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UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

ATOMIC SAFETY AND LICENSING BOARD

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Before Administrative Judges:

Morton B. Margulies, Chairman
Dr. Jerry R. Kline
Mr. Frederick J. Shon

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In the Matter of

LONG ISLAND LIGHTING COMPANY

(Shoreham Nuclear Power Station,
Unit 1)

Docket No. 50-322-OL-3

(Emergency Planning
Proceeding)

August 26, 1985

CONCLUDING PARTIAL INITIAL DECISION
ON EMERGENCY PLANNING

Appearances

Donald P. Irwin, James N. Christman, and Kathy E. B. McCleskey, Esqs.,
Hunton & Williams, Richmond, Virginia, for Applicants.

Martin Bradley Ashare and Eugene R. Kelley, Esqs., Hauppauge, New York,
and Herbert H. Brown, Lawrence Coe Lanpher, Karla J. Letsche, Michael S.
Miller, and Christopher M. McMurray, Esqs., Kirkpatrick & Lockhart,
Washington, D.C., for Suffolk County, New York.

Fabian G. Palomino and Richard J. Zahnleuter, Esqs., Albany, New York,
for the Governor of the State of New York.

Bernard M. Bordenick, Donald F. Hassel, Sherwin E. Turk, and Oreste
Pirfo, Esqs., Bethesda, Maryland, for the Nuclear Regulatory Commission
Staff.

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INTRODUCTION

This is the second and concluding partial initial decision in which the Board considers offsite emergency planning issues pertaining to the application of Long Island Lighting Company (LILCO) for an operating license for Unit 1 of the Shoreham Nuclear Power Station (Shoreham), located in Brookhaven, New York.

The first partial initial decision, Long Island Lighting Company (Shoreham Nuclear Power Station, Unit 1), LBP-85-12, 21 NRC 644, was issued April 17, 1985. Findings of fact and conclusions of law were made on contentions in the following categories: I. Human Behavior; II. Credibility and Conflict of Interest; III. EPZ Boundary; IV. LERO Workers; V. Training; VI. Notification and Information to Public; VII. Sheltering; VIII. Making Protective Action Recommendations; IX. Evacuation; XI. The Handicapped, Hospitals, and Nursing Homes; XII. Schools; XIII. Ingestion Pathway; XIV. Loss of Offsite Power; XV. Strike by LILCO Employees; and XVI. Legal Authority Issues.

The Board did not, however, decide the contentions in Category X. Relocation Centers (24.0, 24.P, 74, 75, and 77) because the record on Contention 24.0 had been reopened and was not yet complete. The contentions in that category were to be decided after the record was closed on Contention 24.0. That record was closed on June 26, 1985. Proposed findings of fact and conclusions of law were filed by LILCO (Applicant) on July 11, 1985; by Suffolk County and New York State

X. RELOCATION CENTERS

(Contentions 24.0, 24.P, 74, 75, and 77)

X.1. Introduction

Intervenors' contentions concerning relocation centers for the general population of the Shoreham plume emergency planning zone (EPZ) allege: (1) LILCO has not identified a relocation center for a significant number of the anticipated evacuees (24.0); (2) although LILCO relies on the American Red Cross to provide medical and counseling services for evacuees LILCO does not have an agreement with the American Red Cross to provide such services (24.P); (3) two of the three primary relocation centers designated by LILCO are only 3 miles from the plume EPZ boundary (74); (4) the LILCO Plan provides no estimate of the number of evacuees who may require shelter in a relocation center, and thus there is no assurance that the relocation centers designated by LILCO will be of sufficient capacity to provide necessary services for the number of evacuees that will require such services (75); and (5) the equipment LILCO plans to use to measure thyroid contamination at relocation centers will be incapable of differentiating the required signal from background readings (77). See Appendix A, LBP-85-12, 21 NRC 644 (1985) for full text of these contentions.

These relocation center contentions were based on an early version of the LILCO Plan, issued in May 1983. In March 1984, LILCO and Suffolk County each filed direct written testimony on the relocation center contentions. After learning that the facilities relied upon in the

narrow issue of the adequacy of the Coliseum to serve as a relocation center. LILCO, Suffolk County, the State of New York, and the Federal Emergency Management Agency (FEMA) each submitted prefiled written testimony. The Board rejected, as irrelevant to Contention 24.0, testimony proffered by the State and County which did not address the functional adequacy of the Coliseum to serve as a relocation center.¹ A hearing was held on Contention 24.0 in Hauppauge, New York on June 25 and 26, 1985.

