

WJB

# PECO NUCLEAR

# Memorandum

Location: Peach Bottom Atomic Power Station  
PB-TC

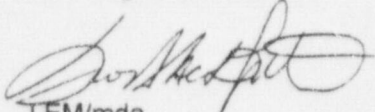
Date: September 3, 1998

To: Distribution

From: L. E. MacEntee

Subject: License Application

Attached is the certified application for Doyle A. Buckley as stated in the note section of the memo sent August 25, 1998.



LEM/mda

cc: PBT-File

Distribution:

- G. Maisel
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PDR ADOCK 05000277  
V PDR

**PERSONAL QUALIFICATION STATEMENT—LICENSEE**

TO REMAIN VALID, THIS FORM MUST NOT BE ALTERED

<b>1. APPLICANT'S FULL NAME (Last, First, Middle) AND ADDRESS (include ZIP Code)</b>  Buckley, Doyle A. 9278 Hollow Road Felton, PA 17322		<b>4. TYPE OF APPLICATION (Check applicable boxes)</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> a. NEW  <input type="checkbox"/> b. RENEWAL  <input type="checkbox"/> c. UPGRADE  <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT)  <input type="checkbox"/> e. REAPPLICATION                             </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse)                              1 - WRITTEN (Category)                              2 - OPERATING (Category)                              3 - ELIGIBILITY                              4 - MEDICAL                              5 - OTHER                               <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE)                             <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MM</td> <td style="border: 1px solid black; padding: 2px;">YY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">04</td> <td style="border: 1px solid black; padding: 2px;">97</td> </tr> </table> </td> </tr> </table>		<input checked="" type="checkbox"/> a. NEW <input type="checkbox"/> b. RENEWAL <input type="checkbox"/> c. UPGRADE <input type="checkbox"/> d. MULTI-UNIT (AMEND TO INCLUDE ADDITIONAL UNIT) <input type="checkbox"/> e. REAPPLICATION	<input type="checkbox"/> f. WAIVER REQUESTED (Justify on Reverse) 1 - WRITTEN (Category) 2 - OPERATING (Category) 3 - ELIGIBILITY 4 - MEDICAL 5 - OTHER <input checked="" type="checkbox"/> g. DATE PASSED GENERIC FUNDAMENTALS EXAMINATION SECTION (IF APPLICABLE) <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MM</td> <td style="border: 1px solid black; padding: 2px;">YY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">04</td> <td style="border: 1px solid black; padding: 2px;">97</td> </tr> </table>	MM	YY	04	97																																																																																																					
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<b>5. TYPE OF LICENSE APPLIED FOR</b> <input checked="" type="checkbox"/> a. OPERATOR <input type="checkbox"/> b. SENIOR OPERATOR <input type="checkbox"/> c. LIMITED SRO (e.g., Fuel Handler)		<b>6. PREVIOUS LICENSE(S) HELD</b> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">a. DOCKET NUMBER</th> <th style="width: 25%;">RO</th> <th style="width: 25%;">SRO</th> <th style="width: 25%;">b. LICENSE NUMBER</th> <th style="width: 25%;">c. EXPIRATION DATE</th> <th style="width: 25%;">d. FACILITY DOCKET NUMBER</th> </tr> <tr> <td>55-</td> <td></td> <td></td> <td></td> <td>MONTH DAY YEAR</td> <td>50-</td> </tr> </table>		a. DOCKET NUMBER	RO	SRO	b. LICENSE NUMBER	c. EXPIRATION DATE	d. FACILITY DOCKET NUMBER	55-				MONTH DAY YEAR	50-																																																																																															
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<b>7. NAME AND ADDRESS OF APPLICANT'S EMPLOYER (include ZIP Code)</b>  PECO Energy Company 2301 Market Street Philadelphia, PA 19101		<b>10. CURRENT POSITION AT FACILITY</b> <input checked="" type="checkbox"/> a. PLANT SUPERINTENDENT <input type="checkbox"/> b. ASSISTANT PLANT SUPERINTENDENT <input type="checkbox"/> c. SHIFT SUPERVISOR <input type="checkbox"/> d. STAFF ENGINEER <input type="checkbox"/> e. SHIFT TECHNICAL ADVISOR/SHIFT ENGINEER <input type="checkbox"/> f. INSTRUCTOR <input type="checkbox"/> g. SENIOR CONTROL ROOM OPERATOR <input type="checkbox"/> h. CONTROL ROOM OPERATOR <input checked="" type="checkbox"/> i. AUXILIARY UNIT OPERATOR/TRAINEE/TURBINE BUILDING/EQUIPMENT OPERATOR (NOW LICENSED OPERATOR) <input type="checkbox"/> j. OTHER (Specify)																																																																																																												
<b>8. NAME OF APPLICANT'S FACILITY</b> Peach Bottom Atomic Power Station		<b>FACILITY DOCKET NUMBER</b> 50-277																																																																																																												
<b>9. ADDITIONAL FACILITY DOCKETS (Multi-unit Licenses)</b> 278																																																																																																														
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<b>a. INPO ACCREDITED OPERATOR TRAINING PROGRAM THAT IS BASED UPON A SYSTEMS APPROACH TO TRAINING</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<b>b. CERTIFIED (ON NRC FORM 474 "SIMULATION FACILITY CERTIFICATION") OR NRC APPROVED SIMULATION FACILITY IS USED IN THE OPERATOR TRAINING PROGRAM</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																											
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**15. EXPERIENCE DETAILS**

