

U.S. NUCLEAR REGULATORY COMMISSION

REGION V

Report No. 50-362/82-15  
Docket No. 50-362 License No. CPPR-98 Safeguards Group \_\_\_\_\_  
Licensee: Southern California Edison Company  
P. O. Box 800  
2244 Walnut Grove Avenue  
Rosemead, California 91770

Facility Name: San Onofre Unit 3  
Inspection at: San Onofre Site, San Diego County, California  
Inspection conducted: July 26-30, 1982

Inspector: F. A. Wenslawski 8/18/82  
for M. Cillis, Radiation Specialist Date Signed

Approved by: F. A. Wenslawski 8/18/82  
F. A. Wenslawski, Chief, Reactor Radiation Protection Section Date Signed

Approved by: A. E. Book 8/18/82  
H. E. Book, Chief, Radiological Safety Branch Date Signed

Summary:

Inspection on July 26-30, 1982 (Report No. 50-362/82-15)

Areas Inspected: Routine, unannounced inspection of preoperational radiation protection program, including organization and staffing, training, planning, preparations and ALARA; environmental monitoring program; liquid and gaseous radwaste systems, including process and effluent monitoring systems, area radiation monitors, HVAC systems; status of NUREG 0737 items; IE Circulars and IE Information Notices, a tour of licensee's facilities, and follow-up on previous inspection findings. The inspection involved 38 inspector-hours on site by one NRC inspector.

Results: Of the areas inspected, no items of noncompliance or deviations were identified.

DETAILS

1. Persons Contacted

a. Southern California Edison Company (SCE)

- \*W. C. Moody, Deputy Station Manager
- \*P. Knapp, Manager, Health Physics
- \*D. Brevig, Supervisor, Plant Chemistry
- \*J. M. Curran, Manager, Quality Assurance
- \*P. A. Croy, Manager, Compliance
- \*B. Graham, Environmental Engineer, Chemistry
- \*R. Grey, Unit 2/3 Health Physics Supervisor
- \*D. Bennette, Emergency Preparedness Engineer
- G. Noel, Technical Training Administrator
- \*R. Rosenblum, Assistant Project Manager, Unit 2/3
- \*D. Duran, Radwaste Supervisor
- \*H. L. Richter, Project Engineer, Unit 2/3
- \*D. B. Schone, Assistant Quality Assurance Manager
- M. Russell, Health Physicist
- M. Goeders, Environmental Monitoring Engineer
- D. P. McCloskey, Manager, Emergency Preparedness
- \*R. Reiss, Quality Assurance Engineer
- W. White, Engineering Aide
- A. Prosser, Chemistry Supervisor, Unit 2/3
- W. Wilcheck, Supervisor, Nuclear Plant Instrumentation, Unit 2/3
- G. Gregory, I&C Technician
- R. Burton, Unit 2/3 Chemistry Foreman
- \*J. S. Iyer, Compliance Engineer
- \*R. Morgan, ALARA Engineer

b. Contractor

Radiation Management Corporation (RMC)

S. M. Kim, President

Allen Nuclear Associates

\*R. L. Sullivan, Health Physicist

Bechtel Power Corporation

\*A. Sassi, Mechanical Supervisor

\*S. H. Freid, Assistant Project Engineer

\*Denotes those present at exit interview.

In addition to the individuals noted above, the inspector met with and interviewed other members of the licensee's and contractor's staff.

2. Action on IE Circulars/Information Notices

- a. The inspector examined the licensee's evaluations of the following IE Circulars:

<u>Circular No.</u>	<u>Title</u>
IC-80-14	Radioactive Contamination of Plant Demineralized Water System and Resultant Internal Contamination of Personnel
IC-80-18	50.59 Safety Evaluations for Changes to Radioactive Waste Treatment Systems
IC-81-07	Control of Radioactively Contaminated Material
IC-81-09	Containment Effluent Water that Bypasses Radioactivity Monitor

The inspection revealed that each of the circulars were previously examined during the preoperational NRC inspections of Unit 2. The licensee's actions in regards to the circulars were found to be satisfactory. The circulars are discussed in the following IE inspection reports:

<u>Circular No.</u>	<u>Inspection Report No.</u>	<u>Paragraph No.</u>
IC-80-14	50-361/81-27	5
IC-80-18	50-361/81-16	8.c
IC-81-07	50-361/81-35	10.b
IC-81-09	50-361/82-09	8.a

This matter is considered closed.

