

LILCO, July 3, 1984

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

04 JUL-5 P2:07

Before the Atomic Safety and Licensing Board

In the Matter of)
)
LONG ISLAND LIGHTING COMPANY) Docket No. 50-322-OL-3
) (Emergency Planning
(Shoreham Nuclear Power Station,) Proceeding)
Unit 1))

LILCO'S MOTION TO ADMIT LILCO'S REVISED
TESTIMONY ON CONTENTION 88 (DOSE CRITERIA
AND COST-BENEFIT ANALYSIS FOR REENTRY)

For the reasons stated below, LILCO requests that the Board admit "LILCO's Revised Testimony on Contention 88 (Dose Criteria and Cost-Benefit Analysis for Reentry)."

LILCO's prefiled direct testimony on Contention 88 was filed on March 21, 1984. The prefiled testimony reflected the recovery and reentry provisions in OPIP 3.10.1 of Revision 3 of the LILCO Transition Plan. Specifically, OPIP 3.10.1 of the Plan provided (1) that radiological criteria for reentry be determined in accordance with Attachment 1 of OPIP 3.10.1, which was based on Regulatory Guide 1.86 and set forth acceptable surface contamination levels for reentry in disintegrations per minute, and (2) that decisions regarding temporary reentry would be based, in part, on "the cost-benefit analysis provided by the NRC in 10 CFR Part 50, Appendix I, Section IID."

These provisions recently have been removed from OPIP 3.10.1 of the LILCO Transition Plan and replaced with new provisions,^{1/} which have been included in Revision 4 of the Plan.

^{1/} Specifically:

- (1) LILCO has removed Attachment 1 to OPIP 3.10.1, which was derived from Regulatory Guide 1.86 and expressed acceptable surface contamination levels for reentry in disintegrations per minute. Section 5.3.2 of OPIP now provides instead that:
 - b. An area will be considered contaminated if:
 - Evaluation of environmental monitoring results, plant data, and/or laboratory analysis of isotopes shows that direct constant exposure and inhalation of resuspended particulates for one year (allowing for radioactive decay) will result in a dose greater than 500 [millirem] to wholebody or equivalent to any organ.
 - Applicable models for this calculation are contained in Regulatory Guide 1.109 and WASH 1400.
 - Also compare results with Attachment 1 of OPIP 3.6.6 for ingestion pathway considerations;

and

- (2) LILCO has removed the provision in OPIP 3.10.1 that the Health Services Coordinator will base a decision regarding temporary reentry, in part, on "the cost-benefit analysis provided by the NRC in 10 CFR Part 50, Appendix I, Section IID." This provision has been replaced with a provision that the Health Services Coordinator will consider instead "emergency dose limitations consistent with the Environmental Protection Agency Protective Action Guidelines for the general public."

Copies of Sections 5.3.2 and 5.5.1 of OPIP 3.10.1, as revised, are Attachments 1 and 2 to this motion.


These changes have been made for two reasons. First, the FEMA Regional Assistance Committee (RAC) found in its review of the LILCO Transition Plan that the reentry provisions of OPIP 3.10.1 did not meet the criteria of NUREG-0654, II.M.1. See FEMA RAC Report to the NRC (February 10, 1984), at 49. The changes are an attempt to remedy this FEMA concern. Second, LILCO believes that the amendment should eliminate all or at least part of Suffolk County's concern as expressed in Contention 88. The County has advised us that the emergency planning contentions are not, in its view, subject to settlement but that the County will withdraw a contention if it determines that a contention or subpart no longer constitutes a concern (for example, because LILCO has changed its Plan to eliminate matters from controversy). See letter of April 12, 1984, from Suffolk County counsel attached to LILCO's Report on Settlement Negotiations on Emergency Planning Contention 16 (Public Information Brochure)(April 18, 1984). The changes to the Plan outlined above are just such an effort to eliminate matters from controversy.

As a result of these revisions, LILCO's prefiled testimony on Contention 88 no longer is an accurate representation of the recovery and reentry provisions of the LILCO Transition Plan. LILCO's testimony at the hearing on Contention 88 will reflect these recent revisions to the Plan. In order for LILCO to make its testimony accurate as of the date of hearing, it is necessary to file revised testimony on Contention 88 at this time.

For the reasons stated above, LILCO requests that the Board admit LILCO's revised testimony on Contention 88, which is attached to this motion. If the revised testimony on Contention 88 is admitted, LILCO wishes to withdraw the testimony it filed on Contention 88 on March 21, 1984.

Respectfully submitted,

Long Island Lighting Company

A handwritten signature in cursive script, appearing to read "James N. Christman".

