

UNITED STATES OF AMERICA  
NUCLEAR REGULATORY COMMISSION

Before Administrative Judges:

April 13, 1984

Christine N. Kohl, Chairman  
Atomic Safety and Licensing Appeal Board  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

Dr. W. Reed Johnson,  
Administrative Judge  
Atomic Safety and Licensing  
Appeal Board  
U.S. Nuclear Regulatory  
Commission  
Washington, DC 20555

Howard A. Wilber  
Administrative Judge  
Atomic Safety and Licensing  
Appeal Board  
U.S. Nuclear Regulatory  
Commission  
Washington, DC 20555

In the Matter of

Docket No. 50-382

LOUISIANA POWER & LIGHT COMPANY

(Waterford Steam Electric Station,  
Unit 3)

Dear Administrative Judges:

We appreciate the opportunity to assist the Atomic Safety and Licensing Appeal Board in this matter and trust this letter provides a sufficient response to your letter of February 28, 1984. The one area where I do not feel we can meet your request is "We request your office to keep us (and the parties) informed as to status..."

Since this letter divulges ongoing investigative matters, I respectfully request that it not be shared outside the Atomic Safety and Licensing Appeal Board members until such time as our investigations are complete and the report is available to the public.

OI currently has six pending investigative matters concerning Waterford. Some of these are based upon allegations contained in various "Gambit" articles. However, since the structural integrity of the foundation basement is a technical issue being addressed by the NRC Staff, none of the OI investigative effort is being directed toward the resolution of this concern.

A brief characterization of the six investigative matters of alleged wrongdoing being pursued by OI is as follows:

1. Alleged Improprieties In the QC Department of a subcontractor -

An individual claimed that a subcontractor does not perform

8507130243 850502  
PDR FOIA  
BERNABE84-717 PDR

22  
23  
H-22

required background employment verifications of its QC personnel; permits inspectors to cheat on QC certification examinations; and employs QC personnel who falsify inspection reports.

2. Alleged Falsified QA Records concerning a subcontractor -

A complaint was received that a subcontractor was improperly torquing bolts. Reportedly, after torquing was completed the torquing wrench was determined to be under calibrated; and subsequently the QA manager allegedly changed records to indicate only a few bolts were effected.

3. Alleged Intimidation and Harassment of QC Personnel -

Subcontractor employees alleged QC personnel were intimidated by their management. These individuals related specific instances in which they personally were the victims of harassment and intimidation.

4. Alleged Forgery of QA Records of Subcontractor(s) -

An individual alleged that subcontractor(s)' QA records and/or documents were forged.

5. Alleged Falsification of Resumes of QC Inspectors of a subcontractor -

An individual claimed that a subcontractor and possibly other subcontractors improperly upgraded their QC inspectors' resumes after discovering the inspectors did not meet industry/NRC standards. The allegor also reported the inspectors were aware of this practice.

6. Alleged Falsification of a subcontractor's records -

An individual alleged that QA records and/or documents of a subcontractor had been falsified.

All of these allegations are being actively investigated by OI at this time. Two investigators from OI:RIV, two investigators from OI:RIII, and one investigative assistant from OI:HC are assigned to these matters on a full-time basis. OI is coordinating its efforts with the NRC Staff's pursuit of the technical areas to ensure that all issues are comprehensively examined and expeditiously resolved. In this regard, with the exception of the intimidation/harassment allegation which involves numerous interviews throughout the United States, all field work on the pending investigations hopefully will be completed by the end of June 1984. OI now has no firm established completion date for issuance of these reports.

Administrative Judges

- 2 -

April 13, 1984

If you desire additional information, members of the OI investigative team assigned to the various Waterford allegations could discuss particulars, current status and investigative findings with you in an in camera ex parte session at a mutually convenient time.