No items of noncompliance or deviations were identified.

b. Action on IE Information Notices

- (1) IE Information Notice 81-26, Part 3, Supplement No. 1: Clarification of Placement of Personnel Monitoring Devices for External Radiation

The inspector held a discussion with the Manager of Health Physics in regards to Supplement No. 1 to IN-81-26. The discussion revealed that the Health Physics group had not received a copy of the recent supplement which was issued on July 19, 1982. The inspector provided the

Manager of Health Physics a copy of the newly issued supplement to this IE Notice.

No items of noncompliance or deviations were identified.

(2) IE Information Notice 82-18, Assessment of Intakes of Radioactive Materials by Workers

The inspector held a discussion with the Manager of Health Physics in regards to the concerns of IE Notice 82-18. The discussions revealed that the licensee is using the ICRP-2 methodology in assessing intakes of radioactive materials by workers in determining compliance with 10 CFR 20. This matter is considered closed.

No items of noncompliance or deviations were identified.

3. Radiological Environmental Monitoring Program (REMP)

The inspector held discussions with the licensee's station and corporate personnel and reviewed the licensee's Environmental Monitoring Program Plan and Procedures Manual (EMPP) to determine the status of the licensee's Radiological Environmental Monitoring Program (REMP) described in the T.S.. Additionally, the inspection included a review of station procedures for implementing the REMP and an examination of environmental sample analysis results of environmental samples taken at the station during the first and second quarters of 1982. The following Environmental Procedures were reviewed:

- . S0123-IX-1.1, Rev. 0 - "Environmental Sample Collection"
- . S0123-IX-1.2, Rev. 0 - "Air Sampling"
- . S0123-IX-1.3, Rev. 0 - "Direct Radiation"
- . S0123-IX-1.4, Rev. 1 - "Drinking Water"
- . S0123-IX-1.5, Rev. 1 - "Sediment from Shoreline (Beach Sand)"
- . S0123-IX-1.6, Rev. 1 - "Local Crops"
- . S0123-IX-1.7, Rev. 1 - "Rabbit Collection"
- . S0123-IX-1.8 Rev. 1 - "Soil Sampling"

The inspection disclosed that the licensee has completed the Environmental Monitoring Program required by the construction permit and is currently in the process of implementing the Radiological Environmental Monitoring Program described in Unit 2 Technical Specifications. A cursory review of the EMPP revealed

that most of the concerns with the REMP identified in paragraph 5 of IE Inspection Report 50-361/81-35 and paragraph 5 of Inspection Report 50-361/82-09 were satisfactorily addressed; however, there were some concerns with the EMPP which were discussed with the staff and at the exit interview. These concerns will be described later in this section of the report.

The EMPP, which was recently issued, addresses the organization, management, and division of responsibilities for all of the licensee's environmental monitoring activities. It assigns the Manager of Nuclear Engineering and Safety the responsibility for operation, maintenance, and management of SCE's environmental monitoring activities. The Station Manager is assigned the responsibility for operation, maintenance, and management of the effluent monitoring activities. The manual additionally assigns other responsibilities and includes procedures for ensuring that all environmental monitoring activities are properly coordinated and fully implemented and that the program continuity is maintained at all times. The most significant change in the environmental monitoring activities are the corporate office's commitments for managing the environmental monitoring activities. The EMPP also incorporates a Quality Assurance program that is consistent with the guidelines of Regulatory Guide 4.15, Rev. 1, February 1979, as required by Section 6.8.1.i of Unit 2's T.S.

The review of analysis results for samples and direct radiation surveys taken pursuant to Table 3.12-1 of the T.S. did not reveal any obvious mistakes or anomalous results.

As previously stated, the following concerns with the review of the EMPP were identified:

- a. The EMPP was not approved by the Station Manager as required by Section 6.8.2 of Unit 2 T.S. The manual was, however, approved by the Manager of Nuclear Engineering of the corporate office. A discussion with the staff revealed that a proposed T.S. change was being considered to allow certain procedures to be approved by corporate office personnel that have been designated by the Station Manager. The NRC inspector reviewed the proposal and was in agreement with it. The inspector encouraged the licensee to submit the proposed T.S. change to NRR for approval as soon as possible.
- b. The EMPP or station procedures do not currently provide an acceptance criteria for the environmental sample analysis results nor are Emergency Action Levels (EALs) addressed.
- c. Part A of Section 1 to the EMPP does not clearly establish the group assigned to implement the Intralaboratory Comparison program required by Section 4.12.3 of the T.S. or their

responsibilities, nor have any procedures been included in the EMPP for implementing this program.

