

BOSTON EDISON COMPANY
800 BOYLSTON STREET
BOSTON, MASSACHUSETTS 02199

WILLIAM D. HARRINGTON
SENIOR VICE PRESIDENT
NUCLEAR

Date: Aug. 27, 1984
BECO. Ltr. #84-139

Dr. Thomas E. Murley
Regional Administrator
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19046

License No. DPR-35
Docket No. 50-293

Dear Dr. Murley:

Re: Pilgrim Station Emergency Preparedness Drill

In accordance with 10 CFR 50 appendix E, Boston Edison Company (BECO) conducted its annual emergency preparedness exercise on August 15, 1984.

In subsequent discussions with members of your staff involved in the review of our drill, we were informed that they are unable to validate certain components of our emergency response capabilities. Specifically, because of the way in which the exercise was structured, the capability to classify promptly an emergency and conduct radiological assessment and follow-up actions could not be determined adequate by the NRC observation team.

Therefore, we propose to demonstrate these capabilities in the following manner:

1. BECO ordinarily conducts annual Health Physics and Post Accident Sampling drills in late Fall. These two drills will be combined and expanded to include emergency classification and radiological assessment functions, and will be conducted no later than November 9, 1984.
2. An additional training module on exercise standards and conduct will be provided to participants.
3. The drill scenario will involve plant conditions which will require classification and upgrading of the emergency category, prompt radiological assessment in the Control Room, prompt notification to the Massachusetts State Police, and an actual or imminent radiological release which will result in dispatch of field teams, and conditions which will warrant decision making on the need to evacuate the reactor building.

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4. BECo will implement procedures requiring written protective action communications between EOF staff and the Massachusetts Department of Public Health, and invite participation by the latter in the drill so as to demonstrate that such procedures are effective.
5. The drill scenario will be developed in such a way as to minimize or eliminate controller/participant verbal communication.

We will keep your offices informed of our progress and meet with your staff in advance of the drill to discuss the scenario and drill standards. Should you have any questions or concerns in the interim, please do not hesitate to contact me.

Very truly yours,

W.D. Harrington

JDK/mbn