Sincerely,




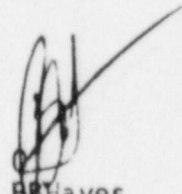
Ben B. Hayes, Director  
Office of Investigations

Distribution

OI:s/f Waterford Fac File  
OI:c/f  
OI:r/f  
ECGilbert

OI  
ECGilbert/jh  
04/13/88

OI   
RAFortuna  
04/13/88

  
BBHayes  
04/13/88





10 Mar 83

was not employee

1. I responded in writing to [redacted] in a memo.

2. [redacted]

3. agreed to send Memo to me plus all info about [redacted]

Ret

ALLEGATION DATA FORM  
Instructions on reverse side

U.S. NUCLEAR REGULATORY COMMISSION

## RECEIVING OFFICE

## 1. Facility(ies) Involved:

(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA POWER &amp; LIGHT

WAT-3

TALF, LA

Docket Number (if applicable)

050 00382

## 2. Functional Area(s) Involved:

(Check appropriate box(es))

☐

operations

☒

construction

☐

safeguards

☐

other (Specify) \_\_\_\_\_

☐

onsite health and safety

☐

offsite health and safety

☐

emergency preparedness

## 3. Description:

(Limit to 100 characters)

SENSITIVE

## 4. Source of Allegation:

(Check appropriate box)

☐

contractor employee

☐

licensee employee

☐

NRC employee

☐

organization (Specify) \_\_\_\_\_

☒

other (Specify)

FORMER Employee

☐

security guard

☐

news media

☐

private citizen

## 5. Date Allegation Received:

MM DD YY

03 16 84

## 6. Name of Individual Receiving Allegation:

(First two initials and last name)

R.K. HERR

## 7. Office:

REG 4

## ACTION OFFICE

## 8. Action Office Contact:

(First two initials and last name)

R.K. HERR

## 9. FTS Telephone Number:

728-8110

## 10. Status:

(Check one)

☒

Open, if followup actions are pending or in progress

☐

Closed, if followup actions are completed

## 11. Date Closed:

MM DD YY

## 12. Remarks:

(Limit to 50 characters)

4-84-022

## 13. Allegation Number:

Office

Year

Number

OIR 4-84-A-0031

A-1

-2-



# ALLEGATION DATA FORM

Instructions on reverse side

U.S. NUCLEAR REGULATORY COMMISSION

## RECEIVING OFFICE

1. Facility(ies) Involved:  
(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA POWER & LIGHT CO.  
WATERFORD 3  
TATT, LA.

Docket Number (if applicable)


2. Functional Area(s) Involved:  
(Check appropriate box(es))

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

operations  
construction  
safeguards  
other (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

onsite health and safety  
offsite health and safety  
emergency preparedness

3. Description:

(Limit to 100 characters)

S	E	N	S	I	T	I	V	E											

4. Source of Allegation:  
(Check appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

contractor employee  
licensee employee  
NRC employee  
organization (Specify) \_\_\_\_\_  
other (Specify) ~~private citizen~~

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

security guard  
news media  
private citizen

5. Date Allegation Received:

MM	DD	YY
07	22	83

6. Name of Individual Receiving Allegation:

(First two initials and last name)

DDRISKILL

7. Office:

R	I	V	4
---	---	---	---

## ACTION OFFICE

8. Action Office Contact:

(First two initials and last name)

RK HERB

9. FTS Telephone Number:

7	2	8	-	8	1	1	0
---	---	---	---	---	---	---	---

10. Status:

(Check one)

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Open, if followup actions are pending or in progress  
Closed, if followup actions are completed

11. Date Closed:

MM	DD	YY

12. Remarks:

(Limit to 50 characters)

Q	4	-	8	3	-	0	1	5											

13. Allegation Number:

Office	Year	Number
OIR4	-83	-A-0067

Ar

2





## RECEIVING OFFICE

## 1. Facility(ies) Involved:

(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA Power & Light  
WATERFORD III  
TAFT, LA

Docket Number (if applicable)