- d. The EMPP does not clearly establish what portions of the Environmental Monitoring Program will be audited by Station and/or Corporate Quality Assurance groups.

The above concerns with the Environmental Monitoring Program were discussed at the exit interview.

No items of noncompliance or deviations were identified.

#### 4. TMI Action Items

The inspector examined the status for implementation of certain TMI Action Plan Requirements discussed in NUREG 0737 (Items II.B.3, II.F.1, and III.D.3.3, and paragraph 6 of IE Inspection Report No. 50-361/81-35).

The inspection revealed that item III.D.3.3 for inplant I<sub>2</sub> radiation monitoring has been completed. Procedures and equipment for performing I<sub>2</sub> analysis are currently available and personnel have received the applicable training.

Item II.B.3, "Post Accident Sampling Capabilities," (PASS) and associated procedures and training of personnel is currently in progress. The inspection revealed that the licensee was experiencing wiring problems associated with the PASS area radiation monitors. The licensee staff indicated that the Post Accident Sampling System and the PASS program required by Section 6.8.4.d of Unit 2 T.S. would be fully implemented prior to first exceeding 5% rated thermal power as is currently required in Unit 2's operating license to the T.S.

The status of II.F.1, "Accident Monitoring Instrumentation for Unit 3," is expected to be completed to support fuel load which is tentatively scheduled for mid or late October of 1982. The containment high range monitors were visually sited during a tour of the licensee's facility. The containment high range monitors did not appear to be environmentally qualified. This was discussed with the licensee's staff and at the exit interview.

No items of noncompliance or deviations were identified.

#### 5. Radiation Protection

##### a. Health Physics Organization

The inspection did not reveal any significant changes in the Health Physics Organization from what is discussed in paragraph 3 of IE Inspection Report 50-361/82-19.

The licensee has made some progress in acquiring a permanent SCE Health Physics Technician staff for Unit 2/3. The current Health Physics Technician manning is as follows:

Item	SCE	Combustion Engineering (Contractor)
Health Physics Supervisor	1	-
Health Physics Foreman	3	1
Sr. Health Physics Technician	7	23
Jr. Health Physics Technicians	28	-

The Manager of Health Physics revealed that the licensee is planning to gradually replace the contract Health Physics Technicians with a permanent staff. Offers have gone out to an additional six applicants who have applied for the position of Senior Health Physics Technician. The resumes for SCE and contractor Health Physics Technicians were reviewed by the NRC inspector. Also reviewed was a new Health Physics Technician training plan that is currently being prepared under the direction of the Manager of Health Physics. The training plan will be implemented as soon as it is approved by the licensee staff. Currently, the technicians are attending retraining seminars that are routinely scheduled and provided by the training organization. Additionally, there is on-the-job training and self-study training requirements that the technicians are required to satisfy. The qualification and training of Health Physics Technicians appear to be consistent with Section 6.4.1 of the T.S. which states that the licensee shall maintain a retraining and replacement training program that meets or exceeds the recommendations and requirements of ANSI-N18.1-1971.

Discussions with the Manager of Health Physics indicated that the licensee's long-term plan is to maintain the staffing for both Unit 2 and Unit 3 at one HP Supervisor, six HP Foremen, and approximately 35-40 health physics technicians.

No items of noncompliance or deviations were identified.

b. Chemistry Organization

The inspection included an examination of the licensee's Unit 2/3 Chemistry Organization and training program for Chemistry personnel. Discussions were held with the Supervisor of Plant Chemistry, Chemistry staff, and Technical

Training Administrator. The inspection also included a review of resumes for Chemistry personnel and their respective training records.

The inspection revealed that the Supervisor of Plant Chemistry, a former naval executive officer from the Naval Nuclear Program, has just recently become the head of the site's Plant Chemistry group. The new Supervisor of Plant Chemistry has 20 plus years of naval experience.

