
Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: NRC

DOCUMENT NO: OP-1903.078

TITLE: EMERGENCY RESPONSE SUPPORT

REVISION NO: 04

CHANGE NO: AP-04

SUBJECT: DELETION

If this box is checked, please sign, date, and return transmittal in envelope provided.

ANO-1 Docket 50-313

ANO-2 Docket 50-368

Signature

Date

A0459/1

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: EMERGENCY RESPONSE SUPPORT			PROC/WORKPLAN NO. 1903.078	REV. 4
AFFECTED UNIT <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	PROCEDURE <input checked="" type="checkbox"/>	WORKPLAN <input type="checkbox"/>	WP EXP. DATE _____	SAFETY-RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR DELETION:

Information from this procedure has been incorporated into 1903.053, "Logistical Support".

ORIGINATOR: <i>Terri Hare</i>	DATE: 3/11/96	DOES THIS DOCUMENT:	Yes	No
UNIT SURVEILLANCE COORDINATOR: (REQUIRED ONLY IF MTCL AFFECTED) <i>NA</i>	DATE:	Appear on MTCL? (If Yes, Surv. Coord. must sign)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
QUALITY: (REQUIRED ONLY FOR STATION ADMIN) <i>NA</i>	DATE:	Implement a Regulatory Commitment? (If Yes, coordinate with Licensing before deletion)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECTION LEADER: (PROVIDES INDEPENDENT REVIEW) <i>W.C. Green</i>	DATE: 4-1-96	Implement any corrective actions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FINAL APPROVAL: <i>Robert O. Byrd for Shonie Collier</i>	DATE: 4-11-96	OTHER SECTION LEADER(S): (Required only if responsibilities assigned outside department) <i>NA</i>	DATE:	
FORM TITLE: PROCEDURE/WORK PLAN DELETION		PSC CHAIRMAN: <i>Joe Rawlin</i>	DATE: 4/9/96	
		FORM NO. 1000.006H	REV. 44	