

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

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 RECIP. NAME RECIPIENT AFFILIATION
 THOMPSON, H. L. Division of Pressurized Water Reactor Licensing - A (post 8

SUBJECT: Application for amends to Licenses DPR-31 & DPR-41, modifying
 Tech Spec limiting condition for operation for control room
 ventilation sys to allow implementation of mods to satisfy
 NUREG-0737, Item III. D. 3. 4. Fee paid.

DISTRIBUTION CODE: A046D COPIES RECEIVED: LTR 1 ENCL 1 SIZE: 11+2
 TITLE: OR Submittal: TMI Action Plan Rgmt NUREG-0737 & NUREG-0660

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IE/DEPER/EPB	3 3	NRR BWR ADTS	1 1
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1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1010 spectrophotometer. The concentration of chlorophylls was expressed as $\mu\text{g mL}^{-1}$ of the sample.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies obtained on the selective medium. The results are the mean of three independent experiments. Error bars represent the standard deviation.

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[illegible]

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as $\epsilon \rightarrow 0$. It is shown that the solutions of the system (1) converge to the solutions of the system (2) in the sense of the weak convergence in the space $L^2(\Omega; \mathbb{R}^n)$.

$$A_{ij} = \frac{1}{n} \sum_{k=1}^n \frac{1}{\sqrt{1 + \frac{(x_i - x_j)^2}{(x_i - x_k)^2 + (x_j - x_k)^2}}}$$

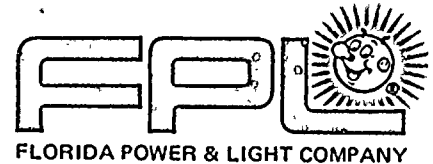
THE
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WASH DC 20246

REPORT OF PROGRESS
ON RESEARCH PROJECTS
CONDUCTED BY THE BUREAU OF LAND MANAGEMENT
DURING THE YEAR 1967

BY
JAMES H. WILSON
Chief, Research Division

WASHINGTON, D.C.
1968



AUG 25 1988

L-86-332

Office of Nuclear Reactor Regulation
Attention: Mr. Hugh L. Thompson, Jr., Director
Division of PWR Licensing - A
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Dear Mr. Thompson:

Re: Turkey Point Units 3 and 4
Docket Nos. 50-250 and 50-251
Proposed License Amendment
Control Room Ventilation

In accordance with 10 CFR 50.90, Florida Power and Light Company (FPL) is submitting three signed originals and forty copies of a request to amend Appendix A of Facility Operating Licenses DPR-31 and DPR-41.

The proposed amendment modifies the Technical Specification Limiting Condition for Operation for the Control Room Ventilation System to allow implementation of the modifications required to satisfy NUREG-0737 Item III.D.3.4, Control Room Habitability concerns. FPL will begin work on the modifications within 90 days of the implementation date specified in the license amendment.

The proposed change is described below and shown on the accompanying technical specification pages.

Pages 3.4-6, 3.4-7 (added)

The technical specification for the control room ventilation system (T.S. 3.4.7) is revised to permit the system to be inoperable for up to 45 days to implement the NUREG-0737, Item III.D.3.4, Control Room Habitability modifications.

The proposed amendment has been reviewed and approved by the Turkey Point Plant Nuclear Safety Committee and the Florida Power and Light Company Nuclear Review Board.

In accordance with 10 CFR 50.9(b)(1), a copy of the proposed amendment is being forwarded to the State Designee for the State of Florida.

In accordance with 10 CFR 170.12(c), FPL Check No. 2143 for \$150.00 is attached.

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PDR ADDCK 05000250
P PDR

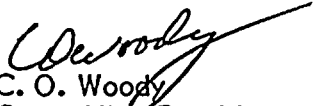
Rec'd w/ check

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Mr. Hugh L. Thompson, Jr., Director
Proposed License Amendment
Control Room Ventilaton
Page -2-

Attachment I provides an evaluation of the proposed action in light of the no significant hazards standards contained in 10 CFR 50.92.

Very truly yours,


C. O. Woody
Group Vice President
Nuclear Energy

COW/TCG/gp

Attachments

cc: Dr. J. Nelson Grace
Regional Administrator, Region II

Mr. Alan Schubert, Manager
Public Health Physicist
Dept. of Health & Rehabilitation Services
1323 Winewood Boulevard
Tallahassee, FL 32301

Harold F. Reis, Esq.



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STATE OF FLORIDA)
)
COUNTY OF DADE) ss.

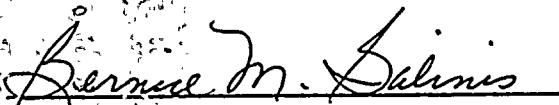
C. O. Woody being first duly sworn, deposes and says:

That he is a Group Vice President of Florida Power & Light Company, the Licensee herein;

That he has executed the foregoing document; that the statements made in this document are true and correct to the best of his knowledge, information, and belief, and that he is authorized to execute the document on behalf of said Licensee.


C. O. Woody

Subscribed and sworn to before me this
25 day of August, 1986.



NOTARY PUBLIC, in and for the County
of Dade, State of Florida

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP SEPT 18, 1989
My Commission expires: BONDED THRU GENERAL INS. UND.



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ATTACHMENT I

SAFETY AND NO SIGNIFICANT HAZARDS EVALUATION

Description of Amendment Request:

The proposed amendment modifies the technical specification Limiting Condition for Operation (LCO) for the control room ventilation system to allow implementation of modifications required to satisfy NUREG-0737, control room habitability concerns. NUREG-0737 NRC Task Action Plan Item III.D.3.4, Control Room Habitability, required that licensees assure that control room operators will be adequately protected against the effects of accidental releases of toxic and radioactive gases, and that the nuclear power plant can be safely operated or shut down under design basis accident conditions (Criterion 19 - Control Room, of Appendix A, General Design Criteria for Nuclear Power Plants, to 10 CFR Part 50).