The inspection revealed that the Unit 2/3 Chemistry staff is composed of the following:

Item	SCE	Combustion Engineering (Contractor)
Unit 2/3 Supervisor	1	-
Foreman	2	1
Sr. Chemistry Technicians	8	10
Assistant Chemistry Technicians	10	-
Engineers	5	-
Engineering Aides	2	-
Effluent Engineers	2	-
Environmental Engineer	1	-
NPDES Engineer	1	-

There are six SCE Assistant Chemistry Technicians, in addition to the above, that are currently in training. The Effluent, NPDES, and Environmental Engineers have site wide responsibilities.

Section 6.4.1 of the T.S. establishes the need for a licensee retraining and replacement training program that is consistent with or exceeds ANSI-N18.1-1971 requirements. Sections 6.8.4.b and 6.8.4.d of the T.S. establish the requirements for "In-plant monitoring" and "Post Accident Sampling System" training. Additionally, licensee commitments for training of personnel in the "Wide Range Gas Monitoring System" and "Effluent Monitoring" are discussed in Enclosure 3 of IE Inspection



Report 50-361/82-09. The review of the Chemistry staff training records revealed the following:

- (1) Only three personnel from the entire SCE and contractor chemistry staff have attended the Wide Range Gas Monitor training, and only one SCE Chemistry Foreman attended this training.
- (2) Only five of the entire SCE Chemistry staff have attended the Effluent Monitoring training, and only one SCE Chemistry Foreman attended this training.
- (3) Four of the permanent SCE Chemistry staff, have not attended the Basic Systems training.
- (4) None of the contractor (CE) Chemistry Technicians have attended the "Wide Range Gas Monitoring," "Effluent Monitoring," or "Basic Systems" training.
- (5) Not all of the permanent staff have attended the PASS system training.

Discussions with the Chemistry and Training staff revealed the following:

- (1) Training requirements are not clearly established for Chemistry personnel.
- (2) There appears to be no requirements or assignment of responsibilities to verify that all required personnel have attended the required training courses.
- (3) Some of the Chemistry supervision stated that training techniques and course content for some of the training was not adequate.

The findings herein were discussed with the new Plant Chemistry Supervisor and at the exit interview. The need to resolve the items prior to issuance of an O.L. for fuel load was emphasized. The licensee was also informed that they should verify that they are in compliance with the Unit 2 T.S. training requirements. This item will be examined during a subsequent inspection (82-15-01).

No items of noncompliance or deviations were identified.

c. Respiratory Protection Program

The inspector met with the Manager of Health Physics to determine the status of the respiratory protection program

discussed in paragraph 2 of IE Inspection Report 50-361/82-19, paragraph 5, of Inspection Report 50-361/81-16, and paragraph 2.k of Inspection Report 50-361/82-11. The discussions revealed that the licensee is in the process of re-evaluating the use of the portable breathing air supply system discussed in Inspection Report 50-361/82-19. The licensee is not certain whether the installation of a portable system, use of the service air system discussed in Inspection Reports 50-361/82-11 and 50-361/81-16, or a separate independent system will be used to provide the breathing air supply. The licensee has hired a consultant to evaluate the problem.

The inspector informed the licensee at the exit interview that the problem concerning the breathing air supply system was identified over a year ago and has been vacillating back and forth since that time. It was emphasized that a permanent resolution should be determined expeditiously.

The licensee was in agreement with the inspector's observations stating an attempt to immediately resolve the problem would be made. The licensee stated that in the interim, the use of appropriate respiratory equipment and bottled air would be used to ensure compliance with 10 CFR 20.103, "Exposures of Individuals to Concentrations of Radioactive Materials in Air in Restricted Areas."

No items of noncompliance or deviations were identified.

#### 6. Follow-up to Emergency Appraisal Findings

The inspection included an examination of licensee actions taken in response to certain Emergency Preparedness Appraisal findings discussed in IE Inspection Report 50-362/81-08. The inspection also included an examination of the licensee's actions in regards to the follow-up inspection to the Emergency Preparedness Appraisal described in IE Inspection Report 50-361/82-07. In particular, the inspector examined the following areas:

- a. The status for installation of a second meteorological tower discussed in paragraph 4, page 137, of Atomic Safety and Licensing Board findings, dated May 14, 1982.
- b. The status for providing site visitors with instructions regarding their response to an emergency signal discussed in Sections 3.2, 3.3, and 5.3 of IE Inspection Report 50-362/81-08, and in Sections 3 and 14.a of IE Inspection Report 50-361/82-07.
- c. Removal of discarded material, equipment trailers within 150 feet of the base of the primary meteorological tower as discussed in item 12 of Appendix B to the letter dated March 24, 1982.