050-00382

## 2. Functional Area(s) Involved:

(Check appropriate box(es))

☐  
☒  
☐  
☐operations  
construction  
safeguards  
other (Specify) \_\_\_\_\_☐  
☐  
☐onsite health and safety  
offsite health and safety  
emergency preparedness

## 3. Description:

(Limit to 100 characters)

SENSITIVE

## 4. Source of Allegation:

(Check appropriate box)

☐  
☐  
☐  
☐  
☒contractor employee  
licensee employee  
NRC employee  
organization (Specify) \_\_\_\_\_☐  
☐  
☐security guard  
news media  
private citizen

other (Specify)

FORMER EMPLOYEE

## 5. Date Allegation Received:

MM DD YY  
02 01 846. Name of Individual  
Receiving Allegation:

(First two initials and last name)

R.K. HERR

## 7. Office:

REG4

## ACTION OFFICE

## 8. Action Office Contact:

(First two initials and last name)

R.K. HERR

## 9. FTS Telephone Number:

728-8110

## 10. Status:

(Check one)

☒  
☐Open, if followup actions are pending or in progress  
Closed, if followup actions are completed

## 11. Date Closed:

MM DD YY

## 12. Remarks:

(Limit to 50 characters)

84-84-009

## 13. Allegation Number:

Office Year Number  
OIR4-84-A-0016

ALLEGATION DATA FORM  
Instructions on reverse side

J.S. NUCLEAR REGULATORY COMMISSION

RECEIVING OFFICE

1. Facility(ies) Involved:

(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA POWER LIGHT  
WAT-3  
TALF, LA.

Docket Number (If applicable)

0	5	0	0	0	3	8	2

2. Functional Area(s) Involved:

(Check appropriate box(es))

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

operations  
construction  
safeguards  
other (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

onsite health and safety  
offsite health and safety  
emergency preparedness

3. Description:

(Limit to 100 characters)

S	E	N	S	I	T	I	V	E											

4. Source of Allegation:

(Check appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

contractor employee  
licensee employee  
NRC employee  
organization (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

security guard  
news media  
private citizen

other (Specify) FORMER EMPLOYEE

5. Date Allegation Received:

MM DD YY

0	3	1	6	8	4
---	---	---	---	---	---

6. Name of Individual Receiving Allegation:

(First two initials and last name)

R.K. HEAR

7. Office:

R	E	6	4
---	---	---	---

ACTION OFFICE

8. Action Office Contact:

(First two initials and last name)

R.K. HERR

9. FTS Telephone Number:

7	2	8	-	8	1	1	0
---	---	---	---	---	---	---	---

10. Status:

(Check one)

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Open, if followup actions are pending or in progress  
Closed, if followup actions are completed

11. Date Closed:

MM DD YY

--	--	--	--	--	--

12. Remarks:

(Limit to 50 characters)

4	-	8	4	-	0	2	1												

13. Allegation Number:

Office

Year

Number

0	I	R	4	-	8	4	-	A	-	0	0	3	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

A-5

-2-

## RECEIVING OFFICE

## 1. Facility(ies) Involved:

(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA POWER and  
HEAT, WATERFORD III  
TAFT, LA

Docket Number (if applicable)

0	5	0	0	0	3	8	2

## 2. Functional Area(s) Involved:

(Check appropriate box(es))

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

operations

construction

safeguards

other (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

onsite health and safety

offsite health and safety

emergency preparedness

## 3. Description:

(Limit to 100 characters)

S	E	N	S	I	T	I	V	E											

## 4. Source of Allegation:

(Check appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

contractor employee

licensee employee

NRC employee

organization (Specify) \_\_\_\_\_

other (Specify)

FORMER EMPLOYEE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

security guard

news media

private citizen

## 5. Date Allegation Received:

MM DD YY

0	3	0	6	8	4
---	---	---	---	---	---

## 6. Name of Individual

Receiving Allegation:

(First two initials and last name)