X.A. Relocation centers for the general public (Contention 24.0).

This contention alleges that there is no relocation center designated for a significant portion of the anticipated evacuees from the Shoreham plume EPZ. When the record in this emergency planning proceeding was closed on August 29, 1984, LILCO had not yet named a facility to be used for monitoring and decontamination of the general public in the event of an emergency at Shoreham. As noted above, the record was reopened on Contention 24.0 in response to LILCO's motion to reopen, and a hearing was held on June 25 and 26, 1985 in Hauppauge, New

¹ On May 17, 1985 the County and State moved for reconsideration of the Board's May 6, 1985 order, or in the alternative, for reopening of the record on Contentions 24.N, 74, and 75 for the purpose of admitting the testimony rejected by the Board as irrelevant to Contention 24.0. The County further requested that, if the Board ruled against the County on the reconsideration and reopening requests, the Board certify the matter to the Appeal Board. All of Intervenor's requests were denied on June 10, 1985 in an unpublished memorandum and order.

September 25, 1984, authorizes LILCO and the Nassau County Chapter of the American Red Cross (Red Cross) to use the Coliseum as a reception center. The letter, which was approved by Hyatt on October 8, 1984, allows LILCO to use the Coliseum and all parking lots and immediately surrounding property as a reception center for the general public, in planning for and responding to a radiological emergency at Shoreham.

Id. The letter of agreement further provides that LILCO will be given reasonable access to the Coliseum upon notification by LILCO to Hyatt or to Nassau County that a radiological emergency has occurred at Shoreham. Reasonable access refers to the time which Hyatt would need to clear the Coliseum and parking lots if there were an event in progress at the Coliseum at the time an emergency occurred at Shoreham. According to Mr. Sumerlin, General Manager of the Coliseum, the time could range from 15 minutes to an hour and a half. Tr. 15,924-25 (Robinson). A consultant for LILCO performed an informal study and found that the parking lot was cleared in 45 minutes following the end of a capacity crowd hockey game on Tuesday night, January 8, 1985. Tr. 15,916-17 (Robinson). The Coliseum has 24-hour security which will permit LILCO to enter the building at any time. Tr. 15,924-25 (Robinson). The Board finds that the Coliseum can be cleared quickly enough to conclude that it will be available for LILCO's use in the event of an emergency at Shoreham.

The evidence shows that the Nassau County Executive intends to assist in the event of an emergency at Shoreham. The County Executive is aware of and approves of the use of the Coliseum as a reception

number could be related to the number of persons who might seek monitoring. The Board finds that the number of persons expected to seek shelter in the event of a disaster is not necessarily the same as the number of persons who might seek monitoring in the event of a radiological accident.

We accept LILCO's planning basis for the number of evacuees who might seek shelter, be processed through the relocation center and, according to NUREG-0654, Section II.J.12, must thus be monitored. See also Section X.D.1, infra. The record is unclear as to how the Coliseum could accommodate the evacuees of the general population who will seek monitoring and processing, aside from those seeking shelter. We therefore find that LILCO's failure to plan for those of the general population who seek only monitoring and processing constitutes a defect in the Plan.

X.A.3. Functional adequacy of the Nassau Coliseum to serve as a relocation center.

The activities to be performed at the Coliseum include registration, monitoring, and decontamination of evacuees from the plume EPZ. Vehicles will be decontaminated or stored in parking lots adjacent to the Coliseum. The initial monitoring of evacuees will be done in the receiving area. Tr. 15,899 (Robinson). The purpose of the initial whole body monitoring is to determine whether an evacuee has any contamination, either on the clothing, shoes, skin, or in the thyroid. Tr. 15,901 (Robinson). Evacuees who are free of contamination will be

INTRODUCTION

This is the second and concluding partial initial decision in which the Board considers offsite emergency planning issues pertaining to the application of Long Island Lighting Company (LILCO) for an operating license for Unit 1 of the Shoreham Nuclear Power Station (Shoreham), located in Brookhaven, New York.

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(Intervenors) on July 16, 1985; and by NRC Staff (Staff) on July 26, 1985. Applicant filed a reply on July 26, 1985.

All of the proposed findings of fact and conclusions of law submitted by the parties have been considered. Any such finding or conclusion not incorporated directly or inferentially in this partial initial decision is rejected as unsupported in fact or law or unnecessary to the rendering of this decision.

