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DATE: January 15, 1986

REPLY TO ATTN OF: Warren Church, FDA, RAC Member

SUBJECT: Seabrook Emergency Plans

TO: Edward A. Thomas, Division Chief
Division of Technological Hazards, FEMA

In response to your December 31, 1985 request, I would like to offer the following comments regarding the State of New Hampshire's emergency plans f their beach population.

A. Transient Beach Population

1. The concept of closing the beaches during the early stages of a radiological emergency at Seabrook has merit. Certainly it is realist to assume a minimum of several hours between the initial recognition o a potential problem (alert stage) and the need to escalate to a higher emergency level where protective actions are normally indicated. (The probability of a fast breaking event where there would be little or no warning is much too low to plan for).

   There would be very little cost in automatically closing the beaches a the "alert" level because this is a relatively rare event (approximate every 10 reactor years). Also there is approximately only one chance 50 that it would occur when the beaches were populated.

2. The procedures for closing the beaches would have to be simple and the would have to be implemented within a short period of time in order to be effective in the "worst case" scenario where the emergency is rapid escalating. This may mean that the beaches would have to be automatically closed at the "alert" stage.

3. Before the effectiveness of this concept can be fully evaluated two questions need to be answered.

   a. If the beaches are full, and the closure takes place, how long wil it take to empty the beaches?

   b. What percentage of beach evacuees would actually leave the seacoas area?

4. If the beaches can be evacuated within a 2 - 3 hour period and a good percentage of the evacuees leave the seacoast area, then I believe thi concept to be sound and acceptable.

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Seabrook

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B. Occupants of Unwinterized Accomodations

The protection afforded by sheltering in unwinterized cottage and motel rooms will definitely be less then normal single floor woodframed houses. The exact protection factor will of course be dependent on many parameters including the radionuclide composition of the plume and the length of the sheltering period.

The limited sheltering protection offered by this type of housing should definitely be factored into New Hamphire's plans and emergency decision making process.

Campgrounds should be assumed to offer no sheltering protection. Public sheltering should be identified for this population.

I hope the above comments concerning protection of beach populations will be helpful in New Hampshire's emergency planning process for Seabrook. My comments on the other radiological health aspects of this plan are being submitted under separate cover.

Warren W. Church