

SSER

Task: Allegation A-335

Reference No.: 4-84-A-45

Characterization: The allegation is that documentation does not exist to verify that inspectors who signed concrete curing records for the reactor containment building (RCB) dome and parapet wall were on site over weekends in order to implement procedures requiring that concrete being cured be monitored once a day for seven consecutive days.

Assessment of Allegation: The basis for this allegation was identified by Ebasco during their review of Fegles Power Service Corporation documentation. Ebasco brought these discrepancies to Fegles attention in a March 11, 1980 letter (W3QA-9766) from the Ebasco QA Site Supervisor. A nonconformance report (NCR W3-2169) was generated by Fegles Power Service Corporation to address the record discrepancy, the lack of a seven-day curing time, and the lack of inspection checks for curing at the end of the first day. The NCR recommended "use-as-is" for disposition of the issue based on the compressive strengths of field-cured cylinders and the core drilled cylinders for some of the RCB dome placements. The NCR was closed by Ebasco on November 18, 1981.

The NRC staff reviewed this NCR and its disposition and determined that there are no outstanding safety questions as a result of these curing record discrepancies. This allegation has neither safety significance nor generic implications.

Potential Violations: 10 CFR 50, Appendix B, Criterion V states that activities affecting the quality of work shall be prescribed by procedures and shall be accomplished in accordance with the procedures. Ebasco specification LOU-1564.472, Section II, was not followed in relation to the inspection of concrete curing on the dome. Fegles procedure (CP-303-4), which requires monitoring the curing once per day for seven days, was also not followed.

Actions Required: None.

References:

1. NCR-W3-2169
2. LOU-1564.472, Section II "Curing, Protecting, Repairing, and Finishing"
3. Ebasco letter (W3QA-9766) dated March 11, 1980 by Ebasco QA Site Supervisor.

Statement Prepared By:

John K. Devers

Date

Reviewed By:

Team Leader

Date

Reviewed By:

Site Team Leader(s)

Date

Approved By:

Task Management

Date

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

✓ 4

FINAL
Rev. 3

A-335, Rev 3, 6/19/89

FINAL

FINAL SSER ROUTING

Revision :	0	1	2	3
Denny Crutchfield	<i>[Signature]</i>			
Jim Gagliardo	✓			

FINAL SSER ROUTING

A-335

Revision :	0	1	2	3
✓ Denny Crutchfield	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Jim Gagliardo	<i>[Signature]</i>	<i>[Signature]</i>		

OK Final
as is
6/15/89

FINAL

was 6/8 (error)

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

FINAL

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

✓4

SSER

Task: Allegation A-335

Reference No.: 4-84-A-45

Characterization: The allegation is that documentation does not exist to verify that inspectors who signed concrete curing records for the reactor containment building (RCB) dome and parapet wall were on site over weekends in order to implement procedures requiring that concrete being cured be monitored once a day for seven consecutive days.

Assessment of Allegation: The basis for this allegation was identified by Ebasco during their review of Fegles Power Service Corporation documentation. Ebasco brought these discrepancies to Fegles attention in a March 11, 1980 letter (W3QA-9766) from the Ebasco QA Site Supervisor. A nonconformance report (NCR W3-2169) was generated by Fegles Power Service Corporation to address the record discrepancy, the lack of a seven-day curing time, and the lack of inspection checks for curing at the end of the first day. The NCR recommended "use-as-is" for disposition of the issue based on the compressive strengths of field-cured cylinders and the core drilled cylinders for some of the RCB dome placements. The NCR was closed by Ebasco on November 18, 1981.

The NRC staff reviewed this NCR and its disposition and determined that there are no outstanding safety questions as a result of these curing record discrepancies. This allegation has neither safety significance nor generic implications.

Potential Violations: 10 CFR 50, Appendix B, Criterion V and states that activities affecting the quality of work shall be prescribed by procedures and shall be accomplished in accordance with the procedures. Ebasco specification LOU-1564.472, Section II, was not followed in relation to the inspection of concrete curing on the dome. Fegles procedure (CP-303-4), which requires monitoring the curing once per day for seven days, was also not followed.

Actions Required: None.

References:

1. NCR-W3-2169
2. LOU-1564.472, Section II "Curing, Protecting, Repairing, and Finishing"
3. Ebasco letter (W3QA-9766) dated March 11, 1980 by Ebasco QA Site Supervisor.

Statement Prepared By:

John K. Devers

Date

Reviewed By:

Team Leader

Date

Reviewed By:

Site Team Leader(s)

Date

Approved By:

Task Management

Date

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

✓4

A-335, REV 4 G11
RETYPE
FOR CORRECTION

SSER

Task: Allegation A-335

Reference No.: 4-84-A-45

Characterization: The allegation is that documentation does not exist to verify that inspectors who signed concrete curing records for the reactor containment building (RCB) dome and parapet wall were on site over weekends in order to implement procedures requiring that concrete being cured be monitored once a day for seven consecutive days.

Assessment of Allegation: The basis for this allegation was identified by Ebasco during their review of Fegles Power Service Corporation documentation. Ebasco brought these discrepancies to Fegles attention in a March 11, 1980 letter (W3QA-9766) from the Ebasco QA Site Supervisor. A nonconformance report (NCR W3-2169) was generated by Fegles Power Service Corporation to address the record discrepancy, the lack of a seven-day curing time, and the lack of inspection checks for curing at the end of the first day. The NCR recommended "use-as-is" for disposition of the issue based on the compressive strengths of field-cured cylinders and the core drilled cylinders for some of the RCB dome placements. The NCR was closed by Ebasco on November 18, 1981.

The NRC staff reviewed this NCR and its disposition and determined that there are no outstanding safety questions as a result of these curing record discrepancies. This allegation has neither safety significance nor generic implications.

