



Commonwealth Edison
LaSalle County Nuclear Station
Rural Route #1, Box 220
Marseilles, Illinois 61341
Telephone 815/357-6761

Date

3-29-84

TO:

Thuc. Rec. Bg.

SUBJECT: LaSalle County Station Controlled Procedure Manuals
Set # 96-105

Attached are copies of Off-Site Notification forms that have not been signed and returned to our office.

It is imperative that you update your manuals and return the notification forms to our office in a timely manner.

If the Set # mentioned above has been transferred to another person, please list below who presently holds the controlled set.

Also, if you believe you have updated your manuals according to the attached notifications, please verify this by checking the notifications against your controlled set, signing the notification forms and return them to our office.

Your immediate attention to this matter will be appreciated.

Office Supervisor
LaSalle County Station

Attch.

L2P

A045
11

8404030128 840329
PDR ADDCK 05000373
F PDR

ATTACHMENT C

OFF-SITE PROCEDURE NOTIFICATION FORM

12-30-83
DATE

NUC REC. REG.

Please REMOVE the following pages from your controlled copy of the LaSalle County Station LZP'S Procedures Manual. INSERT the new pages as indicated and REMOVE and DESTROY the superseded pages. SIGN this transmittal form in the space provided for Manual holder below. RETURN this signed sheet to:

Office Supervisor
LaSalle County Station

Station Superintendent
LaSalle County Station

96-105

MANUAL NUMBER

MANUAL HOLDER SIGNATURE
(IF NEW HOLDER, PLEASE ADVISE)

DATE

DOCUMENT	REMOVE/REV.	INSERT/REV/DATE
<u>LZP INDEX</u>	<u>1-6</u>	<u>1-6</u> <u>10/83</u>
<u>1180-2</u>	<u>1</u>	<u>2</u> <u>12/83</u>
<u>1550-9</u>	<u>2</u>	<u>3</u> <u>"</u>
<u>1550-10</u>	<u>0</u>	<u>1</u> <u>"</u>

ATTACHMENT C

OFF-SITE PROCEDURE NOTIFICATION FORM

12-23-83
DATE

Nuc Reg Reg (10)

Please REMOVE the following pages from your controlled copy of the LaSalle County Station LZP's Procedures Manual. INSERT the new pages as indicated and REMOVE and DESTROY the superseded pages. SIGN this transmittal form in the space provided for Manual holder below. RETURN this signed sheet to:

Office Supervisor
LaSalle County Station

Station Superintendent
LaSalle County Station

96-105
MANUAL NUMBER

MANUAL HOLDER SIGNATURE
(IF NEW HOLDER, PLEASE ADVISE)

DATE

DOCUMENT	REMOVE/REV.	INSERT/REV/DATE
<u>LZP INDEX</u>	<u>1-6</u>	<u>1-6</u> <u>10/83</u>
<u>1330-21</u>	<u>3</u>	<u>4</u> <u>11/83</u>
<u>1330-25</u>	<u>2</u>	<u>3</u> <u>"</u>
_____	_____	_____
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