a. POSITION TITLE	FROM	TO	b. FACILITY	c. DUTIES

**16. FOR RENEWALS ONLY**

a. HOURS OPERATED FACILITY:	b. DATE AND RESULT OF MOST RECENT FACILITY REQUALIFICATION EXAM	DATE	RESULT	
			PASS	FAIL

17. COMMENTS (Specify the item number to which you are elaborating. Attach additional sheets if necessary.)

13.3.c List of Significant Control Manipulations

- Power increase using recirc (5%)
- Power increase using rods (8%)
- Power decrease using recirc (5%)
- Power decrease using rods (5%)
- Power increase using recirc (5%)

**18. NRC FORM 308, CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE, IS ATTACHED**

ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

19a. I certify under penalty of perjury that the information in this document and attachments is true and correct. I further certify that I have notified my current employer of: (1) all previous employers; (2) any instance where I have been tested by a Health and Human Services (HHS) Certified Drug Testing Laboratory or a licensee's testing facility for alcohol or a controlled substance; and the test results exceeded the cutoff levels established pursuant to 10 CFR Part 26; (3) any instance where I have been arrested for the sale, use or possession of a controlled substance described in 10 CFR Part 26; and (4) any reasons for removal or revocation of unescorted access at a nuclear facility. I also authorize the NRC to submit the results of examinations to my employers for use in preparing retraining programs, as necessary.

SIGNATURE-APPLICANT *Doyle J. Buckner* DATE *8/17/98*

**CHECK APPLICABLE BOX**

- b. I certify that the above named individual has successfully completed the facility licensee requirements to be licensed as an Operator/Senior Operator pursuant to Title 10, Code of Federal Regulations, Part 55; and that the individual has a need for an Operator/Senior Operator license to perform his/her assigned duties and that the facility will be made available for examination. I also certify under penalty of perjury that the information in this document and attachments is true and correct.
- c. RENEWAL ONLY - I certify that the above named individual meets the approved requalification program (with exceptions noted in item 17) as required by section 50.54 (i)-(l) of 10 CFR 50, and that he/she has discharged his/her licensed responsibilities competently and safely. I also certify under penalty of perjury that the information in this document and attachments is true and correct.

**TRAINING COORDINATOR**

**SENIOR MANAGEMENT REPRESENTATIVE ON SITE**

PRINTED OR TYPED NAME AND TITLE <b>James M. Armstrong, Director, Training</b>	PRINTED OR TYPED NAME AND TITLE <b>John Doering, Jr., Vice President, PBAPS</b>
SIGNATURE <i>James M. Armstrong</i> DATE <i>9/2/98</i>	SIGNATURE <i>John Doering Jr.</i> DATE <i>9/2/98</i>

**FOR NRC USE**

WAIVER (Check or Complete items, as applicable)

MEETS REQUIREMENT?

DOES NOT MEET REQUIREMENTS (Explain below)

CATEGORY	GRANTED #		DENIED #	
	HEADQUARTERS	REGION	HEADQUARTERS	REGION
WRITTEN				
OPERATING				
ELIGIBILITY				
MEDICAL				
OTHER				

SIGNATURE-REVIEWER

DATE