FPL, in letters dated July 9, 1981, June 9 and July 22, 1982, August 9 and November 3, 1983, and April 17, 1985 provided responses to the NUREG-0737 control room habitability concerns, and proposed modifications to meet the criteria identified in NUREG-0737, Item III.D.3.4. The NRC in safety evaluations dated November 25, 1983 and May 8, 1985 concluded that the control room ventilation system modifications proposed by FPL were acceptable.

Modification of the control room ventilation system to implement control room habitability requirements will require that the system be out of service for a period of up to 45 days. The current technical specifications specify that the control room ventilation system can be inoperable (during power operation) for a period of 3 1/2 days. A one time additional 45 day LCO in conjunction with the current 3 1/2 day LCO is necessary to permit implementation of the required modifications without forcing a dual unit outage.

Basis for No Significant Hazards Consideration Determination:

The Commission has provided standards for determining whether a significant hazards consideration exists (10 CFR 50.92(c)). A proposed amendment to an operating license for the facility involves no significant hazards consideration if operation of the facility in accordance with the proposed amendment would not: (1) involve a significant increase in the probability or consequences of an accident previously evaluated, or (2) create the possibility of a new or different kind of accident from any accident previously evaluated, or (3) involve a significant reduction in a margin of safety.

The operability of the control room ventilation system (see Figure 1) ensures that: (1) the ambient temperature does not exceed the allowable temperature for continuous-duty rating for the equipment and instrumentation cooled by this system, and (2) the control room will remain habitable for operations personnel during and following all credible accident conditions.

1. The first group of respondents (Group 1) consisted of 100 individuals who were randomly selected from the population of 1,000. This group was used to estimate the overall population mean.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

1. *Pharmaceutical industry* – The pharmaceutical industry is a major player in the healthcare sector, responsible for the development, production, and distribution of drugs. It is characterized by high R&D costs, long development cycles, and significant regulatory hurdles. The industry is often criticized for high prices and lack of transparency.

2. *Healthcare providers* – These include hospitals, clinics, and individual practitioners who deliver medical services. They are the primary point of contact for patients and are responsible for the diagnosis, treatment, and management of health conditions.

3. *Insurance companies* – Insurance companies play a central role in financing healthcare. They collect premiums from individuals and businesses and use the funds to pay for medical services. They often negotiate rates with providers and pharmaceutical companies.

4. *Government* – The government is involved in healthcare through regulation, funding, and provision of services. It sets standards for safety and efficacy, provides funding for public health programs, and operates or subsidizes certain healthcare services.

5. *Patients* – Patients are the individuals who seek medical care. They are the ultimate beneficiaries of the healthcare system and have a growing role in decision-making about their own care.

6. *Pharmaceutical distributors* – These companies are responsible for getting drugs from manufacturers to healthcare providers. They manage the logistics of distribution, including storage, transportation, and delivery.

7. *Medical device manufacturers* – These companies produce equipment and devices used in medical procedures, such as imaging machines, surgical instruments, and prosthetics.

8. *Biotechnology* – Biotechnology companies focus on developing new drugs and therapies using biological processes and genetic engineering. They are often at the forefront of innovative medical research.

9. *Healthcare technology (HealthTech)* – This sector includes companies that develop and provide digital health solutions, such as electronic health records (EHRs), telemedicine platforms, and mobile health apps.

10. *Pharmaceutical research and development (R&D)* – This is the process of discovering new drugs and improving existing ones. It involves a high degree of risk and investment, with many projects failing before reaching the market.

11. *Pharmaceutical marketing* – This involves the promotion of drugs to healthcare providers and the public. It includes activities like sales visits, advertising, and educational programs.

12. *Pharmaceutical sales* – This is the process of selling drugs to healthcare providers. Sales representatives often visit providers to promote new products and provide information about existing ones.

13. *Pharmaceutical manufacturing* – This is the process of producing drugs in large quantities. It involves complex chemical processes and strict quality control measures.

14. *Pharmaceutical distribution* – This is the process of getting drugs from manufacturers to healthcare providers. It involves a network of distributors and logistics companies.

15. *Pharmaceutical regulation* – This involves the oversight of the pharmaceutical industry by government agencies like the FDA. It ensures that drugs are safe, effective, and of high quality.

16. *Pharmaceutical innovation* – This refers to the development of new drugs, devices, and therapies. It is a key driver of progress in healthcare.

17. *Pharmaceutical industry trends* – These include the increasing focus on personalized medicine, the rise of biologics, the growing importance of digital health, and the ongoing challenges of drug pricing and access.

18. *Pharmaceutical industry challenges* – These include high R&D costs, regulatory hurdles, competition from generics, and the need for more affordable and accessible healthcare.

19. *Pharmaceutical industry opportunities* – These include the potential for new drugs and therapies, the growth of the aging population, and the increasing demand for personalized medicine.

20. *Pharmaceutical industry future* – The future of the pharmaceutical industry is likely to be shaped by advances in biotechnology, digital health, and personalized medicine. It will also continue to face challenges related to cost and access.

Figure 1 consists of four scatter plots arranged in a 2x2 grid. The top row shows the relationship between the number of children and the number of children in the household. The bottom row shows the relationship between the number of children and the number of children in the household. The left column shows the relationship for the number of children in the household, and the right column shows the relationship for the number of children in the household. The plots show a positive relationship between the number of children and the number of children in the household.

The map shows the northern Adriatic coastline from Trieste in the north to the Gulf of Genoa in the south. Sampling stations are indicated by numbered dots (1-10) along the coast. Station 1 is near Trieste, and station 10 is near the Gulf of Genoa. The map includes latitude lines (45°N, 46°N) and longitude lines (13°E, 12°E, 11°E). A scale bar at the bottom indicates distances from 0 to 100 km.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies obtained on the selective medium. The results are the mean of three independent experiments. Error bars represent the standard deviation.