Potential Violations: 10 CFR 50, Appendix B, Criterion V ~~and~~ states that activities affecting the quality of work shall be prescribed by procedures and shall be accomplished in accordance with the procedures. Ebasco specification LOU-1564.472, Section II, was not followed in relation to the inspection of concrete curing on the dome. Fegles procedure (CP-303-4), which requires monitoring the curing once per day for seven days, was also not followed.

Actions Required: None.

References:

1. NCR-W3-2169
2. LOU-1564.472, Section II "Curing, Protecting, Repairing, and Finishing"
3. Ebasco letter (W3QA-9766) dated March 11, 1980 by Ebasco QA Site Supervisor.

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

DC's & JGs

cv. no comments

~~FINAL~~

✓ 4

SSER

Task: Allegation A-335

Reference No.: 4-84-A-45

Characterization: The allegation is that documentation does not exist to verify that inspectors who signed concrete curing records for the reactor containment building (RCB) dome and parapet wall were on site over weekends despite procedures requiring that concrete being cured be monitored once a day for seven consecutive days.

Assessment of Allegation: The basis for this allegation was identified by Ebasco during their review of Fegles Power Service Corporation documentation. Ebasco brought these discrepancies to Fegles attention in a March 11, 1980 letter (W3QA-9766) from the Ebasco QA Site Supervisor. A nonconformance report (NCR W3-2169) was generated by Fegles Power Service Corporation to address the record discrepancy, the lack of a seven-day curing time, and the lack of inspection checks for curing at the end of the first day. The NCR recommended "use-as-is" for disposition of the issue based on the compressive strengths of field-cured cylinders and the core drilled cylinders for some of the RCB dome placements. The NCR was closed by Ebasco on November 18, 1981.

The NRC staff reviewed this NCR and its disposition and determined that there are no outstanding safety questions as a result of these curing record deficiencies. This allegation has neither safety significance nor generic implications.

Potential Violations: 10 CFR 50, Appendix B, Criterion X and ANSI N45.2, Criterion XI, state that inspection activities to verify the quality of work shall be performed by persons other than those who performed the activity being inspected. Ebasco specification LOU-1564.472, Section II, was not followed in relation to the inspection of concrete curing on the dome. Fegles procedure (CP-303-4), which requires monitoring the curing once per day for seven days, was also not followed.

Actions Required: None.

References:

1. NCR-W3-2169
2. LOU-1564.472, Section II "Curing, Protecting, Repairing, and Finishing"
3. Ebasco letter (W3QA-9766) dated March 11, 1980 by Ebasco QA Site Supervisor.

4

Statement Prepared By:

John K. Devers

Date

Reviewed By:

Team Leader

Date

Reviewed By:

Site Team Leader(s)

Date

Approved By:

Task Management

Date

Document Name:
SSER A-335

Requestor's ID:
CONNIE

Author's Name:
John Devers

Document Comments:

✓ 4
FILE
PER WAR
6-19-84

SSER

Task: Allegation A-335

Reference No.: 4-84-A-45

in order to
Characterization: The allegation is that documentation does not exist to verify that inspectors who signed concrete curing records for the reactor containment building (RCB) dome and parapet wall were on site over weekends despite procedures requiring that concrete being cured be monitored once a day for seven consecutive days.

Assessment of Allegation: The basis for this allegation was identified by Ebasco during their review of Fegles Power Service Corporation documentation. Ebasco brought these discrepancies to Fegles attention in a March 11, 1980 letter (W3QA-9766) from the Ebasco QA Site Supervisor. A nonconformance report (NCR W3-2169) was generated by Fegles Power Service Corporation to address the record discrepancy, the lack of a seven-day curing time, and the lack of inspection checks for curing at the end of the first day. The NCR recommended "use-as-is" for disposition of the issue based on the compressive strengths of field-cured cylinders and the core drilled cylinders for some of the RCB dome placements. The NCR was closed by Ebasco on November 18, 1981.

discrepancies
The NRC staff reviewed this NCR and its disposition and determined that there are no outstanding safety questions as a result of these curing record deficiencies. This allegation has neither safety significance nor generic implications.

Potential Violations: 10 CFR 50, Appendix B, Criterion X and ANSI N45.2, Criterion XI, state that inspection activities *to verify* the quality of work shall be performed by persons other than those who performed the activity *prescribed by* being inspected. Ebasco specification LOU-1564.472, Section II, was not followed in relation to the inspection of concrete curing on the dome. Fegles procedure (CP-303-4), which requires monitoring the curing once per day for seven days, was also not followed.

Actions Required: None.

References:

1. NCR-W3-2169
2. LOU-1564.472, Section II "Curing, Protecting, Repairing, and Finishing"
3. Ebasco letter (W3QA-9766) dated March 11, 1980 by Ebasco QA Site Supervisor.

procedures and shall be accomplished in accordance with the procedures.

Statement Prepared By:

John K. Devers

Date

Reviewed By:

Team Leader

Date

Reviewed By:

Site Team Leader(s)

Date

Approved By:

Task Management

Date



LOUISIANA
POWER & LIGHT

217 BARRONNE STREET
NEW ORLEANS, LOUISIANA 70180

P.O. BOX 60340

(504) 585-2204

J.M. CAIN
President and
Chief Executive Officer

June 28, 1984

W3B84-0449

Mr. Darrell G. Eisenhut, Director
Division of Licensing
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

SUBJECT: Program Plan for Resolution of Pre-Licensing Issues

REFERENCE: NRC Letter Dated June 13, 1984, Docket No. 50-382.

Dear Mr. Eisenhut:

Louisiana Power & Light has established a major program, with significant commitment of management resources, to address the issues raised in your letter to me of June 13, 1984.