- d. Stocking of Emergency Kits with portable SAM-2 sodium iodine analyzers discussed in Section 4.2.1.1 of IE Inspection Report 50-361/81-08.

The examination revealed the following:

- a. Installation of the second meteorological tower has not started. Discussions with the licensee staff revealed that not all of the hardware for installation of the second tower has been received. The staff indicated that the material was expected shortly and estimated that the second tower installation would probably be completed some time in November of 1982.
- b. The examination of the licensee's providing visitors entering the nonprotected areas with emergency instructions revealed several inconsistencies from what is discussed in Inspection Reports 50-362/81-08 and 50-361/82-07. The examination revealed that approximately 70% of the Wells Fargo and SCE security guards interviewed by the inspector were not aware of their guard post instructions for providing visitors with emergency instructions.

Normally, the licensee uses two different methods for providing emergency instructions to visitors. One method is to affix a set of emergency instructions on the back side of a clip-on type visitors badge. The clip-on visitors badges are only used at the Unit 2/3 south guard post. The second method affixes instructions on an adhesive label, which is conspicuously identified with the word VISITOR. Each of the badges are given to visitors after the individual has been cleared for entry. Both methods require that the guard inform the visitor to read the emergency instruction prior to entering the owner controlled areas. The inspection revealed that guards were failing to instruct the visitor to read the emergency instructions prior to entry. The inspection also revealed that emergency instructions were not affixed to some of the clip-on type badges which were handed out to visitors entering the owner controlled areas. A guard post at parking lot number four (4) had emergency instructions that were only written in Spanish. The emergency instructions issued at the Unit 2/3 or south guard post were different from those issued at the remaining guard posts. Some of the instructions issued were very difficult to read due to the small size of the print. Visitors are no longer required to sign a form for the purpose of verifying they have read the emergency instructions as was originally implemented during the Emergency Preparedness Appraisal. This item will be examined during a subsequent inspection (82-15-04).

- c. The examination in regard to the removal of discarded material, equipment trailers, and other extraneous material within 150 feet of the base of the primary meteorological tower revealed that all equipment and extraneous material had been removed; however, several mounds of earth had been dumped immediately to the northwest and south of the MET tower base. Additionally, an office trailer is located 40 to 60 feet to the northwest side of the MET tower base.
- d. The stocking of emergency cabinets with portable SAM-2 sodium iodine analyzers was discussed with the Unit 2/3 Health Physics Supervisor. The HP Supervisor stated the SAM-2 analyzers were placed in the Emergency Cabinets along with operating instructions and personnel were instructed in the use of the analyzers.

The findings discussed in this section were discussed with the staff and at the exit interview. The need for the licensee to take immediate action to correct the problems related to providing visitors with radiological emergency instructions was emphasized.

No items of noncompliance or deviations were identified.

## 7. Facility Tour

A tour of the Unit 3 containment, Radwaste, and Auxiliary Buildings was conducted during the inspection. The following observations were brought to the licensee's attention:

- a. Leaking isolation valves within the primary sample station (Sample Hood 2L-262) that were previously reported to the licensee (paragraph 6.i of IE Inspection Report 50-361/82-19) were still leaking.

The inspector reiterated the need to repair the valves in a timely manner to be consistent with ALARA criterion defined in 10 CFR 20.1(c). The licensee stated that a work order for repairing the valve has been issued and that repairs would be made when plant conditions allowed.

- b. Instructions provided on a radiological posting located at the entrance to the primary sample station room were confusing. The posting indicated that protective clothing was required for entry to the room; however, the inspector observed personnel in the room not having protective clothing. The inspector was subsequently informed that protective clothing was only required when working within the primary sample hood. The inspector suggested to the Unit 2/3 Health Physics Supervisor that the posted instructions should be clarified.