1. *Pharmaceutical industry* – The pharmaceutical industry is a major player in the healthcare sector, responsible for the development, production, and distribution of drugs. It is characterized by high R&D costs, long development cycles, and significant regulatory hurdles. The industry is often criticized for high prices and patent abuse, but it also plays a crucial role in advancing medical science and improving patient outcomes.

2. *Healthcare providers* – Healthcare providers, including hospitals, clinics, and individual practitioners, are the primary users of pharmaceuticals. They are responsible for diagnosing patients, prescribing medications, and monitoring their effectiveness. The relationship between providers and the pharmaceutical industry is complex, involving marketing, education, and sometimes financial incentives.

3. *Patients* – Patients are the ultimate beneficiaries of pharmaceuticals. They rely on these products to treat various conditions, from chronic diseases to acute infections. Patient education and adherence are critical for the successful use of medications. The pharmaceutical industry has a responsibility to ensure that its products are safe, effective, and accessible to all who need them.

4. *Regulatory agencies* – Regulatory agencies, such as the FDA in the United States and the EMA in Europe, are responsible for ensuring the safety, efficacy, and quality of pharmaceuticals. They oversee the entire process from drug development to distribution, including clinical trials and post-market surveillance. Regulatory agencies play a vital role in protecting public health and maintaining the integrity of the pharmaceutical market.

5. *Payors* – Payors, including government agencies, insurance companies, and out-of-pocket patients, are responsible for covering the costs of pharmaceuticals. They play a significant role in determining which drugs are covered by insurance and at what cost. Payors often face challenges in negotiating prices with pharmaceutical companies and ensuring that their policies are fair and sustainable.

6. *Pharmaceutical distributors* – Pharmaceutical distributors are responsible for getting drugs from manufacturers to healthcare providers. They manage the logistics of distribution, including warehousing, transportation, and inventory management. Distributors play a key role in ensuring that drugs are available when and where needed.

7. *Pharmaceutical manufacturers* – Pharmaceutical manufacturers are the companies that produce the drugs. They are responsible for the quality control and manufacturing processes. Manufacturers often have a direct relationship with regulatory agencies and payors, and they play a central role in the pharmaceutical supply chain.

8. *Pharmaceutical research and development* – Pharmaceutical research and development is the process of discovering and developing new drugs. It involves a high degree of scientific expertise and significant investment in R&D. The R&D process is often the most challenging and costly part of the pharmaceutical industry, but it is also the most innovative and potentially rewarding.

9. *Pharmaceutical marketing* – Pharmaceutical marketing involves promoting and selling drugs to healthcare providers and patients. It includes a variety of activities, such as advertising, sales, and educational programs. Marketing is a critical component of the pharmaceutical industry, as it helps to build brand loyalty and drive sales.

10. *Pharmaceutical policy* – Pharmaceutical policy refers to the laws, regulations, and guidelines that govern the pharmaceutical industry. It covers a wide range of issues, from drug pricing to intellectual property rights. Policy makers play a crucial role in shaping the pharmaceutical landscape and ensuring that it serves the public interest.

11. *Pharmaceutical economics* – Pharmaceutical economics is the study of the economic aspects of the pharmaceutical industry. It examines issues such as drug pricing, market competition, and the impact of government intervention. Economic analysis is essential for understanding the challenges facing the pharmaceutical industry and for developing effective policy solutions.

12. *Pharmaceutical innovation* – Pharmaceutical innovation is the process of creating new drugs and medical technologies. It is a key driver of progress in healthcare and is essential for addressing the growing burden of chronic diseases and other health challenges. Innovation in the pharmaceutical industry is often supported by government funding and incentives, as well as by private investment.

13. *Pharmaceutical ethics* – Pharmaceutical ethics is the study of the moral principles and values that guide the pharmaceutical industry. It addresses issues such as patient autonomy, informed consent, and the ethical use of research. Ethical considerations are central to the pharmaceutical industry, as they directly impact the health and well-being of patients.

14. *Pharmaceutical globalization* – Pharmaceutical globalization refers to the increasing integration of the pharmaceutical industry across different countries and regions. It involves the movement of drugs, people, and capital across national borders. Globalization has both benefits and challenges for the pharmaceutical industry, as it can lead to increased competition and innovation, but it can also exacerbate inequalities and create new risks.

15. *Pharmaceutical sustainability* – Pharmaceutical sustainability is the process of ensuring that the pharmaceutical industry can meet the needs of the present without compromising the ability of future generations to meet their own needs. It involves a range of activities, including environmental protection, social responsibility, and economic development. Sustainability is a key challenge for the pharmaceutical industry, as it must balance its commercial interests with its obligations to society.

16. *Pharmaceutical digitalization* – Pharmaceutical digitalization is the process of using digital technologies to transform the pharmaceutical industry. It includes the use of data analytics, artificial intelligence, and other digital tools to improve drug development, distribution, and patient care. Digitalization has the potential to revolutionize the pharmaceutical industry, but it also raises important questions about privacy, security, and access.

17. *Pharmaceutical reform* – Pharmaceutical reform refers to the process of making changes to the pharmaceutical industry to improve its performance and protect public health. It can involve a wide range of measures, from regulatory changes to market reforms. Reform is a constant process in the pharmaceutical industry, as new challenges and opportunities arise over time.

18. *Pharmaceutical innovation ecosystem* – The pharmaceutical innovation ecosystem is the network of organizations and individuals that work together to create and develop new drugs and medical technologies. It includes a wide range of actors, from academic researchers to venture capitalists. A strong innovation ecosystem is essential for the success of the pharmaceutical industry, as it provides the resources and support needed for innovation.

19. *Pharmaceutical supply chain* – The pharmaceutical supply chain is the network of organizations and individuals involved in the production and distribution of drugs. It includes manufacturers, distributors, and healthcare providers. The supply chain is a critical component of the pharmaceutical industry, as it ensures that drugs are available to patients when and where needed.