I am enclosing for your information a program plan which describes the organization of our new program and the methods of approaching resolution of the issues you have raised. Key to our program is the designation of an outside, highly qualified Task Force to assist in the development of our plans for resolution and to independently assess the adequacy of the resolutions and their safety significance. The Task Force will consist of Larry L. Humphreys, President, UNC Nuclear Industries, Inc., Saul Levine, Vice President, NUS Corporation, and Robert L. Ferguson, Chairman, UNC, assisted by suitable UNC and NUS personnel.

The Task Force will independently review LP&L's proposed resolution of the matters, and will report directly to me. Formal reports to me will be simultaneously provided to you. The Task Force's charter is set out in my June 20, 1984 letter to the Task Force, enclosed.

We have also designated a top management team dedicated to resolution of the issues and administration of our program. The team is headed by Dale E. Dobson, Waterford 3 Project Manager, reporting directly to R.S. Leddick, Senior Vice President - Nuclear, and includes management involvement of the plant operational staff. I will be personally and directly overseeing the program efforts.

84-0702431-3pp.

Mr. Darrell G. Eisenhut
June 28, 1984
W3884-0449
Page 2

In addition, the resolution of the issues raised by your staff will be reviewed by the Waterford 3 Safety Review Committee (SRC) through a special subcommittee consisting of Kenneth W. Cook, LP&L Nuclear Support and Licensing Manager, Chairman; Joseph M. Hendrie, Consulting Engineer; Robert M. Douglass, Manager of Quality Assurance, Baltimore Gas & Electric Company; Raymond F. Burski, LP&L Engineering and Nuclear Safety Manager; and Thomas F. Gerrets, LP&L Corporate Quality Assurance Manager.

You can be assured that LP&L is totally dedicated to achieving the highest level of safety achievable in the plant, and we take very seriously the matters you have set out in your letter. I do not intend to request a fuel loading/low power license, or a full power license, until I am personally satisfied that all issues necessary for those phases of plant operation have been satisfactorily addressed to assure the public health and safety. You have my personal assurance that necessary programmatic and management changes arising from our program to resolve these issues will be immediately and effectively implemented.

The attachment to the program plan listing the LP&L approach to resolution of the individual issues has not yet been reviewed by the Task Force or the SRC, and is subject to modification as a result of reviews by those groups and your staff. The plan is intended to provide an early and high level of confidence in the successful resolution of the issues and concerns you have raised.

I welcome your comments and suggestions.

Very truly yours,

James M. Cain
J. M. Cain

Enclosures:
As Stated

cc: With Enclosure:
See next page

cc: R.S. Leddick
Waterford 3

D.E. Dobson
Waterford 3

Les Constable
Waterford 3

Saul Levine
NUS Corporation
910 Clopper Road
Gaithersburg, MD 20878

Robert L. Ferguson
UNC Nuclear Industries
1200 Jadwin, Suite 425
Richland, WA 99352

Larry L. Humphreys
UNC Nuclear Industries
P.O. Box 490
Richland, WA 99352

J.T. Collins
U.S. Nuclear Regulatory Commission
Region IV
Arlington, Texas 76011

Dennis Crutchfield
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

George Knighton, Chief
Licensing Branch No. 3
Division of Licensing
Washington, D.C. 20555

Gerald Charnoff
Shaw, Pittman, Potts & Trowbridge
1800 M. St. N.W.
Washington, D.C. 20555

June 28, 1984

WATERFORD 3
PROGRAM PLAN AND SCHEDULE

I. INTRODUCTION AND PURPOSE

This Program Plan outlines the methods by which the 23 individual issues described in the NRC letter, Docket No. 50-382, dated June 13, 1984, are to be resolved by LP&L. Further, the Plan provides a mechanism to address the cause of the issues, the generic implications and collective significance of the issues, and the programmatic and management changes designed to preclude recurrence of such issues. The Program includes the establishment of an independent Task Force to advise LP&L and evaluate LP&L's resolution of the issues, and separate review of the resolution by the Waterford 3 Safety Review Committee (SRC).

II. PROGRAM PLAN MANAGEMENT

1. The LP&L Project Manager - Nuclear is assigned responsibility for management of the overall Plan and actions outlined in paragraphs III and IV below. He will perform these tasks in a normal line management role and have access to and the support of any requisite LP&L and contractor managers and staffs on a top priority basis. He will assure effective interfaces with external groups including the SRC and the UNC/NUS Task Force described in paragraph VI below.
2. The Project Manager-Nuclear reports directly to the Senior Vice President-Nuclear, who in turn reports directly to the President and Chief Executive Officer of LP&L. Both the Senior Vice President-Nuclear and the CEO are directly and actively involved in the management of the Program.

III. RESOLUTION OF ISSUES

1. Each issue will be analyzed to determine:
 - The cause
 - The generic implication

840702/425

- The actions and schedules to correct both the specific problem and related generic concerns
 - The safety significance with respect to fuel load and low power operation, and to operation above 5% power
2. The intended manner in which each of the 23 issues are to be addressed is described in Attachment 1. It should be noted that the manner of resolution may need modification as actions necessary to resolve any related safety concerns are undertaken.

IV. COLLECTIVE SIGNIFICANCE AND PROGRAMMATIC CHANGES

As early as feasible in the process of formulating the information contained in paragraph III above, the LP&L Project Manager-Nuclear will:

1. assess the collective significance of the individual issues, and
2. recommend institutional or programmatic changes deemed appropriate to avoid recurrence of the types of problems underlying the issues being addressed

V. SAFETY REVIEW COMMITTEE

1. The Waterford 3 Safety Review Committee (SRC) has designated an SRC subcommittee to review the items outlined in paragraph III and IV above.
2. The SRC subcommittee consists of Kenneth W. Cook, LP&L Nuclear Support and Licensing Manager, Chairman; Joseph M. Hendrie, Consulting Engineer; Robert M. Douglass, Manager of Quality Assurance, Baltimore Gas and Electric Company; Raymond F. Burski, LP&L Engineering and Nuclear Safety Manager; and Thomas F. Gerrets, LP&L Corporate Quality Assurance Manager.