W. FROST

## 7. Office:

R	E	6	4
---	---	---	---

## ACTION OFFICE

## 8. Action Office Contact:

(First two initials and last name)

B. K. HEAR

## 9. FTS Telephone Number:

7	2	8	-	8	1	1	0
---	---	---	---	---	---	---	---

## 10. Status:

(Check one)

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Open, if followup actions are pending or in progress

Closed, if followup actions are completed

## 11. Date Closed:

MM DD YY

--	--	--	--	--	--

## 12. Remarks:

(Limit to 50 characters)

8	4	-	8	4	-	0	1	7											

## 13. Allegation Number:

Office

Year

Number

8	4	-	8	4	-	0	1	7
---	---	---	---	---	---	---	---	---



# ALLEGATION DATA FORM Instructions on reverse side

J.S. NUCLEAR REGULATORY COMMISSION

## RECEIVING OFFICE

1. Facility(ies) Involved:

(If more than 3, or if generic, write GENERIC)

(Name)

LOUISIANA POWER & LIGHT CO.  
WATERFORD III  
TAFT, LA.

Docket Number (if applicable)


2. Functional Area(s) Involved:

(Check appropriate box(es))

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

operations  
construction  
safeguards  
other (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

onsite health and safety  
offsite health and safety  
emergency preparedness

3. Description:

(Limit to 100 characters)

S	E	N	S	I	T	I	V	E											

4. Source of Allegation:

(Check appropriate box)

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

contractor employee  
licensee employee  
NRC employee  
organization (Specify) \_\_\_\_\_  
other (Specify) \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

security guard  
news media  
private citizen

5. Date Allegation Received:

MM DD YY

1	2	1	5	8	3
---	---	---	---	---	---

6. Name of Individual Receiving Allegation:

(First two initials and last name)

R.K. HERR

7. Office:

O	I	R	4
---	---	---	---

## ACTION OFFICE

8. Action Office Contact:

(First two initials and last name)

R.K. HERR

9. FTS Telephone Number:

7	2	8	-	8	1	1	0
---	---	---	---	---	---	---	---

10. Status:

(Check one)

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Open, if followup actions are pending or in progress  
Closed, if followup actions are completed

11. Date Closed:

MM DD YY

--	--	--	--	--	--

12. Remarks:

(Limit to 50 characters)

4	-	8	3	-	0	3	0												

13. Allegation Number:

Office

Year

Number

O	I	R	4	-	8	3	-	A	-	0	1	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Office Year Number  
OIR 4 - 84 - A - 0018

## Docket Number (if applicable)

0	5	0	0	0	3	3	2

onsite health and safety  
 offsite health and safety  
 emergency preparedness

S	E	N	S	I	T	I	V	E

security guard  
news media  
private citizen

MM		DD		YY	
03	16	84			

R. K. HERR

R	E	6	4
---	---	---	---

R. G. Herr

$$\boxed{7} \boxed{2} \boxed{8} - \boxed{8} \boxed{1} \boxed{1} \boxed{0}$$

Open, if followup actions are pending or in progress  
Closed, if followup actions are completed

MM		DD		YY	

[illegible]

Office				Year		Number			
0	I	R	4	-	84	-	A	-	0029





UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
811 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TEXAS 76011

TRANSMITTAL SHEET - REGION IV

DATE: 12-20-83

MESSAGE TO:

BILL WARD - OT:HQ

TELECOPY NUMBER: \_\_\_\_\_

VERIFICATION NUMBER: \_\_\_\_\_

NUMBER OF PAGES -1- PLUS INSTRUCTION SHEET

MESSAGE FROM:

~~REDACTED~~ R. K. HERR - OIFO: RTV

CONTACT:

860-8110

SPECIAL INSTRUCTIONS/ATTACHMENT(S):

FILED INVESTIGATION  
HEADQUARTERS  
1.83 DEC 20 PM 3:50

U.S. NRC

12  
H