In this concluding partial initial decision the Board will decide the remaining emergency planning contentions, 24.0, 24.P, 74, 75, and 77. With this decision findings of fact and conclusions of law will have been made on each litigated contention. The Board here decides whether the LILCO Plan as a whole provides reasonable assurance that adequate measures can and will be taken in the event of a radiological emergency at Shoreham, as required by U.S. Nuclear Regulatory Commission (NRC or Commission) regulations. 10 CFR 50.47(a)(1). To arrive at this ultimate conclusion, we incorporate by reference the findings of fact and conclusions of law made in the first Shoreham partial initial decision, LBP-85-12, supra. Our decision is made in accordance with the regulatory requirements set forth in that decision. See LBP-85-12, 21 NRC at 651-54.

X. RELOCATION CENTERS

(Contentions 24.0, 24.P, 74, 75, and 77)

X.1. Introduction

Intervenors' contentions concerning relocation centers for the general population of the Shoreham plume emergency planning zone (EPZ) allege: (1) LILCO has not identified a relocation center for a significant number of the anticipated evacuees (24.0); (2) although LILCO relies on the American Red Cross to provide medical and counseling services for evacuees LILCO does not have an agreement with the American Red Cross to provide such services (24.P); (3) two of the three primary relocation centers designated by LILCO are only 3 miles from the plume EPZ boundary (74); (4) the LILCO Plan provides no estimate of the number of evacuees who may require shelter in a relocation center, and thus there is no assurance that the relocation centers designated by LILCO will be of sufficient capacity to provide necessary services for the number of evacuees that will require such services (75); and (5) the equipment LILCO plans to use to measure thyroid contamination at relocation centers will be incapable of differentiating the required signal from background readings (77). See Appendix A, LBP-85-12, 21 NRC 644 (1985) for full text of these contentions.

These relocation center contentions were based on an early version of the LILCO Plan, issued in May 1983. In March 1984, LILCO and Suffolk County each filed direct written testimony on the relocation center contentions. After learning that the facilities relied upon in the

original plan were not available for its use, LILCO filed supplemental testimony on June 15, 1984. Again, facilities relied upon by LILCO became unavailable. The Board allowed LILCO to replace its June 15 testimony with the testimony finally heard in this proceeding. See Cordaro et al., ff. Tr. 14,707 et seq. That testimony did not identify the relocation center with which LILCO was then negotiating an agreement for use. Although the Board did not require disclosure of the name of the facility, the Board found the lack of an identified relocation center constituted a void in LILCO's proof on the matter.

Tr. 14,806-07. Thereafter, on August 29, 1984, the record was closed.

In October 1984, LILCO submitted to the Board a letter naming the Nassau Veterans Memorial Coliseum (Coliseum) as a "reception" center for evacuees. This reception center is to serve as a central location to which evacuees should go in the event of an emergency at Shoreham. Evacuees will be monitored, and if necessary, decontaminated, at the reception center and then directed to "congregate care" centers operated by the Nassau County Chapter of the American Red Cross. LILCO did not seek to reopen the record to admit this evidence, but claimed that the identity of the reception center was merely a confirmatory item which could be admitted without reopening. At a conference of counsel on January 4, 1985, the Board ruled that LILCO could not simply insert this information into evidence without reopening the record. See Tr. 15,740.

On January 11, 1985, LILCO filed a motion to reopen the record on Contention 24.0. This motion was granted, over the objection of the County and State, on January 28, 1985. The reopening was limited to the

narrow issue of the adequacy of the Coliseum to serve as a relocation center. LILCO, Suffolk County, the State of New York, and the Federal Emergency Management Agency (FEMA) each submitted prefiled written testimony. The Board rejected, as irrelevant to Contention 24.0, testimony proffered by the State and County which did not address the functional adequacy of the Coliseum to serve as a relocation center.¹ A hearing was held on Contention 24.0 in Hauppauge, New York on June 25 and 26, 1985.

X.A. Relocation centers for the general public (Contention 24.0).