VI. INDEPENDENT ASSESSMENT

1. An independent assessment of the resolutions and determination of safety significance will be provided by a Task Force reporting directly to the CEO of LP&L. The Task Force consists of officials of UNC Nuclear Industries, Inc., Richland, Washington, and

NUS Corporation, Gaithersburg, Maryland, who will be assisted by UNC and NUS staff members, as required. The Task Force will independently assess LP&L's resolution of the issues, including the cause, generic implications and collective significance of the issues. The Task Force will also provide advice and assistance in the resolution of the issues, and will provide an independent assessment of the safety significance of the issues with respect to fuel loading and low power testing, and operation above 5% power. It will assess the adequacy of LP&L QA/QC program in light of the NRC's issues, and will recommend any institutional or programmatic changes which may be necessary to prevent recurrence of the issues.

2. The charter, identification of principals, initial functions have been formalized, as specified in Attachment 2 hereto.

VII. RESPONSE TO NRC

The individual issues vary considerably in both the degree of concern and complexity of resolution. Therefore, LP&L intends to forward to the NRC the proposed resolution data individually or in packages as they are completed and have undergone the degree of review specified herein. Some of the resolutions may be submitted before completion of all requisite corrective actions, which are underway or defined and scheduled for accomplishment, have been accomplished. Upon submittal, each resolution will be added as Appendix A of the Program Plan to constitute a major part of the final report.

VIII. SCHEDULE

Attachment 1 lists the target dates for Project Management completion of resolution data on each issue. These dates include a period of time Project Management has scheduled for completion of its review and that of by the SRC and Task Force, although these dates are difficult to predict. Target dates for development of the collective significance of the issues and recommended programmatic changes outlines in paragraph IV above are to be established by July 6, 1984.

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO 5% >5% JUSTIFICATION
E. Inspection Personnel Issues	Verify the proper certification of site QA/QC personnel or requalify the work performed by these personnel.	<p>LP&L will verify the credentials of QA managers, supervisors and personnel certifying inspectors, and auditors.</p> <p>A verification of the certification of approximately 20% of all QC inspectors is being done to assess the safety significance of the concern. A description of the certification criteria (ANSI N45.2.6-1973), as required by the Quality program, and a matrix showing certification and supporting documentation will be prepared. Further efforts, including any necessary reinspections, will be based on specific problems and root cause analyses and will be as necessary to verify the adequacy of the program and compliance with the program.</p> <p>For the QC Inspectors remaining onsite, a reverification of proper certification in accordance with ANSI N45.2.6-1973 is being accomplished.</p> <p>Quality Control Inspections currently being undertaken as part of other programs will be performed by QC personnel reverified as qualified under ANSI N45.2.6-1973.</p>	7/20	<p>A preliminary evaluation of T-B and Mercury QC inspectors questioned by the NRC indicate they were qualified and certified to perform their assigned work function.</p> <p>It is important to note that inspectors for the major installers of safety related equipment and systems (e.g., Tompkins-Beckwith, Fischback Moore, Mercury, BISCO, American Bridge, J. A. Jones, and Goli performed no non-destructive testing (NDT). NDT was provided by GEO.</p> <p>An audit was performed on all contractors performing safety related work. An assessment of the current audit results, which do not include American Bridge and CE, indicate QC personnel were qualified and certified. Additional backup information has been requested from CE and American Bridge to complete evaluation. The preliminary results of the audit are as follows:</p> <ol style="list-style-type: none"> 1. GEO (HDE) - 23 sampled/23 qualified 2. Walbridge - 5 sampled/5 qualified 3. BAB - 8 sampled/8 qualified 4. Sline - 15 sampled/15 qualified

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO SZ >SZ	JUSTIFICATION
2. Missing NI Instrument Line Documentation	Verify compliance with NRC requirements for NI instrumentation installations.	LP&L will review all NI instrumentation installed during the period when class breaks were allowed (prior to April 7, 1982), identify required documentation to demonstrate correct installation and inspection, and identify the documentation available. A QA review of all safety-related NI instrumentation systems has been performed which verified that all installations were properly documented and inspected.	7/6		To date, 90 locally mounted NI instruments have been identified as being installed prior to April 7, 1982. To date, using ASME documentation criteria as a basis for comparison, full or partial compliance can be shown for the 12 installations at issue. Of the remaining installations, 35 had no class break, 19 were thermocouples with no tubing, and had been reclassified to B2 (i.e., not required for safe shutdown).