James N. Christman

Renee R. Falzone

Hunton & Williams
P.O. Box 1535
707 East Main Street
Richmond, Virginia 23212

DATED: July 3, 1984.

<u>Task</u>	<u>Responsible Individual</u>
h. Public Dose Commitment	Radiation Health Coordinator
i. Environmental Decontamination	Health Services Coordinator
j. Transportation	Evacuation Coordinator
k. Traffic Control	Evacuation Coordinator
l. Communications	Manager of Local Response
m. Security	Support Services Coordinator
n. Public Information	Coordinator of Public Information

- 5.2.1 The Recovery Action Committee will perform the actions identified in Sections 5.3, 5.4, and 5.5 of this procedure.

5.3 Initial Recovery/Re-Entry Actions

- 5.3.1 The Nuclear Engineer will review the plant status and ensure that the plant is stable, no significant releases occurring, and other requirements for entering the recovery phase are satisfied.

- 5.3.2 The Radiation Health Coordinator will:

- a. Direct that surveys of the affected area be initiated. These surveys will include the following as appropriate:
 1. Air Monitoring
 2. Ingestion Pathway Sampling - Surface water (including lakes, ponds, and sumps), potable water, milk, crops (vegetables, fruit), forage, fin fish, shell fish
 3. Environmental Survey - Ground, equipment, structures, vehicles
- b. An area will be considered contaminated if:
 - o Evaluation of environmental monitoring results, plant data, and/or laboratory analysis of isotopes shows that direct constant exposure and inhalation of resuspended particulates for one year (allowing for radioactive decay) will result in a dose greater than 500 mR to wholebody or equivalent to any organ.

- o Applicable models for this calculation are contained in Regulatory Guide 1.109 and WASH 1400.
 - o Also compare results with Attachment 1 of OPIP 3.6.6 for ingestion pathway considerations.
 - c. Advise the Manager of Local Response as to the results of the surveys and the indicated actions.
- 5.3.3 The Manager of Local Response will convene the Recovery Action Committee to discuss the status of tasks enumerated in Section 5.2 in preparation for re-entry.
- 5.3.4 The Manager of Local Response will indicate to the Director of Local Response when all facets of the re-entry operation are determined to be ready.
- 5.3.5 The Director of Local Response will authorize the initiation of the re-entry operation.
- 5.3.6 The Support Services Coordinator advises the American Red Cross to begin deactivation of the relocation centers.
- 5.3.7 All Recovery Action Committee coordinators notify the members of the response organization that re-entry operations are initiated.
- 5.3.8 Either the Radiation Health Coordinator or the U.S. Environmental Protection Agency Office of Radiation Programs in accordance with their FRMAP assessment functions estimates total population exposure.
- 5.4 Re-Entry - Permanent (Note: Re-Entry/Temporary is detailed in Section 5.5)

The Recovery Action Committee gives consideration to the number of people that have been evacuated, the transportation needs (including special), and the logistics at the relocation centers. Re-entry actions may vary depending upon the specific emergency conditions. Following are the three major re-entry scenarios:

- 5.4.1 The radiological emergency involved an evacuation but did not involve a radiological release. The Manager of Local Response will direct the appropriate Recovery Action Committee members to initiate these tasks:

5.5 Re-Entry - Temporary

There are situations wherein the evacuated zone must be re-entered by civilians either during the radiological emergency or after it--when the area has not been radiologically cleared for re-entry. Such situations may include the need to turn off/on utilities, attend to livestock, fight a fire, or other matters of a pressing nature. In these instances, the individual(s) seeking temporary re-entry contact(s) the Health Services Coordinator at the Local Emergency Response Organization at the Emergency Operations Center in Brantwood.

Use the following procedure for these situations:

- 5.5.1 The Health Services Coordinator considers the request to re-enter the evacuated area and makes his decision based on the latest radiological surveys, the circumstances involved, and emergency dose limitations consistent with the Environmental Protection Agency Protective Action Guidelines for the general public.

CAUTION

PERMISSION IS TO BE AUTHORIZED ONLY FOR A SPECIFIC DESTINATION AND TIME PERIOD.

- 5.5.2 The individual will be directed to report to a staging area near the destination. The staging area will be advised of the special re-entry permission.
- 5.5.3 The re-entering individual is assigned an escort with a vehicle to provide transportation and radiological monitoring capability.
- 5.5.4 The re-entering person is assigned personnel dosimetry, if necessary.
- 5.5.5 The group may not deviate from the designated destination nor the allotted time.
- 5.5.6 Upon exit, the individuals report to the Brantwood Emergency Worker Decontamination facility to be checked.