20. *Pharmaceutical market* – The pharmaceutical market is the arena in which drugs are bought and sold. It includes a wide range of actors, from manufacturers to payors. The market is a complex and dynamic system, and it plays a central role in the pharmaceutical industry. Understanding the market is essential for anyone involved in the industry.

21. *Pharmaceutical industry trends* – Pharmaceutical industry trends are the changes and developments that are shaping the future of the pharmaceutical industry. These trends include the increasing focus on personalized medicine, the growing importance of digital health, and the increasing pressure on drug prices. Understanding these trends is essential for staying ahead of the curve in the pharmaceutical industry.

22. *Pharmaceutical industry challenges* – Pharmaceutical industry challenges are the problems and obstacles that the pharmaceutical industry faces. These challenges include high drug prices, regulatory complexity, and the need for more innovative drugs. Addressing these challenges is a top priority for the pharmaceutical industry, as they directly impact the health and well-being of patients.

23. *Pharmaceutical industry opportunities* – Pharmaceutical industry opportunities are the areas and prospects that offer potential for growth and innovation in the pharmaceutical industry. These opportunities include the development of new drugs, the expansion of existing products, and the use of digital technologies. Identifying and pursuing these opportunities is essential for the success of the pharmaceutical industry.

24. *Pharmaceutical industry future* – The pharmaceutical industry future is the vision of what the pharmaceutical industry will look like in the years ahead. It is a vision that is shaped by the challenges and opportunities facing the industry today. The future of the pharmaceutical industry is bright, but it will only be realized if the industry is able to overcome its current challenges and embrace the opportunities ahead.

25. *Pharmaceutical industry impact* – The pharmaceutical industry impact is the effect that the pharmaceutical industry has on society and the world. It is a complex and multifaceted impact, involving a wide range of factors. The pharmaceutical industry has a significant impact on public health, the economy, and the environment. Understanding this impact is essential for making informed decisions about the future of the industry.

26. *Pharmaceutical industry role* – The pharmaceutical industry role is the part that the pharmaceutical industry plays in society and the world. It is a role that is both challenging and rewarding. The pharmaceutical industry has a responsibility to ensure that its products are safe, effective, and accessible to all who need them. Understanding this role is essential for anyone involved in the industry.

27. *Pharmaceutical industry value* – The pharmaceutical industry value is the worth or importance of the pharmaceutical industry. It is a value that is derived from the industry's contributions to society and the world. The pharmaceutical industry has a high value, as it plays a central role in the healthcare sector and in the lives of many people. Understanding this value is essential for making informed decisions about the industry.

28. *Pharmaceutical industry importance* – The pharmaceutical industry importance is the significance or weight of the pharmaceutical industry. It is an importance that is based on the industry's impact on society and the world. The pharmaceutical industry is an important industry, as it is essential for the health and well-being of many people. Understanding this importance is essential for anyone involved in the industry.

29. *Pharmaceutical industry significance* – The pharmaceutical industry significance is the meaning or importance of the pharmaceutical industry. It is a significance that is derived from the industry's role in society and the world. The pharmaceutical industry has a significant significance, as it is a key player in the healthcare sector and in the lives of many people. Understanding this significance is essential for making informed decisions about the industry.

30. *Pharmaceutical industry relevance* – The pharmaceutical industry relevance is the connection or relationship between the pharmaceutical industry and other aspects of society and the world. It is a relevance that is based on the industry's impact and its role. The pharmaceutical industry is highly relevant, as it is closely connected to many other aspects of society and the world. Understanding this relevance is essential for anyone involved in the industry.

31. *Pharmaceutical industry influence* – The pharmaceutical industry influence is the power or effect that the pharmaceutical industry has on other aspects of society and the world. It is an influence that is derived from the industry's resources and its role. The pharmaceutical industry has a significant influence, as it is able to shape many aspects of society and the world. Understanding this influence is essential for making informed decisions about the industry.

32. *Pharmaceutical industry power* – The pharmaceutical industry power is the ability of the pharmaceutical industry to achieve its goals and objectives. It is a power that is derived from the industry's resources and its role. The pharmaceutical industry has a significant power, as it is able to exert a strong influence on many aspects of society and the world. Understanding this power is essential for anyone involved in the industry.

33. *Pharmaceutical industry authority* – The pharmaceutical industry authority is the recognized power or influence of the pharmaceutical industry. It is an authority that is based on the industry's expertise and its role. The pharmaceutical industry has a significant authority, as it is recognized as a key player in the healthcare sector and in the lives of many people. Understanding this authority is essential for making informed decisions about the industry.

34. *Pharmaceutical industry credibility* – The pharmaceutical industry credibility is the trust or confidence that others have in the pharmaceutical industry. It is a credibility that is derived from the industry's track record and its role. The pharmaceutical industry has a significant credibility, as it is trusted by many people and organizations. Understanding this credibility is essential for anyone involved in the industry.

35. *Pharmaceutical industry reputation* – The pharmaceutical industry reputation is the public opinion or image of the pharmaceutical industry. It is a reputation that is based on the industry's actions and its role. The pharmaceutical industry has a significant reputation, as it is widely known and respected. Understanding this reputation is essential for making informed decisions about the industry.

36. *Pharmaceutical industry image* – The pharmaceutical industry image is the visual representation or appearance of the pharmaceutical industry. It is an image that is derived from the industry's branding and its role. The pharmaceutical industry has a significant image, as it is often associated with science and medicine. Understanding this image is essential for anyone involved in the industry.

37. *Pharmaceutical industry brand* – The pharmaceutical industry brand is the name or logo that represents the pharmaceutical industry. It is a brand that is derived from the industry's history and its role. The pharmaceutical industry has a significant brand, as it is one of the most recognizable brands in the world. Understanding this brand is essential for anyone involved in the industry.