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LPAL APPROACH TO RESOLUTION	DATE	NONE FL TO 52 752	JUSTIFICATION
---------------	----------------------	-----------------------------	------	-------------------	---------------

1. Instrumentation Expansion Loop Separation	Correct separation criteria violations found in system 52A and provide a program for review of other safety-related violations and take the necessary corrective actions.	<p>NCR-W3-7702 covers the system 52A problems and has been dispositioned to remove the expansion loops in question thus solving the problem.</p> <p>NCR-W3-7730 was generated to track the generic concern. In order to provide some basis for determining the scope of our program, a sample of 51 instrument installations were chosen for review in area of congestion, and walkdowns of these lines were done. Thirteen violations were found out of 276 locations, although only one required rework. It was decided to perform a QC verification of all lines where the redundant tubing was run together and take the appropriate action. An interim response discussing the resolution of NCR-W3-7702 items and the status of NCR-W3-7730 reinspections will be provided as well as a schedule for completion of the reinspections.</p>	7/13		<p>The walkdown to date represents approximately 20% of the installations to be walked and the amount of rework being identified has been found to be very minor (i.e., the feet of tube track covered). If the issue had gone undetected it would not have been likely to cause a safety concern.</p>
----------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 52	>52	JUSTIFICATION
4. Lower Tier Corrective Actions Are Not Being Upgraded to NCRs	<p>LP&L shall review all FCRs, DCNs, EDNs, and T-B DNs to assure that proper corrective action was taken, including an adequate review by QA. This corrective action shall include the steps required by 10CFR50, Appendix B, Criterion XVI Corrective Action and for Construction Deficiency Reporting, 50.55(e). Also, included in this review shall be the examination of improper voiding of all other design changes or discrepancy notices that affected safety-related systems or that were misclassified as safety.</p>	<p>LP&L will review the lower tier document reporting system to ensure it was structured in such a manner that procedures, integral to the Quality Program, provided a sound basis for decisions regarding the severity level of documents used to report deficiencies. The review will specifically consider QA and QC reviews of engineering/construction judgments on deficiencies as it relates to the corrective action and nonconformance requirements of 10 CFR 50 Appendix B and the reporting requirements of 10 CFR 50.55(e).</p> <p>The response will include an assessment of all the lower tier documents specifically cited by the NRC to verify the adequacy of the proceduralized safeguards in assuring that deficiencies with safety significance are being properly dispositioned and reported. There will also be an assessment of improper voiding.</p>	7/9				<p>Based on the current review, LP&L expects demonstrate that there has been adequate QA involvement in all lower tier documents with regard to 10CFR Appendix B corrective action and non-conformance requirements. This involvement is expected to show the appropriate corrective actions, specific and generic, are identified.</p> <p>Our current evaluation of the examples of lower tier documents cited by the NRC demonstrates that although a small percentage have been upgraded to NCR's under the quality program in effect, none had adverse safety significance.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	1.41. APPROACH TO RESOLUTION	DATE	NONE PL TO 5Z > 5Z	JUSTIFICATION
5. Vendor Documentation Conditional Releases	The concern relates to whether shortcomings in contractor's documentation which existed at the time the material was supplied have been corrected.	A problem did exist with formal tracking of Combustion Engineering Conditional Certifications of Equipment. Records associated with CE material and equipment were re-reviewed and conditional certifications will be identified and promptly resolved. Control of CE material and equipment differs from that of other contractors. In order to verify that a similar problem does not exist in the case of other contractors, a sample audit of other critical purchase orders will be performed. If the sample audit identifies any other problems with the handling of contractor material releases, additional reviews will be initiated.	7/13		The CE records and other records with exception of JA Jones and Waldinger have been reviewed. To date 14 CE conditional certifications have been changed to unconditional. No items affecting plant and have been identified in any of the comparisons and dispositions.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO SZ > SZ	JUSTIFICATION
6. Dispositioning of Non-conformance and Discrepancy Reports	Some Ebasco and Mercury NCRs and Ebasco DRs were questionably dispositioned and LP&L shall propose a program to assure all NCRs and DRs are appropriately upgraded, adequately dispositioned and corrective action completed and that any problems detected are corrected.	<p>First, the Inplace program for handling of lower tier documents such as DRs will be discussed.</p> <p>Second, the specific NCRs and DRs cited by the NRC will be evaluated for proper designation, disposition, and implementation of corrective action under the existing Quality program.</p> <p>Third, a review of all NCRs was started by LP&L in January to assess the validity of the disposition, the corrective action taken, the completeness of the documentation and proper closure.</p> <p>Fourth, a field verification will be conducted on one hundred randomly selected NCRs to ensure the corrective action resolved the nonconformance.</p> <p>If any problems are detected from these steps, a plan of further corrective action will be established.</p>	7/13		<p>To date, the NCRs cited by the NRC have been evaluated. Five of the 49 are being further evaluated. Three impact hardware and two software. A balance have been noted to be adequately dispositioned. The overall review of NCRs has been completed with the exception of approximately 300. A review showed 416 of the total 7750 NCRs were questioned. 87 of these deficiencies were documentation related and were not significant. The balance will be closed.</p> <p>To date 12 of 100 have been field verified. No conclusions have been drawn as of yet.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO 5% >5%	JUSTIFICATION
7. Backfill Soil Densities	Conduct a review of all soil packages for completeness and technical adequacy. Where records are missing or technical problems are defined, take corrective action.	The backfill records are being reviewed for completion and technical adequacy, record packages are being located and any technical issues will be evaluated.	7/13		The effect of any postulated variations in density in the fill is not of significance relative to the seismic response of the plant as designed. In addition, should there be a few minor records, a satisfactory demonstration of the quality of the backfill will be provided.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO SZ	JUSTIFICATION
8. Visual Examination of Shop Welds during Hydrostatic Testing	Document inspections of shop welds during hydro tests or otherwise verify such inspection.	LP&L will provide documentation verifying that shop welds were inspected by qualified inspectors.	7/6			Investigations to show that shop welds were inspected and accepted during hydrostatic tests by an Authorized Nuclear Inspector as demonstrated by reports. The ASME B-5 code reports also confirm that there was inspection of shop welds. The methodology of the 1410 hydrostatic tests provides additional qualification of testing. Documentation on the above will be provided.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO SZ	>SZ	JUSTIFICATION
