

CATEGORY 1

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 9908250193 DOC. DATE: 99/08/19 NOTARIZED: NO DOCKET #
 FACIL: 50-397 WPPSS Nuclear Project, Unit 2, Washington Public Powe 05000397
 AUTH. NAME AUTHOR AFFILIATION
 SMITH, G.O. Washington Public Power Supply System
 RECIP. NAME RECIPIENT AFFILIATION
 MERSCHOFF, E.W. Region 4 (Post 820201)

SUBJECT: Forwards NRC Form 396, "Certification of Medical Exam by
 Facility Licensee" & NRC Form 398, "Personal Qualification
 Statement - Licensee," for JD Prescott
 (license SOP-50262-1). Without encls.

DISTRIBUTION CODE: IE42D COPIES RECEIVED: LTR 1 ENCL 0 SIZE: 1
 TITLE: Operator Licensing Examination Reports

NOTES:

	RECIPIENT ID CODE/NAME	COPIES LTTR ENCL	RECIPIENT ID CODE/NAME	COPIES LTTR ENCL
	LPD4-2 PD	1 1	CUSHING, J	1 1
INTERNAL: ACRS		1 1	<u>FILE CENTER</u>	1 1
	NRR/DIPM/OLHP	1 1	RGN4 FILE 01	1 1
EXTERNAL: NOAC		1 1	NRC PDR	1 1

Rec'd w/out encl.

NOTE TO ALL "RIDS" RECIPIENTS:
 PLEASE HELP US TO REDUCE WASTE. TO HAVE YOUR NAME OR ORGANIZATION REMOVED FROM DISTRIBUTION LIST
 OR REDUCE THE NUMBER OF COPIES RECEIVED BY YOU OR YOUR ORGANIZATION, CONTACT THE DOCUMENT CONTROL
 DESK (DCD) ON EXTENSION 415-2083

TOTAL NUMBER OF COPIES REQUIRED: LTTR 8 ENCL 0

FD

ENERGY
NORTHWEST

P.O. Box 968 ■ Richland, Washington 99352-0968

August 19, 1999
GO2-99-158

Docket No. 50-397

EW Merschoff
Regional Administrator
U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Dear Mr. Merschoff:

Subject: **WNP-2 OPERATING LICENSE NPF-21**
SUBMITTAL OF NRC FORM 396 AND 398 FOR RENEWAL OF
OPERATOR LICENSE

Enclosed please find NRC Form 396, "Certification of Medical Examination by Facility Licensee," and NRC Form 398, "Personal Qualification Statement - Licensee," for the following individual listed below.

NAME	DOCKET NUMBER	LICENSE NUMBER	EFFECTIVE DATE	EXPIRATION DATE
James D. Prescott	55-9394	SOP-50262-1	October 30, 1993	October 30, 1999

Respectfully,


GO Smith (Mail Drop 927M)
Vice President, Generation

Attachments: NRC Form 396, "Certification of Medical Examination by Facility Licensee"
NRC Form 398, "Personal Qualification Statement - Licensee"

240032

cc: w/o attachments
Document Control Desk - NRC
JS Cushing - NRC - NRR
PD Robinson - Winston & Strawn

NRC Sr. Resident Inspector - 927N
DL Williams BPA/1399

9908250193 990819
PDR ADOCK 05000397
V PDR

1/2
IEH
Rec'd
1/10
PHEI