38. *Pharmaceutical industry identity* – The pharmaceutical industry identity is the unique characteristics or qualities that define the pharmaceutical industry. It is an identity that is derived from the industry's values and its role. The pharmaceutical industry has a significant identity, as it is known for its commitment to science and medicine. Understanding this identity is essential for anyone involved in the industry.

39. *Pharmaceutical industry culture* – The pharmaceutical industry culture is the set of beliefs, values, and behaviors that shape the pharmaceutical industry. It is a culture that is derived from the industry's history and its role. The pharmaceutical industry has a significant culture, as it is known for its emphasis on innovation and quality. Understanding this culture is essential for anyone involved in the industry.

40. *Pharmaceutical industry spirit* – The pharmaceutical industry spirit is the passion or enthusiasm that drives the pharmaceutical industry. It is a spirit that is derived from the industry's mission and its role. The pharmaceutical industry has a significant spirit, as it is driven by a strong sense of purpose and a commitment to improving the lives of patients. Understanding this spirit is essential for anyone involved in the industry.

41. *Pharmaceutical industry soul* – The pharmaceutical industry soul is the essence or core of the pharmaceutical industry. It is a soul that is derived from the industry's values and its role. The pharmaceutical industry has a significant soul, as it is known for its dedication to science and medicine. Understanding this soul is essential for anyone involved in the industry.

42. *Pharmaceutical industry heart* – The pharmaceutical industry heart is the center or core of the pharmaceutical industry. It is a heart that is derived from the industry's values and its role. The pharmaceutical industry has a significant heart, as it is known for its passion and commitment. Understanding this heart is essential for anyone involved in the industry.

43. *Pharmaceutical industry mind* – The pharmaceutical industry mind is the intellect or reasoning of the pharmaceutical industry. It is a mind that is derived from the industry's expertise and its role. The pharmaceutical industry has a significant mind, as it is known for its scientific approach and its commitment to innovation. Understanding this mind is essential for anyone involved in the industry.

44. *Pharmaceutical industry body* – The pharmaceutical industry body is the physical structure or form of the pharmaceutical industry. It is a body that is derived from the industry's resources and its role. The pharmaceutical industry has a significant body, as it is known for its large size and its global reach. Understanding this body is essential for anyone involved in the industry.

45. *Pharmaceutical industry voice* – The pharmaceutical industry voice is the way in which the pharmaceutical industry communicates. It is a voice that is derived from the industry's values and its role. The pharmaceutical industry has a significant voice, as it is known for its clear and concise communication. Understanding this voice is essential for anyone involved in the industry.

46. *Pharmaceutical industry face* – The pharmaceutical industry face is the outward appearance or expression of the pharmaceutical industry. It is a face that is derived from the industry's values and its role. The pharmaceutical industry has a significant face, as it is known for its professional and trustworthy appearance. Understanding this face is essential for anyone involved in the industry.

47. *Pharmaceutical industry hands* – The pharmaceutical industry hands are the actions or deeds of the pharmaceutical industry. It is a

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each participant. The number of correct responses increased with the number of trials, and the increase was more pronounced for the high group than for the low group.

During the period the control room ventilation system will be inoperable, normal operation of the system (i.e. temperature/humidity control and maintenance of a positive pressure in the control room) will be minimally impacted by implementation of the modifications. Portions of the control room ventilation system duct work will be temporarily sealed while the emergency recirculation portion of the system is being modified. Failure of equipment associated with normal operation of the system would not be more likely during the modification period. Therefore, plant operation in accordance with the proposed extension of the LCO would not involve a significant increase in the probability of an accident previously evaluated, or create the possibility of a new or different kind of accident.

As noted above, the modification will primarily be confined to the emergency recirculation portion of the system, whose function is to mitigate the consequences of an accident by ensuring that the control room will remain habitable during and following design basis accident conditions. Under the current design, post-accident control room habitability is ensured by automatic actuation of the control room HVAC system to the emergency recirculation mode of operation in response to a containment ventilation isolation signal. This results, in part, in automatic closure of the normal air intake damper D-1, starting of the recirculation supply fan V-29, and opening of dampers D-2, D-3 and D-11. Under this configuration, approximately 250 cfm of outside air makeup is obtained via dampers D-2 or D-3 to provide a positive control room pressure thereby minimizing the amount of unfiltered in leakage and ensuring an acceptable control room environment. Therefore, to ensure a commensurate degree of protection during the 45 day period required to implement the modifications, a temporary filtration system consisting of a high efficiency particulate air (HEPA) and charcoal filter unit, together with an air supply fan and interconnecting duct assembly will be installed as shown on Figure 2. The use of this system as an alternate means of maintaining control room habitability under accident conditions is considered acceptable for the following reasons:

1. Design requirements for the temporary filtration system, including system sizing, air flow requirements, and filter unit efficiency will be sufficient to ensure that radiation exposure to control room personnel under accident conditions will be less than 5 rem whole body, or equivalent to any part of the body, consistent with the requirements for the existing recirculation system and General Design Criterion 19 (GDC-19) of Appendix A to 10 CFR Part 50. Analyses performed to support use of the temporary filtration system have shown that for an expected system flowrate of 800 cfm, and filter efficiencies of 99, 95, and 95 percent for removal of particulate, elemental iodine and organic iodine respectively, the cumulative whole body dose for the 30-day period following a LOCA would be less than GDC-19 limits assuming worst-case accident conditions.
2. Necessary system components including the filter unit supply fan and control room air intake damper D-1, will be powered from existing safety-grade plant busses thereby ensuring operability of the system under loss of offsite power conditions. In addition, the temporary system will be designed to operate continuously during the 45-day modification period without automatic actuation or control functions. Also, no manual actions are required to support system operation under accident conditions. Therefore, operability of the system as required to mitigate the effects of design basis accidents concurrent with a loss of offsite power is ensured.