- c. Personnel access to the Unit 3 spent fuel transfer tube can be gained in the same manner as at Unit 2's spent transfer tube (see paragraph 6.m of IE Inspection Report 50-361/82-19). The licensee stated that a Design Change Plan (DCP-61) has been issued to correct both Unit 2 and Unit 3 spent fuel transfer tube accesses. Access to the Unit 3 spent fuel transfer tube is presently unacceptable and will be reexamined during a subsequent inspection (82-15-02).
- d. The incoming primary sample lines to the Unit 3 sample hood were leaking through a common header behind the sample hood.
- e. During the tour, it was observed that the containment high range monitors 3RE-7820-1&2 did not appear to be environmentally qualified. The monitors had not been electronically or isotopically calibrated nor had the channel functional checks been performed at the time of this inspection. The inspection also revealed that the Area Radiation Monitors (ARMs) were in a similar status. Discussion with the staff and during the exit interview in regard to the containment high range monitors and ARMs revealed that the licensee is planning to have all of the T.S. required electronic, isotopic, and channel function checks completed prior to issuance of an O.L. for fuel load.

No items of noncompliance or deviations were identified.

#### 8. Process and Effluent Monitoring Systems

The inspector conducted an examination and tour to determine the status of the process and effluent monitoring systems. Concerns that could affect the implementation of the monitoring systems (e.g. concerns which were identified as the result of the Unit 2 preoperational inspection), were discussed with the licensee. The inspection also included a review of the licensee's schedule for implementing all of the required process and effluent monitoring systems.

The discussions and tour revealed that effluent and process monitoring systems described in Table 11.5-1 of the FSAR and the containment high range monitors described in NUREG 0737 were in the process of being installed at the time of this inspection. The inspection also revealed that process and effluent monitoring systems that are required for common use for both Unit 2 and Unit 3 have not been completed. The inspector's observations during the tour identified identical concerns that were identified during the Unit 2 preoperational inspections. These are as follows:

- a. Environmental qualification of the containment high range monitors.

- b. Effects of long sampling lines and numerous right angle bends and mechanical fittings on the sampling skids.
- c. Whether particle deposition and heat tracing engineering evaluations have been accomplished for all of the process and effluent monitoring systems.
- d. Will SAI particle deposition studies for determining plateout factors be accomplished.
- e. Verification of properly sized connectors for monitoring systems previously identified on NRCAIR T-NRC-062 of October 29, 1981 and a 10 CFR 50.55(e) report dated October 23, 1981.

The review of the licensee's Unit 3 Radiation Monitor Scheduled Milestones included the need for performing (1) post installation checks, (2) loop instrument checkouts, (3) electronic calibrations, (4) isotopic calibrations, (5) channel functional tests, and (6) package reviews for a total of 27 Unit 3 process and effluent monitoring systems. The review revealed that post installation checks had only been accomplished on eight of the 27 systems at the time of this inspection and only seven of the loop instrument checks had been accomplished. None of the electronic or isotopic calibrations, channel functional tests, or package reviews have been accomplished. The discussion with the staff revealed the licensee plans to fully implement the use of process and effluent monitoring systems in full accordance with T.S. requirements in time to support issuance of a license for fuel load, which is tentatively scheduled for the mid part of October 1982. The inspector reminded the licensee of the time involved (six to nine months) for implementation of Unit 2's process and effluent monitoring systems, which still are not yet complete. The licensee management stated the schedule for implementation of Unit 3's monitoring systems will go much faster based on the experience gained from implementation of the Unit 2 monitoring systems. The licensee also stated that concerns identified herein will be resolved as they were for Unit 2 monitoring systems prior to implementation.

No items of noncompliance or deviations were identified.

#### 9. Radwaste Management

The inspection disclosed some concerns with the adequacy of the radwaste building ventilations system (NVAC) and radwaste compactor. These concerns were identified from personal observations, discussion with various licensee representatives, and the review of licensee prepared memoranda. The following memoranda were reviewed:

<u>Subject</u>	<u>Date</u>
(a) Radwaste Ventilation System	May 4, 1982
(b) Radwaste Area Ventilation System San Onofre Nuclear Generation Station Units 2 and 3	June 21, 1982
(c) Radwaste Ventilation	July 20, 1982
(d) Radwaste System Modifications San Onofre Nuclear Generation Station Units 2 and 3	June 29, 1982
(e) Proposed Design Modification for Radwaste Compactor	April 13, 1982

Memorandum (a) above identifies that the airflow pattern for the Radwaste Building does not appear to satisfy FSAR requirements of Sections 9.4.2.1.2.3.B and 12.3.3.3.2, which states that the radwaste area be maintained at a slightly negative pressure and that airflow be directed from areas with lesser potential for contamination to areas with higher potential for contamination. The memo also states that recent airflow observations indicate a potential unmonitored transport pathway from the radwaste building may exist.

