

DUKE POWER COMPANY

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05 MAR 27 1985 : 59
March 22, 1985

Dr. J. Nelson Grace, Regional Administrator
U. S. Nuclear Regulatory Commission
Region II
101 Marietta Street, NW, Suite 2900
Atlanta, Georgia 30323

Subject: McGuire Nuclear Station
Docket Nos. 50-369 and 50-370

Reference: RII:JLK
NRC/OIE Inspection Report 50-369/85-02 and
50-370/85-02

Dear Dr. Grace:

Pursuant to 10 CFR 2.201, please find attached a response to Violations 50-369/85-02-01, 50-370/85-02-01, and 50-369/85-02-04, 50-370/85-02-04 which were identified in the above referenced inspection report. Note that Duke Power Company is denying the latter violation.

Very truly yours,

H.B. Tucker / BT

H. B. Tucker

PBN/mjf

Attachment

cc: Mr. W. T. Orders
Senior Resident Inspector - NRC
McGuire Nuclear Station

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PDR ADOCK 05000369
Q PDR

DUKE POWER COMPANY

McGuire Nuclear Station

Response to NRC/OIE Inspection Report 50-369/85-02 and 50-370/85-02

Violation 50-369/85-02-01 and 50-370/85-02-01, Severity Level V (Supplement VIII):

10 CFR Part 50, Appendix E, Section V requires a licensee to submit copies of any changes to the emergency plan or implementing procedures to the NRC within 30 days of such changes.

Contrary to the above, licensee records showed that the following revised procedures were sent to copyholders (including NRC) on September 12, 1984:

<u>Implementing Procedure No.</u>	<u>Approval/effective date</u>
HP/1/B/1009/15	June 19, 1984
HP/2/B/1009/15	June 19, 1984
PT/O/A/4600/11	July 25, 1984
OP/2/B/6200/48	August 7, 1984

Response:

1. Admission or denial of the alleged violation:

Duke Power Company agrees that the violation occurred as stated in paragraph 6 of the subject NRC/OIE Inspection Report.

2. Reasons for the violation if admitted:

Procedures were not transmitted to parties responsible for distribution in a timely manner.

3. Corrective steps which have been taken and the results achieved:

Better communication and understanding between parties responsible for transmitting procedures to the parties responsible for distributing procedures to copy holders.

4. Corrective steps which will be taken to avoid further violations:

Better communication and closer coordination between responsible parties. Audit sheet will be distributed to the responsible sections every two weeks to assure of current procedure revision.

5. Date when full compliance will be achieved:

The station is in full compliance with the code of federal regulations requirement in this area.

10 CFR 50.54(t) requires a licensee to provide for an annual independent review of its emergency preparedness program. The review is to include an evaluation for adequacy of interfaces with State and local governments.

Contrary to the above, the most recent evaluation for adequacy of interfaces (included in the audit conducted between December 10, 1984 and January 4, 1985) was not acceptable in that it failed to: (a) determine through independent methods, such as interviews or discussions with cognizant representatives of offsite support agencies, whether the normal operational interfaces between the licensee and said agencies were adequate, and whether training provided to those agencies, as required by letters of agreement, was adequate in scope and content to prepare those agencies to properly support the licensee's emergency response effort; and (b) detect the fact that the State of North Carolina had not provided a written response to the licensee's June 1984 correspondence concerning the annual review (required by 10 CFR Part 50, Appendix E, Section IV.B) of the McGuire Emergency Action Levels.

Response:

1. Admission or denial of the alleged violation:

Duke Power Company denies the alleged violation.

- (a) Regulatory requirements establish a 12-month review, for adequacy, of the interface between the utility and the state and local governments. Duke Power does not think this indicates interviews are mandatory. Duke believes that interviews of this nature could, in fact, interfere with established relationships between utility and agency, resulting in misunderstandings by the support agency personnel.

The process utilized by the audit team, as reflected by the audit plan, checklist, and resulting audit report, provides appropriate insight into the adequacy of the interface. It also evaluates adequacy of training and agency plan compatibility. That audit process is as follows:

- Assurance that current, valid letters of agreement are available from each county government within the 10-mile EPZ and state governmental agencies addressed by the Emergency Plan. These letters are verified to contain that information required by NUREG-0654.
- An evaluation of the critiques of exercises involving state and local governments. This review is performed in an effort to determine the existence of any problems indicative of difficulties with offsite agencies.
- The adequacy of state and local plan interfacing is evaluated by assuring that interfacing agency emergency plans adequately reflect the guidance forwarded by NUREG-0654. Additionally, it is verified that these plans do not contradict statements made by Duke's Corporate or Station Emergency Plans.

- The adequacy of the training provided to offsite agencies is evaluated for conformance with the guidance of NUREG-0654 and the requirements of the appropriate implementing procedure. This evaluation includes the assurance that governmental agencies required to be provided this training do, in fact, receive it.
- The audit team periodically attends emergency preparedness exercises involving interfacing of governmental agencies. Special emphasis is placed on observing conditions which indicate training inadequacies, communication problems, or deficient items involving interfacing agencies. Significant items are addressed in the appropriate departmental audit report.

(b) Duke Power agrees the audit did not detect the missing letter, and appropriate corrective action has been taken to obtain it from the state of North Carolina. Duke does not think that this one oversight is indicative of an inadequate review. Furthermore, this missing letter would not have been detected by personal interview with state agencies.

2. Reasons for the violation if admitted:

Not applicable

3. Corrective steps which have been taken and the results achieved:

See 1.(b) above

4. Corrective steps which will be taken to avoid further violations:

Not applicable

5. Date when full compliance will be achieved:

The station has been in full compliance with the code of Federal Regulations requirements in this area.