



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
3RD FLOOR L & C ANNEX
401 CHURCH STREET
NASHVILLE, TN 37243-1532

January 24, 1994

Mr. Richard Bangart, Director
Office of State Programs
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Dear Mr. *Dick* Bangart:

After reviewing a copy of the transcript of the November 8, 1993, Commission meeting on SDMP, I felt it necessary to comment from a state perspective. Our experience in Tennessee with the NRC and other states leads me to the following conclusions regarding many of the questions asked by the Commission.

First, a general observation. The major problem with NRC actions or cleanups in the past is that in many cases the actions taken were those that resulted in a quick fix, not a final solution. My personal perspective is that the NRC (staff or others) was not interested in whether a site was safe, but whether they could get it off the books during their watch. This relates more generically to the question of who is making decisions and why. Many times in the past it has seemed that decisions on technical health physics issues were being made, not by a health physicist, but by a bureaucrat who had no knowledge of the impact of the decision, and further, did not care. Thus, sites were not cleaned up to a safe criteria from a health perspective, but to a criteria with which some bureaucrat was comfortable, based on some inane concept that did not involve public health or protection as its guiding force. Even today, the overriding perspective of the NRC that pervades the discussions of D&D is one of cost or the impact on a licensee. In Tennessee as the protector of the public health, I do not care what the cost is when I am determining the criteria for a clean site. I can only consider the level of protection that is to be afforded.

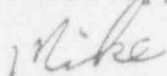
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More specifically, the problem in NRC-states could also be related to the fact that each state has a "fall guy" in the NRC to lean on to get the sites cleaned up. There is no cost to the state monetarily or politically. Secondly, it might relate to the strength of the state radiation control program in a respective state and their involvement in the situation. For example, in Tennessee many situations when first discovered, especially if by the EPA or an EPA related state agency, are made to appear as major threats to the public; but with our in-house involvement, the situation is given a relative perspective at the state level. On page 52, it appears that once again the NRC is deciding that since these SDMP sites are a problem for them, the NRC must make them a problem for the Agreement States. I have some concern with that unless it is established that there is a generic situation involving a health risk to the public that we have not addressed; however, I do not see the proof in the case here.

This situation is the inverse of the one with NORM/NARM where the states are telling the NRC that a problem exists and the NRC is saying that there is no problem. It depends on how one defines the problem. The states define it on the basis of exposure of the public to radiation while the NRC appears to define the issue on costs, the basis of the level of Congressional interests, or other criteria that are not related to the real issue at hand, protection of the public from the hazards of radiation. This single difference in perspective is the basis of the majority of the problems between the states and the NRC. The NRC needs to clearly define its role--is it to protect the public from the hazards of radiation, or is it to promote nuclear power or the use of radioactive material? This issue is the single most important thing on which the Commission should focus. Resolution of this issue would allow the NRC to focus on its job and would assist in the long run in getting the Congress off its back. I also believe the states and the NRC would be on track more often. If it continues as it is, we will continue to be at odds over various issues because of the difference in perspective that is brought to the table by each party.

Sincerely,



Michael H. Mobley, Director
Division of Radiological Health

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