



Alabama Power

the southern electric system

January 18, 1984

Director, Office of Nuclear Reactor Regulation
ATTN: Document Control Desk
US Nuclear Regulatory Commission
Washington, DC 20555

Dear Sir:

In accordance with Alabama Power Company Administrative Procedure, FNP-0-AP-4, Control of Plant Documents and Records, attached are revisions to FNP-0-EIP-8.

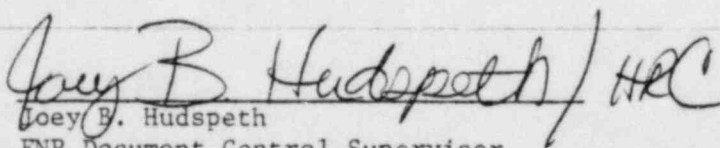
Please verify that you have the procedures with the corresponding copy numbers that are listed on the Document Transmittal Form.

Please sign and return the forms as soon as possible to the following address:

Alabama Power Company
Farley Nuclear Plant
P.O. Box 470
Ashford, AL 36312
ATTN: Document Control Supervisor

If you should have any questions, please call me at 205-899-5156 Ext. 422.

Sincerely,


Joey B. Hudspeth
FNP Document Control Supervisor

JBH:hrc

cc: Larry W. Enfinger
File

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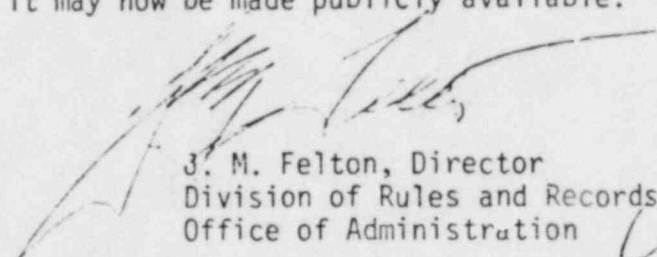
UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

July 17, 1984

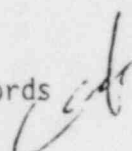
50-348/364 Farley

MEMORANDUM FOR: Chief, Document Management Branch, TIDC
FROM: Director, Division of Rules and Records, ADM
SUBJECT: REVIEW OF UTILITY EMERGENCY PLAN DOCUMENTATION

The Division of Rules and Records has reviewed the attached document and has determined that it may now be made publicly available.



J. M. Felton, Director
Division of Rules and Records
Office of Administration



Attachment: As stated

J. M. FARLEY NUCLEAR PLANT
PRODUCTION DEPARTMENT DOCUMENT CONTROL
DOCUMENT TRANSMITTAL FORM
FOR DOCUMENTS TRANSMITTED TO DOCUMENT CONTROL DESK
DATE 840119

DOCUMENT NUMBER	REVISION NUMBER	COPY	DOCUMENT CATEGORY
FNP-0-EIP-008	29A	53	H6. 17
FNP-0-EIP-008	29A	54	H6. 17
FNP-0-EIP-008	29A	55	H6. 17

INSTRUCTIONS TO THE ADDRESSEE

- (1) VERIFY THE DOCUMENTS RECEIVED AGREE WITH THE ABOVE DESCRIPTION
- (2) INCORPORATE THE TRANSMITTED DOCUMENTS INTO YOUR FILES
- (3) DOCUMENTS OR PORTIONS OF DOCUMENTS WHICH ARE SUPERCEDED BY THE ABOVE MUST BE DESTROYED
- (4) SIGN IN THE SPACE BELOW INDICATING THAT YOU COMPLETED THESE INSTRUCTIONS AND RETURN THIS FORM TO THE DOCUMENT CONTROL SUPERVISOR

SIGNATURE OF ADDRESSEE _____