This contention alleges that there is no relocation center designated for a significant portion of the anticipated evacuees from the Shoreham plume EPZ. When the record in this emergency planning proceeding was closed on August 29, 1984, LILCO had not yet named a facility to be used for monitoring and decontamination of the general public in the event of an emergency at Shoreham. As noted above, the record was reopened on Contention 24.0 in response to LILCO's motion to reopen, and a hearing was held on June 25 and 26, 1985 in Hauppauge, New

¹ On May 17, 1985 the County and State moved for reconsideration of the Board's May 6, 1985 order, or in the alternative, for reopening of the record on Contentions 24.N, 74, and 75 for the purpose of admitting the testimony rejected by the Board as irrelevant to Contention 24.0. The County further requested that, if the Board ruled against the County on the reconsideration and reopening requests, the Board certify the matter to the Appeal Board. All of Intervenor's requests were denied on June 10, 1985 in an unpublished memorandum and order.

York. The record was reopened for the narrow purpose of admitting the identity of LILCO's proposed facility and for assessing its functional adequacy to serve as a relocation center. See Unpublished Memorandum and Order on Reopening of the Record, May 6, 1985.

LILCO's written testimony consisted of an Affidavit of Elaine D. Robinson with six attachments. Robinson Affidavit, ff. Tr. 15,870 and Attach. 1-6. FEMA's written testimony consisted of an affidavit of Thomas E. Baldwin, Joseph H. Keller, Roger B. Kowieski, and Philip H. McIntire. ff. Tr. 15,991. The qualifications of these witnesses have been summarized at Appendix A, LBP-85-12, 21 NRC 644 (1985). The County and State made their case on cross-examination alone.

X.A.1. Agreement for use of the Nassau Veterans Memorial Coliseum.

LILCO has designated the Coliseum as a reception center to be used for monitoring and decontamination of evacuees from the plume EPZ in the event of an emergency at Shoreham. Robinson Affidavit, ff. Tr. 15,870, at 2. The Coliseum is a sports and entertainment/exhibition complex located in the south-central Nassau County at the intersection of Hempstead Turnpike and Meadowbrook Parkway, 43 miles from the Shoreham site and 33 miles from the western boundary of the 10-mile EPZ. Id.; Tr. 15,892-93 (Robinson). The Coliseum is designed to accommodate crowds of 15,000 to 17,000. Robinson Affidavit, ff. Tr. 15,870, at 2.

The Hyatt Management Corporation of New York, Inc. (Hyatt) leases and manages the Coliseum for Nassau County. Robinson Affidavit, ff. Tr. 15,870, at 1. A letter of agreement between LILCO and Hyatt, dated

September 25, 1984, authorizes LILCO and the Nassau County Chapter of the American Red Cross (Red Cross) to use the Coliseum as a reception center. The letter, which was approved by Hyatt on October 8, 1984, allows LILCO to use the Coliseum and all parking lots and immediately surrounding property as a reception center for the general public, in planning for and responding to a radiological emergency at Shoreham.

Id. The letter of agreement further provides that LILCO will be given reasonable access to the Coliseum upon notification by LILCO to Hyatt or to Nassau County that a radiological emergency has occurred at Shoreham. Reasonable access refers to the time which Hyatt would need to clear the Coliseum and parking lots if there were an event in progress at the Coliseum at the time an emergency occurred at Shoreham. According to Mr. Sumerlin, General Manager of the Coliseum, the time could range from 15 minutes to an hour and a half. Tr. 15,924-25 (Robinson). A consultant for LILCO performed an informal study and found that the parking lot was cleared in 45 minutes following the end of a capacity crowd hockey game on Tuesday night, January 8, 1985. Tr. 15,916-17 (Robinson). The Coliseum has 24-hour security which will permit LILCO to enter the building at any time. Tr. 15,924-25 (Robinson). The Board finds that the Coliseum can be cleared quickly enough to conclude that it will be available for LILCO's use in the event of an emergency at Shoreham.

The evidence shows that the Nassau County Executive intends to assist in the event of an emergency at Shoreham. The County Executive is aware of and approves of the use of the Coliseum as a reception

center in a Shoreham emergency and pledges that the Nassau County Police Department will be available to assist with security and to facilitate traffic flow and parking at the Coliseum. Robinson Affidavit, ff. Tr. 15,870, Attach. 2.

The Red Cross has agreed in writing to provide Red Cross staff to assist evacuees and to direct evacuees to congregate care centers. Cordaro et al., ff. Tr. 14,707, Attach. 1. Red Cross staff will coordinate with LERO monitoring and decontamination personnel to define a "clean" area from which the Red Cross will operate at the Coliseum. Robinson Affidavit, ff. Tr. 15,870, Attach. 3.

