

845

RELATED CORRESPONDENCE

2

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

DOCKETED
USNR 1
10-30-84

'84 NOV -1 AIO:59

BEFORE THE ATOMIC SAFETY AND LICENSING BOARD

Glenn O. Bright
Dr. James H. Carpenter
James L. Kelley, Chairman

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

In the Matter of

CAROLINA POWER AND LIGHT CO. et al.
(Shearon Harris Nuclear Power Plant,
Unit 1)

Docket 50-400 OL

ASLBP No. 82-468-01
OL

Wells Eddleman's Response to Applicants' 2d set of E Planning Interrogatories

Responses to General Interrogatories: Same as to 1st set. Info requested will be given under specific responses where applicable.

57-C-7-1(a) It appears none are. (based on Plan Revision 1)

(b) No determination that they are able to do so is available, so far as I am aware.

(c) The contention has to do with what the plan does or does not identify, as I understand it, not what I might list.

57-C-7-2(a) Includes them and others, e.g. Durham County General Hospital, hospitals in the region e.g. in Burlington, Greensboro, etc. but I have not compiled a list. In my view, the plan has to list the hospitals, and any to which patients might be evacuated by helicopter or otherwise (e.g. to Ft. Bragg, Pope AFB etc in addition to the above) or which is within about 100-150 miles of the plant should be included as a regional hospital. The contention doesn't say that Applicants should evaluate it necessarily, but the plan should.

(b)(c) see (a). I don't see any reason to distinguish "local" from "regional" hospitals when the contention refers to both, i.e. "local or regional" but as a practical matter you could say (I'm not saying this to be bound by it ...) local are within, say, 50 miles or 1 hour access time by vehicle, regional beyond that though some hospitals providing regional services may be within 50 miles of the plant.

57-C-7-3(a) The contention pretty well speaks for itself. The plan should include a survey of local or regional hospitals (all of them) and each's ability to treat persons seriously injured by radiation alone. They survey should be well done, not cursory or fill-in-the-blanks or superficial. The criteria for evaluation should include all things reasonable necessary (in terms of materials, shielding, supplies, medical equipment, radiation monitoring equipment, waste disposal for materials, personnel, training, transport, facilities, needed to treat victims of severe radiation exposure ... list not all-inclusive)

1 Filing w/24 hr delay approved by Judge Kelley 10-29-84 orally - hand svc. 10-30

DS03

8411020038 841030
PDR ADDCK 05000400
PDR

and should realistically, not optimistically or cursorily, evaluate the facility in those terms. Only hospitals meeting criteria should be used.*

(b) Severe radiation exposure victims can ~~x~~ be given a much greater (e.g. 50% greater) change of surviving if properly treated if their doses are below about 600-800 rem. If the plan fails to assess and assure the provision of medical services for such people, they will more likely die. Listing of medical facilities includes facilities able to treat such ~~x~~ victims, and that ability has to be determined. Further analysis continues when I have more time, as to reasons. These should be sufficient to motivate the State & counties (I'd hope).

*i.e. listed as available to treat severe radiation exposure. Further analysis on this answer will continue when I have more time.

57-C-7-4(a) An obvious one is to develop the ability to treat the severe radiation injury victims where it does not now exist. At least ~~several sites exist in the area and most are available~~ two such sites are needed in case one is in the path of the release plume. None appear to exist now. Other actions may well be required, e.g. transport for such victims, agreements to treat them, etc, to assure personnel are available to get these people to treatment and get them treated effectively.

(b) In order to save lives and to meet the requirements of NUREG-0654, re which see (b)(of answer (3)) above.

or subpart must

213-a-1-(a) Any part where any action is specified, ~~plans~~ have implementing procedures. The procedures must either be written out in the plan, at that point, or otherwise set forth in the plan.

(b) See (a). NUREG-0654 says the procedures must be in the plan.

