COMMENTS ON NUREG-0511

First let's agree that "considerable uncertianties...exist in the health risk estimators used." (p. 4) However, to contend that this document has produced estimates of the "worst-case" (p. 1-2) is an unquestionable distortion.

1.) Projections are limited to the year 2000 which severely limits

the potential health impacts. (ch. 6)

2.) In fact, it is admitted that "the approach taken in developing risk estimators... has been to place conservative bounds on the health effects from the U.S. uranium mining-milling industry." (G-58)

3.) Further, in the case of dose equivilent to the bronchial epithelium disputed assumptions are accepted which potentially underestimate risk. (C-4)

Other factors limiting the validity of NUREG-0511 include:

1.) Data in NAS BEIR III not included in this document. (G-58)

2.) Any reliance on the repeatedly discredited Wash-1400 radiation risk estimates. (G-58)

3.) An inability to translate radon concentrations into potential

inhalation doses. (C-4)

4.) The fact the plume depletion is complex and not thourshly understood. (G-16)

In the context of the crucial uncertianties and assurances in NUREG-0511 that health impacts will be minimal several conclusions can be postulated:

1.) NUREG-0511 provides an unrealistic estimate of health impacts. 2.) NUREG-0511 may have significanlty underestimated health impacts.

3.) NUREG-0511 promotes uranium mining and milling by choosing to employ assumptions minimizing the potential impacts.

RECOMMENDATIONS

- 1.) The most important postition NUREG-0511 can take regarding health impacts is that they are, in fact, quite unknown.
- 2.) Risk of health impacts should be presented in the tables in range fashion (NOT AS A FOOTMOTE INDICATING THE ACTUAL IMPACT MAY DE TWICE WHAT IS REPRESENTED IN THE TABLE-p.6) honestly attempting to develop the worst-case possible without time restrictions. This is not to say the best-case should not also be critisized and defended. In fact, a minimum of five health impact scenerios should possibly be analyzed and compared.

3.) The range assigned to health impact should be as wide as possible !! rather than assumptively narrowed.

PLAYING WITH NUMBERS IS PLAYING WITH LIVES



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