The Board finds these agreements satisfactory to provide reasonable assurance that LILCO will have access to the Coliseum in the event of an emergency at Shoreham. Further, we find that the agreement between LILCO and the Red Cross is adequate to support our conclusion that the Red Cross will provide assistance and information to evacuees at the Coliseum. The issue of whether the Coliseum itself is functionally adequate to serve as a reception center is addressed below.

X.A.2. LILCO's planning basis.

LILCO has used an estimate of 20% of the population of the EPZ as the maximum number of persons who would require shelter in the event of an emergency at Shoreham. Cordaro et al., ff. Tr. 14,707, at 18-20. This figure is based on past experience in disasters. Id. The maximum population of the EPZ is 160,000, thus LILCO's planning is based on a maximum of 32,000 seeking shelter. LILCO did not justify how this

number could be related to the number of persons who might seek monitoring. The Board finds that the number of persons expected to seek shelter in the event of a disaster is not necessarily the same as the number of persons who might seek monitoring in the event of a radiological accident.

We accept LILCO's planning basis for the number of evacuees who might seek shelter, be processed through the relocation center and, according to NUREG-0654, Section II.J.12, must thus be monitored. See also Section X.D.1, infra. The record is unclear as to how the Coliseum could accommodate the evacuees of the general population who will seek monitoring and processing, aside from those seeking shelter. We therefore find that LILCO's failure to plan for those of the general population who seek only monitoring and processing constitutes a defect in the Plan.

X.A.3. Functional adequacy of the Nassau Coliseum to serve as a relocation center.

The activities to be performed at the Coliseum include registration, monitoring, and decontamination of evacuees from the plume EPZ. Vehicles will be decontaminated or stored in parking lots adjacent to the Coliseum. The initial monitoring of evacuees will be done in the receiving area. Tr. 15,899 (Robinson). The purpose of the initial whole body monitoring is to determine whether an evacuee has any contamination, either on the clothing, shoes, skin, or in the thyroid. Tr. 15,901 (Robinson). Evacuees who are free of contamination will be

issued "clean" tags and instructed to proceed to the arena lobby. Tr. 15,897 (Robinson). These evacuees will be directed to congregate care centers operated by the Red Cross. Tr. 15,898 (Robinson). Contaminated evacuees will be sent to the decontamination area. Id. Evacuees with thyroid contamination will be sent by ambulance to a hospital. Tr. 15,901 (Robinson). LILCO security personnel will be positioned to keep contaminated and uncontaminated individuals from mingling. Tr. 15,897 (Robinson). Contaminated evacuees will then be instructed to remove their clothing and be remonitored before showering. According to FEMA, a normal shower is a typical decontamination method. Tr. 16,033 (Keller). Ms. Robinson testified that experience has shown that in most cases contamination would only be on the clothing. Tr. 15,901-02 (Robinson). Contaminated clothing will be collected, wrapped, and transported back to Shoreham for processing. Tr. 15,907-08 (Robinson). The process of monitoring and showering may be repeated as many as four times, if necessary. Tr. 15,902 (Robinson). Any evacuees who are still contaminated after completing the showering process would be sent to a hospital for decontamination. Id. The Board finds that these procedures are compatible with the proposed use of the relocation center building.

The initial question concerning the functional adequacy of the Coliseum to serve as a relocation center is whether the Coliseum is large enough to accommodate the number of evacuees who may seek monitoring, and, if necessary, decontamination. The Coliseum has a receiving area of 15,500 square feet, an arena of 17,000 square feet, an

exhibition hall of 59,000 square feet, and an arena lobby with 5,750 square feet of space. Robinson Affidavit, ff. Tr. 15,870, at 2. The Coliseum also has four locker rooms, with a total of 30 showers. Tr. 15,896 (Robinson). The LILCO Plan calls for use of only two of the four locker rooms, but Ms. Robinson has stated that all four would be made available if necessary. Tr. 15,885 (Robinson). Ms. Robinson testified that LILCO had decided the 12 showers in the visitors' locker rooms would be adequate. Tr. 15,896 (Robinson).

LILCO does not rely on use of the exhibition hall or arena floor since the exhibition hall is in use 30% of the time and the arena is in use 60% of the time. Tr. 15,926 (Robinson). LILCO will use the receiving area, arena lobby, and corridors, but does not specify how processing is to be accomplished for the anticipated number of evacuees, with the available facilities.