(c) except for the alerting sequence and part of the decision to administer radioiodines, it appears that all procedures are either incomplete or unstated in the plan. As to the others, it is not my job to write the procedures -- it is the State's and affected agencies' job. If the procedures are made available for my review, I may be able to contribute analysis of their adequacy, if sufficient information is provided in the procedures.

213-a-2-(a) Put in the procedures, be sure they are workable, have step by step directions, are clear and unambiguous, have them reviewed by FEMA, NRC, CP&L, other planning authorities, and others (e.g. intervenors having contentions in this area), correct problems and put corrected procedures into plan.

(b) It's silly to put in procedures for implementing the plan if they won't work -- so at minimum they should meet the requirements above and be reviewed. NUREG-0654 requires the procedures be in the plan. If there is concern for plan length, it would be better to replace general discussions or handwaving in the plan, with the actual procedures to be used, making the plan itself far more useful and reviewable and testable. Again, these qualities are required in the plan so it will work. An unworkable plan cannot meet the requirements of 10 CFR 50.47, e.g. (a)(1) and all specific requirements in the ~~xxxx~~ sections following it.

213-a-3(a) there is no 4(a). If you mean (2)(a) above, analysis continues and I'm sure it can be fleshed out more. The reasons (b) are essentially the same as 2(b) above and can be amplified.

240-1(a) Plan must state what contention requires it to identify. This ID must be to a workable action/agency/agencies. (b) read 0654 and 50.47. 2(a) Should assess workability. (b) see 50.47(a)(1) and (b).

I affirm the above are true. Any documents will be made available on a mutually agreeable basis. *to the best of my current knowledge & belief*
Wells Eddleman
Wells Eddleman 10-29-84

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

In the matter of CAROLINA POWER & LIGHT CO. Et al.)
Shearon Harris Nuclear Power Plant, Unit 1)

Docket 50-400
O.L.

CERTIFICATE OF SERVICE

I hereby certify that copies of W.E. Response to Interrogatories
dated 10-05-84 (received 10-10) (From Applicants, E. Planning 2d set)

HAVE been served this 30 day of October 1984, by deposit in
the US Mail, first-class postage prepaid, upon all parties whose
names are listed below, except those whose names are marked with
an asterisk, for whom service was accomplished by hand -- 24 hr
extension of time to distribute at hearing

*** Means by mail 10-29*

* Judges James Kelley, Glenn Bright and James Carpenter (1 copy each)
Atomic Safety and Licensing Board
US Nuclear Regulatory Commission
Washington DC 20555

↓ George F. Trowbridge (attorney for Applicants)
Shaw, Pittman, Potts & Trowbridge
1800 M St. NW
Washington, DC 20036

* R. Luthanne G. Miller
ASLB Panel
USNRC Washington DC 20555

↓ Office of the Executive Legal Director
Attn Dockets 50-400/401 O.L.
USNRC
Washington DC 20555

* * * Plw
Spence W. Perry
FEMA Room 840
only 500 C St. SW
+ D: Washington DC 20740

* * * Docketing and Service Section (3x)
Attn Dockets 50-400/401 O.L.
Office of the Secretary
USNRC
Washington DC 20555

Dan Read
CHANGE/FLP
5707 Wavcross
Raleigh, NC 27606

* John Runkle
CCNC
307 Granville Rd
Chapel Hill Nc 27514

Dr. Linda W. Little
Governor's Waste Mgt. Bd.
513 Albemarle Bldg.
325 N. Salisbury St.
Raleigh, NC 27611

Travis Payne
Edelstein & Payne
Box 12607
Raleigh NC 27605

Robert Gruber
Exec. Director
Public Staff
Box 991
Raleigh NC 27602

Bradley W. Jones
USNRC Region II
101 Marietta St.
Atlanta GA 30303

Richard Wilson, M.D.
729 Hunter St.
Apex NC 27502

Certified by

W. E. Eddleman