforementioned procedural revisions to Operations and Maintenance personnel. This training will also be provided to other groups and individuals who perform operability determinations.

3b. No additional actions are necessary.

4. Date of Full Compliance

Based on 2 above, PP&L is in full compliance.



Violation 5 (387-388/97-04-05)

10 CFR 50.71(e) requires, in part, that licensees revise the Final Safety Analyses Report (FSAR) annually or six months after each refueling outage provided the interval between successive updates to the FSAR does not exceed 24 months. The revisions must reflect all changes to a maximum of six months prior to the date of filing. The revisions shall include the effects of all changes made to the facility as described in the FSAR.

- a) Contrary to the above, in 1992, PP&L modified the emergency service water (ESW) system logic, decreasing the ESW pump start times listed in the Final Safety Evaluation Report, and as of June 30, 1997, had not submitted the required revision.

Response

PP&L does not dispute the violation as stated; our corrective actions are provided below. However, we believe that Section VII.B.3(a) of the NRC Enforcement Policy can be applied. Our rationale is as follows:

PP&L's Current Licensing Basis (CLB) project is designed, in part, to identify discrepancies between the current plant design and the FSAR. For the reasons described below, PP&L believes that the CLB project would have identified the subject deficiency, and should therefore be subject to enforcement discretion.

PP&L's CLB project was identified in its response to the "NRC Request for Information Regarding Adequacy and Availability of Design Basis Information." As part of the CLB project, PP&L completed scoping reviews of FSAR sections to determine if further detailed reviews of specific FSAR sections were required. Based on the results of that review, a recommendation for further evaluation of Section 9.2.5, "Emergency Service Water (ESW) System", was identified.

The review of FSAR Section 9.2.5 began in late April 1997. Because the ESW pumps may be powered from the emergency diesel generators, the FSAR review methodology established for the project requires that the associated diesel generator load tables of FSAR Section 8.3 also be included in the detailed review of Section 9.2.5. The ESW pump start times are picked up as two separate review attributes in the CLB Project database used to document the reviews.

As a result of PP&L's CLB review process, the engineer assigned to perform the ESW evaluation became aware of a different "start time" issue during his review. Consequently, he specifically questioned the ESW pump-start scheme. The failure to update the FSAR would have been identified as part of this review. The NOV was issued prior to the engineer completing his review.

NRC's Policy Statement on Enforcement Action; Departures from FSAR, provides for enforcement discretion pursuant to Section VII.B.3(a). This section states in part that "...it was likely in the staff's view that the licensee would have identified the violation in light of the defined scope, thoroughness, and schedule of the licensee's initiative..." Although the concern had not, as of the issuance of the NOV, been formally identified and documented, PP&L believes that the design and implementation of the CLB project ESW evaluation, as described above, would have identified the FSAR discrepancy regarding ESW pump start times. Therefore, consistent with the referenced NRC Policy, enforcement discretion is warranted.

Upon identification of the ESW pump start time concern PP&L took the following actions under our corrective action program.

- 1) Condition Report No. 97-1739 was issued May 14, 1997. The result was that all systems are operable, there were no safety consequences, and the condition has no safety significance.
- 2) An FSAR change, including a safety evaluation, was prepared to support changing the ESW pump motor start times and the ESW pump house ventilation fan start times shown in FSAR Table 8.3-1. The FSAR will be updated in accordance with 10CFR50.71.
- 3) The design basis of the ESW pump motor start logic was reviewed. The result was that all of the existing design requirements are met and that no further modifications to the ESW pump start logic are necessary or justified.