The FEMA witnesses found that they would need more details before they could approve the Plan. Tr. 16,039 (Keller). We agree with FEMA and find that the lack of information concerning the factual basis for LILCO's conclusion that the Coliseum is adequate to serve as a relocation center is a deficiency and must be corrected.

In summary, the Board finds LILCO's overall procedures for processing evacuees at the Coliseum to be conceptually adequate. However, LILCO must provide more detail concerning the size of the areas and available facilities, and how that relates to the number of people that must be processed. Furthermore, LILCO's time estimate for

monitoring must fall somewhere within the range contemplated by NUREG-0654, Section II.J.12:

The personnel and equipment available should be capable of monitoring within about a 12 hour period all residents and transients in the plume exposure EPZ arriving at relocation centers.

X.B. Agreement with the American Red Cross (Contention 24.P).

This contention alleges that although LILCO relies upon the American Red Cross to provide services, including medical and counseling services, at relocation centers, LILCO has no agreement with the American Red Cross to provide such services. Thus, Intervenor's claim, LILCO's proposed protective action of evacuation cannot and will not be implemented.

LILCO presented the testimony of Matthew C. Cordaro, Frank M. Rasbury, Elaine D. Robinson, and John A. Weismantle. ff. Tr. 14,707. The FEMA panel of Thomas E. Baldwin, Joseph H. Keller, Roger B. Kowieski, and Philip H. McIntire also testified. ff. Tr. 12,174. The qualifications of these witnesses are summarized at Appendix A, LBP-85-12, 21 NRC 644 (1985).

LILCO's testimony includes a letter of agreement with the Nassau County Chapter of the American Red Cross (Red Cross). This agreement, signed by Frank M. Rasbury, Executive Director of the Nassau County Chapter, states that upon notification of an emergency at Shoreham the Red Cross will set up emergency centers at predesignated facilities, and that the Red Cross will staff the facilities and dispatch evacuees to

additional facilities if necessary. Cordaro et al., ff. Tr. 14,707, Attach. 1. The Red Cross will also staff the additional facilities and will provide supplies as needed. Rasbury, ff. Tr. 14,707, at 17. Mr. Rasbury further testified that the Red Cross provides shelter, staff, food, beds, medical care, case work services, personal counseling, and other aid as necessary. Id. The Red Cross will not perform monitoring and decontamination at any location. Id. The Red Cross has participated in a drill and planning for Shoreham and will participate in additional drills in the future. Tr. 14,748 (Rasbury); Tr. 14,751 (Robinson).

The FEMA Regional Assistance Committee (RAC) review found that more information is needed on the Red Cross' responsibilities and procedures at the centers. Baldwin et al., ff. Tr. 12,174, at 42. FEMA noted that there should be procedures for completing registration forms for uncontaminated individuals and that the procedures should also specify where evacuee monitoring records will ultimately be maintained. Id. Although Mr. Keller testified that the absence of a letter of agreement is a deficiency in the LILCO Plan, the letter was provided subsequent to his testimony. Robinson Affidavit, ff. Tr. 15,870, Attach. 3.

The Board finds that the letter of agreement between LILCO and the Red Cross is adequate to provide reasonable assurance that the Red Cross will perform the duties upon which LILCO relies in its emergency plan. Mr. Rasbury's testimony shows what the Red Cross intends to do in the event of an emergency at Shoreham.

We agree with FEMA that procedures for completing registration forms for uncontaminated individuals and for maintenance of evacuee monitoring records should be specified in the Plan. We find this to be a matter subject to Staff oversight.

X.C. Location of relocation centers for evacuees (Contention 74).

This contention alleges that two of the three primary relocation centers designated by LILCO are within 20 miles of the Shoreham site. Both the Suffolk County Community College and the State University of New York at Stony Brook are only 3 miles from the plume EPZ boundary, contrary to the requirements of NUREG-0654, Section II.J.10.h.

LILCO no longer relies on these three facilities to serve as relocation centers in the event of an emergency at Shoreham. Thus, we find Contention 74 is moot.

X.D. Adequacy of shelters (Contention 75).

Contention 75 asserts that there is no assurance that the relocation centers designated by LILCO will be of sufficient capacity to provide necessary services for the number of evacuees that would require them. The Board understands this contention to challenge the adequacy of congregate care centers that have been designated by the Red Cross, and not of the Coliseum, which we addressed under Contention 24.0. We consider this contention to challenge the adequacy of designated facilities to serve the needs of evacuees seeking shelter at congregate care centers, and the ability of the congregate care centers to

collectively shelter the number of evacuees stated in the planning basis.