A large, dense, black and white photograph of a crowd of people, likely at a public event or protest. The image is heavily obscured by a large, dark, irregular shape in the center, which appears to be a person or a large object. The crowd is visible in the background, with many people standing and some holding up their hands. The overall tone is somber and chaotic.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the objectives are being met.

5. Finally, the fifth step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and identifying any areas for improvement or further action.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters.

2. The second part outlines the various methods and tools used to collect and analyze data. This includes the use of surveys, interviews, and statistical analysis to gather information and draw conclusions.

3. The third part focuses on the ethical considerations surrounding data collection and analysis. It highlights the need to protect individual privacy and ensure that data is used responsibly and for its intended purpose.

4. The fourth part discusses the challenges and limitations of data analysis. It acknowledges that while data can provide valuable insights, it is not always perfect and may be subject to various biases and errors.

5. The fifth part concludes the document by summarizing the key findings and recommendations. It stresses the importance of ongoing monitoring and evaluation to ensure that the data remains relevant and useful over time.

[illegible]

3. In the unlikely event of a filter unit failure during the 45-day modification period, a second, duplicate unit and associated supply fan will be available onsite and ready for installation to restore system operation. Should the temporary system be rendered inoperable as a result of equipment failure, system testing, or completion of recirculation system modifications, existing Technical Specification action statements for inoperability of the control room ventilation system will apply thereby ensuring safe plant operation in accordance with existing Technical Specification requirements.
4. Functional testing of the temporary system including the backup filter unit will be performed to demonstrate operability prior to use and after 720 hours of operation. Testing requirements will be consistent with current Technical Specification surveillance requirements for the existing recirculation system and will include appropriate visual inspections, leak tests, and airflow distribution tests.
5. Installation of the temporary system will be performed in a controlled manner in accordance with existing Turkey Point procedures governing the implementation of plant design changes and modifications. Where necessary, appropriate quality control witness and inspection requirements will be specified by engineering to ensure the acceptability of the completed installation.
6. Operator training will be conducted and temporary procedure changes implemented as necessary to support safe and reliable operation of the temporary filtration system. However, as noted in item 2 above, the system will be designed to operate continuously during the modification period and require no manual actions to support operation under accident conditions. Therefore, necessary training and procedure changes will be minimal. Upon completion of the required system modifications and prior to removal of the temporary system from service, necessary procedure changes will be implemented to support use of the permanent control room HVAC system as shown on Figure 3.

On the basis of the preceding discussions, it can be concluded that use of the temporary filtration system to support plant operation in accordance with the proposed Technical Specification Amendment will not involve a significant increase in the consequences of any accident previously evaluated, or involve a significant reduction in the margin of safety.

In addition, the Commission has provided guidance for the application of the criteria in 10 CFR Part 50.92 (as specified above), by providing examples of amendments that are not likely to involve a significant hazards consideration. The proposed Technical Specification change is similar to the format and intent of example (vi) of the Examples of Amendments That Are Not Considered Likely to Involve Significant Hazards Considerations as presented in the Federal Register Notice of April 6, 1983:

Example (vi): "A change which either may result in some increase to the probability or consequences of a previously analyzed accident or may reduce in some way a safety margin, but where the results of the change are clearly within all acceptable criteria with respect to the system or component specified in the Standard Review Plan: for example, a change resulting from the application of a small refinement of a previously used calculational model or design method."

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques.

3. The third part of the report is a discussion of the results of the study. It presents the findings of the research and compares them with the previous studies in the field.

4. The fourth part of the report is a conclusion and a summary of the main findings. It also includes some recommendations for future research.

5. The fifth part of the report is a list of references. It includes all the sources that were used in the study, such as books, articles, and websites.

6. The sixth part of the report is an appendix. It contains additional information that is not included in the main body of the report, such as raw data, detailed calculations, and additional figures.

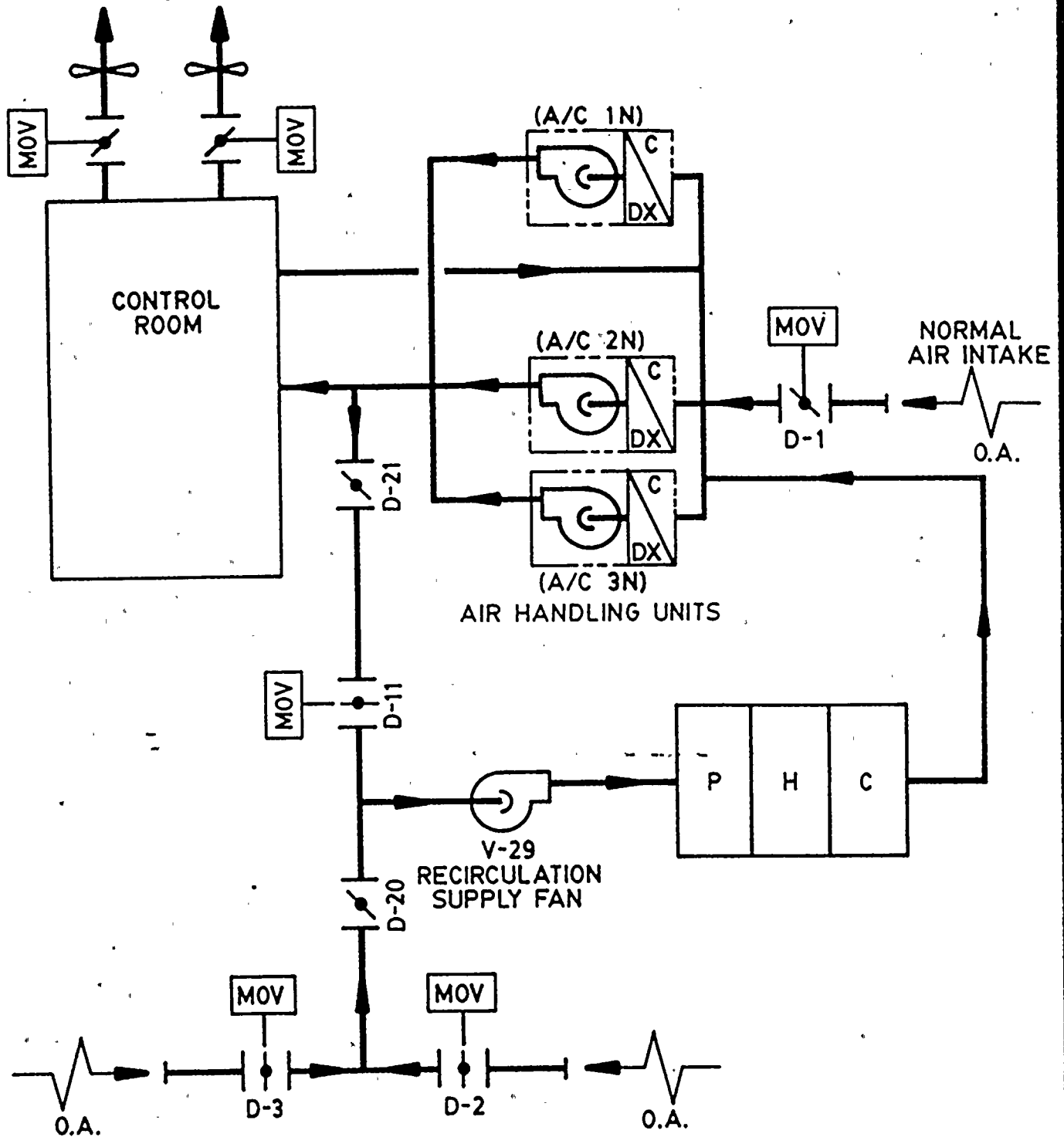
7. The seventh part of the report is a glossary. It defines the key terms and concepts used in the study, ensuring that the reader can understand the report without any confusion.