Memorandum (b) raises a question about the adequacy of the Radwaste Area HVAC System. It identifies that many rooms having potentially high MPC problems are not covered by the system. It also reiterates what is discussed in memorandum (a). Memorandum (b) additionally identifies that:

- (1) The Radwaste HVAC system is not able to maintain a negative pressure due to leakage through the roll-up doors at Loading Dock 336.
- (2) A total of 172 rooms that are not provided with any mechanical ventilation where there exists a possibility for creating an undesirable reversed airflow from potentially contaminated areas to clean areas.
- (3) A total of 15 of the remaining 98 rooms or areas may be under ventilated and thus also resulting in an airflow pattern from potentially contaminated areas to clean areas.

The memo goes on to request that a Task Force be assigned to perform an in-depth engineering review of the Radwaste Building HVAC System Design and Operation to:

- (1) perform its assigned task.
- (2) maintain the Radwaste Building at a negative pressure.
- (3) provide recommendations for required modifications to satisfy findings of inadequacies resulting from the first two objectives.

Memorandum (c) identifies that the performance of the Radwaste Building had not improved and that it is probable that this deficiency could persist into startup and therefore the need to address the compliance issue should be considered.

The inspector discussed at length the concerns identified above with the licensee staff and at the exit interview. The inspector raised questions similar to those raised by the licensee staff. They are as follows:

- a. Is the Radwaste Building designed to meet the requirements of 10 CFR 20 and 10 CFR 50 as discussed in Section 12.3.3.1 of the FSAR.
- b. Is the current system in conformance with the FSAR.
- c. Has a radiological assessment been conducted to determine the impact this problem will have on current plant operations and is the current system adequate to support plant operations.
- d. Have any interim fixes been determined.
- e. Have provisions for portable ventilation systems been considered.
- f. Have procedures or guidelines been established to provide contingency instructions.

The licensee management stated that the Task Force will be immediately assigned to answer the above questions adding that a preliminary evaluation revealed that the system was installed in accordance with the FSAR. They also identified that a walk-through of the system revealed the system currently provides a slight negative pressure. The licensee has made provisions for providing an additional 22,000 CFM in the form of portable ventilation systems. Provisions for the operations group to perform daily checks of the existing ventilation system has been implemented. The Task Force will also be assigned to determine if any of the 172 rooms not having ventilation systems and those that are currently installed will need additional ventilation systems or improvements in the existing systems. Priorities for improvements will be established, as applicable.



Memoranda (d) and (e) identify the need for upgrading of the radwaste system capabilities at San Onofre Units 2 and 3. A three-phase approval is being implemented. The first phase provides for immediate modifications to make existing facilities as functional as possible. Phase II provides for longer term interim modifications to facilitate handling and storage of radwaste until the final Phase III is completed. Phase III provides with the backfit of an inplant solidification system and relocation of the waste compactor. The inspector's observations revealed that the current location for the waste compactor did not provide capabilities for isolating the facility from other activities located adjacent to it. The licensee stated that they have approved the need for upgrading their radwaste systems as described in the memorandum.

The inspector notified the licensee of the importance for taking whatever measures are necessary to expeditiously resolve any problems associated with the Radwaste Building HVAC system and upgrading of their existing radwaste systems.

These items will be examined during a subsequent inspection (50-362/82-15/03).

No items of noncompliance or deviations were identified.

#### 10. Exit Interview

The inspector met with licensee representatives (denoted in paragraph 1) at the conclusion of the inspection on July 30, 1982. The inspector summarized the scope and findings of the inspection.

The inspector stated that although no items of noncompliance were identified, the inspection findings did identify deficiencies that could lead to items of noncompliance if the items are ignored.

Emphasized was the need for improvements in the following areas:

- a. Training and verification of training of chemistry personnel discussed in section 5.b (82-15-01).
- b. Improvement of the REMP discussed in Section 3.
- c. Need for resolving the source of breathing air supply for the respiratory protection program discussed in Section 5.c.
- d. Need to provide visitors with emergency instructions prior to entering the site as discussed in Section 6 (82-15-04).
- e. Need for implementation of the ALARA criterion based on observations of the facility tour as discussed in Section 7 (82-15-02).
- f. Need for evaluating the adequacy of the Radwaste HVAC system discussed in Section 9 (82-15-03).