LILCO presented the testimony of Matthew C. Cordaro, Frank M. Rasbury, Elaine D. Robinson, and John A. Weismantle. ff. Tr. 14,707. The County presented the testimony of David Harris and Martin Meyer. ff. Tr. 9777. The qualifications of these witnesses have been summarized at Appendix A, LBP-85-12, 21 NRC 644 (1985).

X.D.1. LILCO's planning basis for sheltering evacuees.

LILCO estimates that about 32,000 people, or 20% of the 160,000 people who reside in the 10-mile EPZ, could seek shelter. Cordaro et al., ff. Tr. 14,707, at 18-20. This estimate is based on past experience in disasters and the Suffolk County planner's own conclusion that 20% is a reasonable planning number. Id.; Tr. 14,821 (Robinson). The facilities that would be used to house evacuees seeking shelter consist of numerous public schools and other buildings located in Nassau County. The Red Cross has agreements dating back to 1975 with all of the facilities that have been designated for use during emergencies. The Red Cross calculates that the shelters it has designated have a combined capacity of up to 48,000 people, assuming a requirement of 60 to 65 square feet per person. Cordaro et al., ff. Tr. 14,707, Attach. 1, at 2; Tr. 14,744-46 (Rasbury). The County does not dispute that approximately 60 square feet per individual is adequate. Tr. 14,886-88 (Harris).

The Red Cross assessed the adequacy of the proposed shelters in Nassau County at the time that it made its agreements with each individual shelter. American Red Cross standards have been used in choosing the buildings that the Red Cross relies on for congregate care centers. These standards include consideration of adequate parking, food facilities, toilets, and showers for people who seek shelter. Cordaro et al., ff. Tr. 14,707, at 23. The Red Cross constructs a shelter profile containing specific information for each facility upon which it relies. Tr. 14,777-78 (Rasbury). Most of the facilities are less than perfect regarding all the items on the Red Cross checklist; however, all those designated are satisfactory for emergency shelter. Cordaro et al., ff. Tr. 14,707, at 23-24; Tr. 14,778-80 (Rasbury). The Red Cross chooses the best buildings from among those available in the community for use as shelters during a disaster. Cordaro et al., ff. Tr. 14,707, at 23-25; Tr. 14,775-76 (Rasbury). If facilities become unavailable the Red Cross finds other suitable facilities.

The agreements between the Red Cross and the designated shelter facilities are revocable at will by either of the parties to the agreement. Tr. 14,768 (Rasbury). Some facilities could become unavailable at the time of a disaster because schools' and school districts' first responsibility to their pupils might take priority over the use of school buildings as congregate care centers. Tr. 14,770 (Rasbury). The agreements for the facilities do not specify the type of emergency, although the Red Cross interprets them to mean that they will be available as public shelters in the event of natural disasters or

man-made disasters without reference to the type of disaster.

Tr. 14,770-71 (Rasbury). The agreements were made without specific reference to the possibility of sheltering evacuees from a radiological disaster. Tr. 14,772 (Rasbury). In the Red Cross' view, however, there is no need to distinguish the type of disaster for the purpose of judging the adequacy of the facilities, and it has not done so. A person who is displaced and requires shelter has the same basic needs regardless of the type of hazard that caused the displacement.

Tr. 14,774 (Rasbury).

A list of the organizations with whom agreements are maintained for the congregate care centers is attached to the July 25, 1984 letter of agreement between LILCO and the Red Cross. Cordaro et al., ff.

Tr. 14,707, Attach. 1. At the time of an emergency evacuees arriving at the reception center and needing shelter will be directed by the Red Cross to congregate care centers. The organizations named with whom the Red Cross has agreements will not be published and made available to the public in advance of an accident. One reason for this is that in some instances a particular facility may not be available. Another reason is that this will limit the ability of the public to bypass the relocation center where monitoring and decontamination will take place.

Tr. 14,770, 14,779 (Rasbury); Tr. 14,825-6 (Weismantle). Congregate care centers will be designated according to need at the time of an emergency. Tr. 14,773 (Rasbury). The Board finds this to be a satisfactory means of operation that meets the legitimate needs of all concerned.

X.D.2. Board conclusions.

