Wisconsin Electric
POWER COMPANY

Point Beach Nuclear Plant
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U.S. NUCLEAR REGULATORY COMMISSION
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Ladies and Gentlemen.

DOCKETS 50-266 and 50-301
MEETING BETWEEN THE WISCONSIN ELECTRIC POWER COMPANY
AND THE NRC STAFF REGARDING A LICENSE AMENDMENT
PERTAINING TO CONTROL ROOM HABITABILITY (TAC NOS. MA1082 AND MA1083)
POINT BEACH NUCLEAR PLANT, UNITS 1 AND 2

Representatives from the Wisconsin Electric Power Company (WE), the licensee for Point Beach Nuclear Plant Units 1 and 2, met with the NRC staff at NRC Headquarters on July 20, 1999, regarding an amendment currently under review by the staff pertaining to control room habitability. The NRC asked WE representatives to provide additional details to several questions asked during the meeting. The requested information was documented in the NRC's meeting summary dated September 8, 1999.

The NRC's questions are provided below, followed by the requested information.

(1) Details on what provisions, if any, the licensee has in place for dealing with operators who have sensitivities/allergies to KI.

Operators and Shift Technical Advisers are medically screened for sensitivities/allergies to Potassium Iodide (KI). A medical questionnaire on iodine sensitivity is completed during the preemployment process. This is evaluated by onsite medical personnel. Operators also complete this questionnaire during their biennial medical examinations so that any future iodine sensitivity would be identified. Operators who are evaluated as sensitive to iodine are documented as such.

The criteria for administering KI during an event depends on the projected dose to the thyroid. As discussed in PBNP Emergency Plan EP 6.0, "Emergency Measures," and Procedure EPIP 5.2, "Radioiodine Blocking And Thyroid Dose Accounting," if thyroid total absorbed doses of 25 rem or more are projected, then KI will be administered to authorized personnel upon Emergency Director approval. While not procedurally controlled, as a practical matter, consideration would be

given to replacing any operator on duty who is sensitive to iodine, with another operator. The determination of whether administration of KI should be continued will be determined by the Medical Services Division after evaluation of the situation.

(2) **What resources are necessary and how much time would be required to perform a scoping analysis of whether the use of a new source term is a viable option for addressing the control room habitability issue at Point Beach, Units 1 and 2?**

A review of the application of the Alternative Source Term, as described in NUREG-1465, at PBNP was performed and concluded that the benefits derived from the application of alternate source term methodology are unlikely to justify the cost of implementation. The expected impact on containment spray operation, the potential impact on the Environmental Qualification of equipment, and diesel loading issues, indicates that further effort on evaluating use of alternative source term at Point Beach to resolve operator dose issues is not warranted.

Control Room dose reduction due to the use of the alternative source term relies on the long-term use of Containment Spray during the recirculation phase. Use of Containment Spray (CS) during the recirculation phase of operation is limited due to the design of the system, and is allowed only if the associated train's Safety Injection (SI) pump is secured. Simultaneous SI and CS pump operation on a single train is limited by available net positive suction head (NPSH) to the Residual Heat Removal (RHR) pumps, which supply suction to the SI and CS pumps. In order to allow CS operation in the recirculation phase, considerable analysis, operational changes, and potentially, design changes would need to be made.

Use of Alternative Source Term methodology will shift the dose impact from the Control Room to the Primary Auxiliary Building (PAB) because of the higher concentration of radioactive particulate in the recirculated sump water. While calculated dose to the operators in the control room will likely decrease, it is expected that calculated doses in the PAB will increase substantially due to the iodine from the containment sump water being introduced into the PAB piping during the recirculation phase. The re-analysis and associated equipment relocation for PAB dose concerns equipment replacement (EQ), and/or new shielding requirements may be substantial.

Other potential benefits due to the use of Alternative Source Term (i.e., elimination of NaOH, reduced filter testing, and the reduction in the minimum time to move fuel) are minor when compared to the above concerns.

In conclusion, our review of the use of an Alternative Source Term concludes that the benefits derived from its use are not substantial enough to justify the cost of implementation. Additional scoping or use of alternate source term methodology is not being pursued at this time.

(3) Does the licensee rely on self-contained breathing apparati to credit reduction of dose to the control room operators?

Self-contained breathing apparati (SCBA) are available in the control room for emergency use, but are not credited for reduction of dose to the control room operators. There are no procedural requirements for SCBA use in either Emergency Plan Implementing Procedures nor in Radiation Protection Procedures for Control Room personne.

There are no new commitments contained in this letter.

Please do not hesitate to contact us if you have any further questions on this matter.

Sincerely,

A. J. Cayia
Manager,
Regulatory Services & Licensing

JG/tat

cc: NRC Resident Inspector
NRC Regional Administrator
NRC Project Manager
PSCW