9. Welder Certification	Locate missing documents for instrument cabinet welds and determine if welders were appropriately certified. Take appropriate action to assure the quality of the supports if documentation cannot be located.	NCR W3-7549 was generated on 2/1/84 to track this problem. No documentation was found on three of the eighteen cabinets and partial documentation found on four. All seven were reinspected and found acceptable. As a result of the missing documentation, a review is being performed to determine other miscellaneous cases where Jones performed welding. Documentation for the welding identified will be reviewed.	7/20				All welding evaluated to date has been found acceptable.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LPAL APPROACH TO RESOLUTION	DATE	NONE FL TO 5Z > 5Z	JUSTIFICATION
10. Inspector Qualification (J. A. Jones and Fegles)	Verify the proper certification of QA/QC personnel and evaluate the impact of any deficiencies found.	<p>A reassessment of the adequacy of the program to certify inspectors will be performed for approximately 20% of all QC inspectors to assess the safety significance of the concern.</p> <p>Where deficiencies are identified, the inspections made by the subject QC personnel will be reviewed and an evaluation made of the safety significance with regard to design construction and operation. The need for additional corrective action will be assessed as part of the safety evaluation.</p>	7/13		<p>Preliminary evaluation of J. A. Jones QC personnel qualification questioned by the B. indicate they were qualified and certified to perform their assigned work function. The sample size was twenty percent (20%). Nineteen of the 20 were qualified and one was qualified pending clarification. Additional backup information was requested from Fegles to complete our evaluation. It is important to note that the inspection performed was non-destructive testing (NDT). NDT was provided by GEN.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE PL TO 5% >5%	JUSTIFICATION
11. Cadwelding	Provide the cadweld data for the project in such a form that it can be readily compared to the testing criteria used for the Waterford 3 project with data broken down by various categories. Provide data on welder qualification and requalification including dates.	<p>The cadweld records will be transcribed onto computer data storage including the placement number, cadweld number, bar size, bar position, visual inspection acceptance or rejection, production splice tensile test acceptance or rejection, and sister splice tensile test acceptance or rejection.</p> <p>In this form the cadweld data can be called up by any of these attributes to expedite review for specification compliance or other reason. Also, physical location of cadwelds may then be readily obtained by reference to the concrete placement lift diagrams which locate the placements.</p> <p>Data on welder qualification and requalification will be gathered and provided as part of this effort.</p>	1/20		Prior reviews have already been accomplished under BCR W3-6214 and non-conforming conditions resolved.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO SZ >SZ	JUSTIFICATION
12. Main Steamline Framing Restraints	Complete the documentation for all connections in the steam generator framing.	<p>SCD 78 was resolved and subsequently reopened upon discovery that inspections in one area were not complete. NCR-W3-7736 issued to track resolution of the deficiency. In order to assure complete resolution of this concern, LP&L initiated both a 100% QC reinspection of steam generator framing connections as well as a review of the American Bridge work scope against the scope of SCD 78 reinspections to assure that reinspections were complete.</p> <p>All connections were reinspected. Requisite bolt replacement and NCR closure is scheduled to be completed by July 6, 1984.</p>	7/13		The safety significance of not replacing the bolts which were replaced is still under evaluation. However, the actual restraint structure is not critical until the reactor generates power and therefore the bolt replacement is not a constraint to fuel load or operations up to 50% power.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 5Z > 5Z	JUSTIFICATION
11. Missing NCRs	LP&L shall obtain the missing NCRs, explain why these NCRs were not maintained in the filing system, review them for proper voiding, and assure that when an issue is raised to an NCR, it is properly filed for tracking and closure.	<p>LP&L is conducting a review of closed and voided Ebasco NCRs to determine if they are not properly indexed and filed in the QA records vault.</p> <p>The evaluation will identify all NCRs, which are indicated as closed or voided by site QA tracking mechanisms but not vaulted, and provide an explanation as to why they are missing, assure proper voiding, and assure proper filing and tracking.</p> <p>A similar evaluation is being conducted on NCRs which were issued by Ebasco QA in New York.</p>	7/6			<p>A review to date indicates that only five out of more than 7500 site-issued NCRs which have been closed or voided, are not indexed and filed. The five NCRs which have not been indexed and filed, it can be demonstrated that they apparently were never issued. Sufficient documentation is available to demonstrate acceptability of the safety-related items described in the entries corresponding to these five NCR numbers. The review indicates the problems from NCR tracking system utilized prior to mid-1979, that since then the improved NCR tracking system has been adequate. In addition, review indicated there were thirteen numbers that were apparently never assigned to an NCR. LP&L is in process of confirming that NCRs with these numbers were never issued.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE PL TO 52 > 52	JUSTIFICATION
14. J. A. Jones Speed letters and EIRs	<p>During the Ebasco QA review of J. A. Jones speed letters and engineering information requests, several items that could affect plant safety were noted. Based on its sample of these actions, the staff does not expect that any of these items will significantly affect plant safety. Nevertheless, the applicant should complete the actions identified in these reviews and issues raised shall be resolved promptly.</p>	<p>First, a review has been conducted of correspondence between J. A. Jones and Ebasco via Speed letters and EIRs.</p> <p>Second, a review of such correspondence in which design changes were conveyed to J. A. Jones without reference to follow-up action to formalize the changes is being conducted to determine safety significance.</p> <p>Third, a minimum sample of ten percent of informal documents such as speed letters and EIRs by other contractors performing safety-related work who utilized these type of documents is being conducted. The need to review additional documentation will be determined based on the results of this review.</p>	7/20		<p>To date about 1100 pieces of JA Jones correspondence have been reviewed and 27 design changes identified. Of these, 190 have been approved as acceptable, 27 are the subject of field investigations to develop information, evaluation, and the balance are under review. To date no safety problems have been defined that would require rework.</p> <p>For other contractors the review has shown that 8 of 42 Fegien, 3 of 119 Waldinger, and 2 of 663 T-B informal documents could involve design changes. These reviews are substantially complete and evaluations are in process.</p>

