

DUKE POWER COMPANY
PROCEDURE MAJOR CHANGE
PROCESS RECORD(1) ID No: CR/O/A/8100/01
Change No: 1
Permanent/~~Restricted To~~

- (2) STATION: Catawba
- (3) PROCEDURE TITLE: Chemistry Procedure for the Determination of pH
- (4) SECTION(S) OF PROCEDURE AFFECTED: 2.7, 4.2.1.1, 4.2.2

- (5) DESCRIPTION OF CHANGE: (Attach additional pages, if necessary.)

Change Section 2.7 to read: 150 or 250 ml beakers

In Section 4.2.1.1 change 50 ml. to 100 ml.

In Section 4.2.1.2 change 50 ml. to 100 ml.

In Section 4.2.2 change 50 ml. to 100 ml.

- (6) REASON FOR CHANGE:

Procedure improvement

- (7) PREPARED BY: X 25 DATE: 7-15-80

- (8) SAFETY EVALUATION

This change:

Yes ☐ No ☒ Represents a change to the station or procedures as described in the FSAR, or a test or experiment not described in the FSA?

Yes ☐ No ☒ Requires a change to the station Technical Specifications?

Yes ☐ No ☐ Involves an unreviewed safety question?

If the answer to any of the above is "Yes", attach a detailed explanation.
As appropriate attach a completed "Nuclear Safety Evaluation Check List" form.

By: X 25 Date: 7-15-80

- (9) REVIEWED BY: R.H. Chaust DATE: 7-15-80

Cross-Disciplinary Review By: (N/R) RHC

- (10) TEMPORARY APPROVAL (IF NECESSARY):

By: _____ (SRO) Date: _____

By: _____ Date: _____

- (11) APPROVED BY: M.S. Tackman DATE: 7/15/80

- (12) MISCELLANEOUS:

Reviewed/Approved By: _____ Date: _____

Reviewed/Approved By: _____ Date: _____

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PDR ADOCK 05000413
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Rev 14
9/20/77

DUKE POWER COMPANY
PROCEDURE MAJOR CHANGE
PROCESS RECORD

(1) ID No: CP/O/A/8100/01
Change No: 1
Permanent / ~~Restricted To~~

- (2) STATION: CATAWBA
- (3) PROCEDURE TITLE: Chemistry Procedure for the Determination of pH
- (4) SECTION(S) OF PROCEDURE AFFECTED: Entire Procedure
- (5) DESCRIPTION OF CHANGE: (Attach additional pages, if necessary.)
Delete entire procedure (CP/O/B/8100/01)
- (6) REASON FOR CHANGE:
Replaced by CP/O/A/8100/01
- (7) PREPARED BY: Jerry D. R. H. DATE: 1-29-80
- (8) SAFETY EVALUATION

This change:

Yes ☐ No ☒ Represents a change to the station or procedures as described in the FSAR, or a test or experiment not described in the FSAR?

Yes ☐ No ☒ Requires a change to the station Technical Specifications?

Yes ☐ No ☒ Involves an unreviewed safety question?

If the answer to any of the above is "Yes", attach a detailed explanation. As appropriate attach a completed "Nuclear Safety Evaluation Check List" form.

By: R. H. Chaust Date: 1-29-80

(9) REVIEWED BY: R. H. Chaust DATE: 1-29-80

Cross-Disciplinary Review By: (N/R) RHC

(10) TEMPORARY APPROVAL (IF NECESSARY):

By: _____ (SRO) Date: _____
By: _____ Date: _____

(11) APPROVED BY: M. S. Tuckman DATE: 1/30/80

(12) MISCELLANEOUS:

Reviewed/Approved By: _____ Date: _____
Reviewed/Approved By: _____ Date: _____

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