8. The eighth part of the report is a bibliography. It lists all the sources that were used in the study, providing the reader with a comprehensive list of references.

Therefore, on the basis of the above discussion, operation of Turkey Point Units 3 and 4 in accordance with the proposed amendments would pose no threat to the public health and welfare, and would not involve a significant hazards consideration.

The following is a list of the names of the persons who have been appointed to the various positions in the Department of the Interior, under the authority of the President, and who have been sworn in as such.

EXISTING CONTROL ROOM HVAC SYSTEM

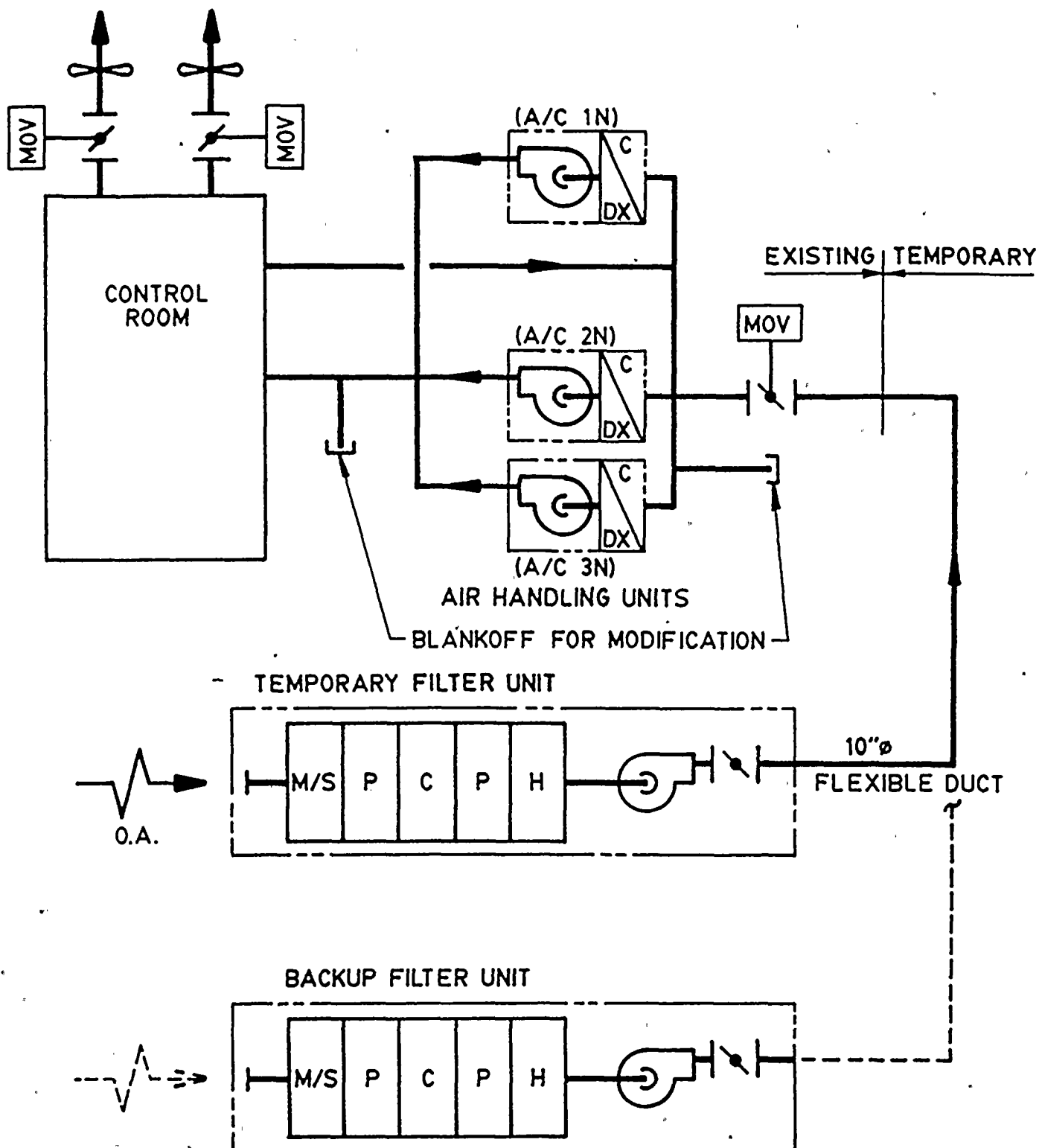


LEGEND

MOV-MOTOR OPERATED VALVE
O.A.-OUTSIDE AIR
P -PRE-FILTER
H -HEPA FILTER
C -CHARCOAL ADSORBER

FIGURE 1

TEMPORARY CONTROL ROOM HVAC SYSTEM

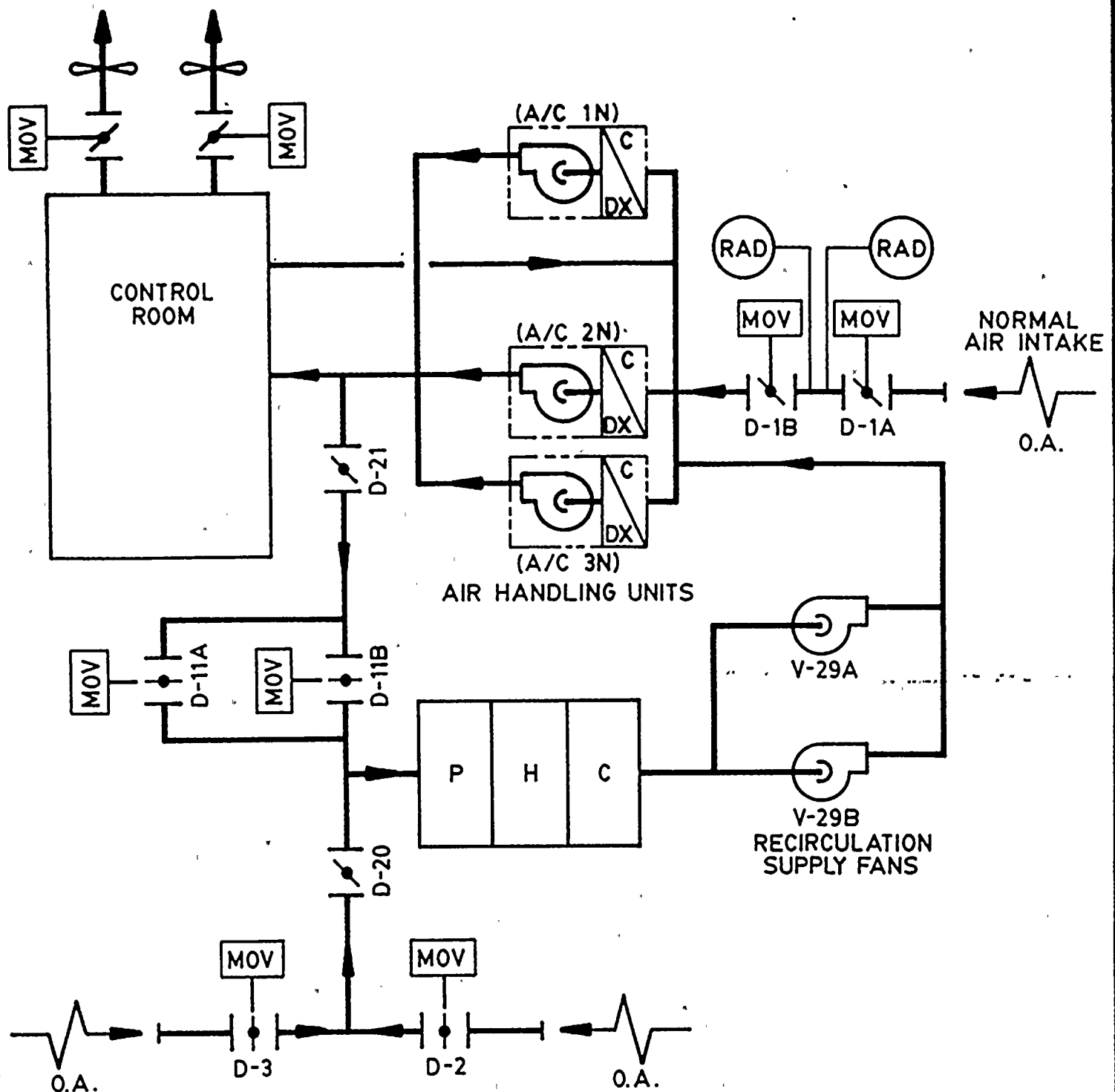


LEGEND

MOV - MOTOR OPERATED VALVE
 O.A. - OUTSIDE AIR
 P - PRE-FILTER
 H - HEPA FILTER
 C - CHARCOAL ADSORBER
 M/S - MOISTURE SEPARATOR

FIGURE 2

PERMANENT CONTROL ROOM HVAC SYSTEM



LEGEND

MOV - MOTOR OPERATED VALVE
 O.A. - OUTSIDE AIR
 P - PRE-FILTER
 H - HEPA FILTER
 C - CHARCOAL ADSORBER
 RAD - RADIATION MONITOR DETECTOR

FIGURE 3

ATTACHMENT TO LICENSE AMENDMENT

AMENDMENT NO. FACILITY OPERATING LICENSE NO. DPR-31

AMENDMENT NO. FACILITY OPERATING LICENSE NO. DPR-41

DOCKET NO. 50-250 AND 50-251

Revise Appendix A as follows:

Remove Pages

3.4-6

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Insert Pages

3.4-6

3.4-7

THE UNITED STATES OF AMERICA
DO hereby certify that
[Name] is a citizen of the United States of America
and is entitled to the rights and privileges of citizenship
under the Constitution and laws of the United States.

WITNESSETH
[Signature]

ATTEST
[Signature]
[Title]