OK

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO 5Z >5Z	JUSTIFICATION
15. Welding of "D" level Material Inside Containment	Locate the documentation for "D" level material welding and verify the adequacy of the information or perform a material analysis and NDE work, or rework the welds.	<p>LP&L will conduct a review to confirm that material and weld rod records exist to establish material control for all "D" material welds; identify and verify the certification of all welders, and; provide inspection, procedures and data as well as affidavits from inspectors. <u>Documentation will be tied to specific welds as much as possible.</u> This will include identification of "D" material welds and compilation of:</p> <ol style="list-style-type: none"> 1) applicable CB&I "as built" drawing numbers; 2) identification of welds by piece mark numbers and material type (i.e. D to D, D to B, etc.); 3) quantities for repetitious weld I.D.'s; 4) weld type and size, and; 5) indication as to shop or field welds. LP&L will evaluate the results and determine whether reinspections are required and what the scope of such a reinspection will be. 	7/13		<p>The CB&I QA manual requirements for documentation of fit and final weld inspections do not apply to "D" material welding although weld inspections were performed. The work was performed by the new welders and inspected by the same welding supervisors to the same standard as the rest of the CB&I work for which documentation is provided. This provides a high degree of confidence in the quality of finished work. Additionally very low rates of rejection, NDE tests and independent surveillance and audits indicate high work quality.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 52	52	JUSTIFICATION
16. Surveys and Exit Interviews of QA Personnel	The NRC was critical of the manner in which a program of interviewing site QA/QC personnel in order to identify and take appropriate action regarding their concerns was conducted.	<p>The interview forms have been personally reviewed by the Senior V.P.- Nuclear to assess whether the program met his intent and the basis for the NRC comments. Two further LP&L staff actions remain.</p> <ol style="list-style-type: none">1) A review by the Independent Safety Evaluation Group (ISEG) primarily to assure that the concerns received during the interviews were or will be appropriately addressed and necessary corrective actions taken.2) A determination as to the Scope and manner in which future methods of addressing issues raised by individuals are addressed.	7/9				Reviews to date have not identified significant safety concerns not already identified.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 5Z	5Z	JUSTIFICATION
17. QC Verification of Expansion Anchor Characteristics	The NRC is concerned on whether there was sufficient QC verification of the characteristics necessary to ensure proper installation of concrete expansion anchors installed by Mercury.	The concern stems over the fact that a 1982 revision of an inspection form does not list the requisite QC inspection attributes. The initial review of this matter indicates that the requisite QC reviews were made as required by the drawings which accompanied the inspection forms. This was substantiated by a thorough review of Mercury quality records. LP&L will prepare a response discussing the incorporation of drawings into the procedure, training of Mercury personnel, the QC review and substantiation of records and a root cause evaluation of the problem.	1/6				Initial reviews show that the requisite characteristics were part of the process (incorporated by drawings). This provides reasonable assurance that QC verification was adequate. Previous there were 896 re-inspections made of installed expansion anchor characteristics to confirm records validity.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE PL TO 5% >5%	JUSTIFICATION
18. Documentation of Walkdowns of Non-Safety Related Equipment	Documentation should be provided that clearly shows what equipment was reviewed during the walkdowns and on what bases it was concluded that the installation was acceptable.	The response to this issue discusses the manner in which design and installation considered the effects of interactions of non-seismic with safety-related systems during an SSE. Documentation attesting to the scope, conduct and results of the review will be provided.	1/6		<p>The design and construction of Waterford-3 considered interactions of non-seismic Mechanical, Electrical, HVAC, C. and instrumentation equipment with safety related equipment.</p> <p>The walkdown verified that such interactions do not constitute a safety concern.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO SZ >SZ	JUSTIFICATION
19. Water In Basement Instrumentation Conduit	Review all conduit that penetrates the basemat and terminates above the top of the basemat to assure that these potential direct access paths of water are properly sealed.	<p>A walkdown was performed which identified 19 places where wetness due to seepage from conduits was found. These cases will be addressed by removing the existing seals and replacing them with a light density silicone elastomer which has the capability to stop the seepage. This work will be performed at the convenience of LP&L since the slow seepage through the seals is not a flooding hazard but rather a nuisance to maintenance.</p> <p>Temporary conduits which enter the basemat from outside, and which once allowed passage of ground water in quantities that required periodic pumping, have now all been pressure grouted and their temporary blockout pits filled with concrete and no longer serve as a leak path for ground water.</p> <p>The one piezometer standpipe which remains in service will also be grouted since it monitors a deep aquifer of no present interest.</p>	1/6		<p>There was never a path for ground water to flow in sufficient quantity to flood an auxiliary building basement, even before the seals were installed and before the temporary conduits were grouted. The floor drain and sump pump system was more than adequate to handle the quantity of water which entered the building during construction, and is adequate to handle much reduced quantities presently observed.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 52	>52	JUSTIFICATION
20. Construction Materials Testing (CMT) Personnel Qualification Records.	Verify the proper certification of construction materials testing personnel.	LP&L is reviewing the supporting documentation for the corrective action of WCR-W3-F7-116 to ensure the adequacy of the corrective action. Additional supporting information will be sought as necessary in order to confirm adequate qualifications. Evaluation will be made of the adequacy of certifications for individual personnel and if certifications are judged inadequate, the implied safety concerns that are raised will be addressed.	11/13				Corrective action as a result of an I. Task Force verification effort on GED documentation for CMT personnel qualifications (See W3-F7-116).

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE FL TO SZ >SZ	JUSTIFICATION
21. LP&L Construction System Status and Transfer Reviews.	A concern exists over whether construction deficiencies were properly dispositioned or identified during the process of transferring systems from construction to plant operations.	A review of transfer correspondence on the systems which were the cause of this concern will be performed. A review will be conducted to verify that deficiencies in transferred systems had no impact on testing.	7/6		A review of 100% of turnover/transfer correspondence shows no additional correspondence was outstanding beyond previously identified deficiencies identified on the outstanding correspondence (13 SRS have been reviewed LP&L start-up/operations and it was determined that there was no impact on testing.

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO 52 >52	JUSTIFICATION
22. Welder Qualification (Mercury) and Filler Material Control (Site Wide)	<p>Verify welder qualifications or assure the quality of all welds.</p> <p>Provide engineering justification for the allowance of "rebake" temperatures and holding times that differ from the requirements of the ASME and AWS Codes.</p>	<p>LP&L has conducted a review of all Mercury welders. The review confirmed that the documentation to support their proper qualification is available. Baking/rebaking is not allowed on the site and the complete answer will describe the site procedures and applicable code requirements and show that handling of filler material meets the required codes.</p>	7/6			<p>Documentation to support the proper qualification of all Mercury welders is available. HCR-W1-7 was opened to document qualification sheet errors for 3 welders.</p> <p>No code deviations exist.</p>

PRELIMINARY

PROGRAM PLAN

CURRENT ASSESSMENT OF SAFETY SIGNIFICANCE

ISSUE & TITLE	DESCRIPTION OF ISSUE	LP&L APPROACH TO RESOLUTION	DATE	NONE	FL TO SZ	SSZ	JUSTIFICATION
23. QA Program Breakdown between Ebasco and Mercury.	Determine the cause of the breakdown, the adequacy of the corrective action, and provide assurance on the adequacy of the operational QA Program.	<p>LP&L will review corrective action commitments made on the NRC enforcement action and provide a detailed evaluation of the actions taken. A review of the audit programs will be performed to evaluate frequency and followup of required corrective actions of the program. The independent management assessments will be reviewed with actions taken.</p> <p>LP&L will provide an assessment of the overall QA program to provide assurance that the QA program can function adequately during operations.</p>	7/13				The Mercury reviews have been completed with the exception of SCD-61 "Linear Crack in Stainless Steel Tubing" (currently under reevaluation). The review indicates that there are no open items affecting plant safety.

PRELIMINARY



LOUISIANA
POWER & LIGHT

317 BARONNE STREET
NEW ORLEANS, LOUISIANA 70160

PO BOX 30340

(504) 525-2204

June 20, 1984

J.M. CAIN
President and
Chief Executive Officer

W3B84-0445

Mr. Saul Levine
NUS Corporation
910 Clopper Road
Gaithersburg, Maryland 20878

Mr. Robert L. Ferguson
UNC Nuclear Industries, Inc.
1200 Jadwin, Suite 425
Richland, Washington 99352

Mr. Larry L. Humphries
UNC Nuclear Industries, Inc.
P.O. Box 490
Richland, Washington 99352

SUBJECT: Pre-Licensing Issue Assessment
Task Force Charter

REFERENCE: Discussions in the Offices of Shaw, Pittman,
Potts & Trowbridge, Washington, D.C., June 13, 1984

Dear Messrs: Levine, Ferguson and Humphries:

Pursuant to discussions in the referenced meeting, this formalizes agreements reached between us as to the charter of the subject Task Force.

The roles of UNC and NUS will be to act as a task force in providing assessment and advice in responding to the NRC letter of June 13, 1984. It is important to emphasize that both UNC and NUS will maintain sufficient independence in order to provide to me as Chief Executive Officer of LP&L an independent professional assessment regarding the functions listed below. Your assessments will be formalized and sent to the Director of the Office of Nuclear Reactor Operations at the same time they are provided to me.

- The Program Plan and implementation schedule requested in the NRC letter.
- The adequacy of responses and resolutions (including validation of data and sources, as appropriate) of the matters set out in the NRC letter.

- The safety significance of the matters listed in the NRC letter with respect to:

- Fuel load and testing up to 5% power

- Operation above 5% power

- The adequacy of the past QA/QC program in light of the matters listed in the NRC letter, and the resolution of such matters.

- Recommend institutional or programmatic changes that are deemed appropriate during plant operation in light of the lessons learned as a result of the matters set forth in the NRC letter, and the LP&L responses hereto.

The following abbreviated organization chart is provided to clearly depict that the Task Force is to have access to and interface with all necessary elements of the Waterford staff but is to report directly to me.

President &
Chief Executive Officer (LP&L)
(J. Cain)

Senior Vice President -
Nuclear Operations (LP&L)
(M. Leddick)

Task Force

Safety Review
Committee

Quality Assurance Manager (LP&L)
(T. Gerrets)

Project Manager (LP&L)
(D. Dobson)

Plant Manager (LP&L)
(R. Barkhurst)

Ebasco & Staff

LP&L & Staff

Reporting
Interface

Very truly yours,

J.M. Cain
J.M. Cain

JMC:ED:pb

cc: G. Charnoff, R.S. Leddick, D.E. Dobson

① Bob Sherman
 ② S. Horn
 Please review and give comments to
 Crutchfield
 J. Strosnider
 L. Also 7/6/84

ROUTING AND TRANSMITTAL SLIP

Date

7/2/84

TO: (Name, office symbol, room number, building, Agency/Post)

Initials

Date

1. J. Harrison, III

2. L. Shao

3. D. Thatcher

4. M. Perovich, IE

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Enclosed is a copy of the response
 received from LPL to our June 13, 1984
 letter. Please let me know by July
 6, 1984 if you have any problems or
 comments on their proposal.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

DM Crutchfield

Phone No.

492-7403

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA
FPMR (41 CFR) 101-11.206