The Board accepts LILCO's planning basis of 32,000 evacuees as reasonable, because it is based on prior disaster experience and because the Intervenor's have brought forward no contradictory evidence that would lead us to believe that planning basis is seriously underestimated. Further, we conclude that the planning basis used by LILCO is conservative and that up to 48,000 persons could be sheltered within the facilities that have been identified by the Red Cross. This is clearly an adequate margin above the planning basis for any uncertainty that exists as to the actual number of possible evacuees who may need assistance if an accident occurs at Shoreham.

The Board also concludes that it may place its confidence in the Red Cross for the assessment of adequacy of the shelters that it has identified. This confidence is based not only on the American Red Cross' extensive experience in rendering assistance to disaster victims, but also because the Red Cross was able to identify clearly the factors that go into its judgment and it has shown that it forms its judgments based on a systematic assessment.

The Board is aware, however, that the agreements between the Red Cross and the individual facilities are revocable at will and that many of the agreements were made as far back as 1975. In light of the possibility of out-of-date agreements the Board concludes that LILCO should confirm that the agreements between Nassau County shelter facilities and the Red Cross remain in effect. In the event that some agreements are not confirmed, we would expect that the Red Cross would

find other suitable facilities, according to their normal procedures, that would be able to shelter the anticipated number of evacuees.

The Board finds that the facilities to be made available are adequate and that the Red Cross has adequate procedures to provide others if needed. We leave the matter of review of the confirmed Red Cross agreements to Staff oversight.

X.E. Thyroid monitoring equipment at relocation centers (Contention 77).

Contention 77 asserts that the thyroid monitoring equipment to be used at relocation centers is not sufficiently sensitive to accurately detect 150 CPM in the presence of background readings that are likely to exceed 50 counts per minute (CPM).

LILCO presented the testimony of Matthew C. Cordaro, Charles A. Daverio, and Michael L. Miele. ff. Tr. 13,755. FEMA's witnesses were Thomas E. Baldwin, Joseph H. Keller, Roger B. Kowieski, and Philip H. McIntire. ff. Tr. 12,174. The qualifications of these witnesses are described at Appendix A, LBP-85-12, 21 NRC 644 (1985). Intervenors presented no testimony on this contention.

X.E.1. LILCO's monitoring procedures.

LILCO will use an Eberline RM-14 survey meter with HP-270 probe to measure thyroid contamination at relocation centers. Cordaro et al., ff. Tr. 13,755, at 5 and Attach. 3. LILCO will also use the same meter

with a tungsten shielded HP-210 probe when a more sensitive instrument is called for; for example, at times when elevated background levels are present, or to monitor children's thyroids. Id. at 9-10 and Attach. 4; Tr. 13,756-62 (Daverio, Miele). The tungsten shielded probe is between three and four times more sensitive than the HP-270 probe and is capable of detecting thyroid contamination in the presence of background levels at least four times greater than would be possible with the HP-270 probe. Id.; Tr. 13,787-92 (Miele). LILCO commits to using the more sensitive probe where appropriate and to including procedures for its use in future revisions of the LILCO Plan. Cordaro et al., ff. Tr. 13,755, at 9.

In conducting its monitoring operations, LILCO will separate areas for whole body monitoring from areas devoted to thyroid monitoring, and evacuees will not have their thyroids monitored until after it is determined that they are not contaminated or, if contaminated, that they have been decontaminated. Tr. 14,280 (Keller); OPIP 3.9.2, Sections 5.6 and 5.8. Monitoring personnel are trained to set up separate areas for whole body and thyroid monitoring. Babb et al., ff. Tr. 11,140, at Attach. 20, module number 10, Section I, at 3, 5-11, 19-20. Monitoring personnel are also trained to have persons enter the building through a controlled route and to conduct whole body monitoring at a station close to the contaminated area and which will be blocked off from clean areas by appropriate barriers. Id. at 5.

If whole body monitoring discloses that a person is contaminated, that person will be directed to decontamination areas along controlled routes and will not be allowed to enter any clean areas. Id. at 3. Monitoring personnel will use the criterion of 150 CPM over background as a threshold for determining that persons with contaminated thyroids should be sent to a hospital for medical care. That criterion functions as a general guideline to monitoring personnel rather than as a sharp threshold. Thus, the 150 CPM threshold is a qualitative rather than a quantitative guideline. Tr. 13,774-776 (Miele). The basic concern is simply to conduct monitoring to determine if the dose to the thyroid is substantial enough to warrant further action. Cordaro et al., ff. Tr. 13,755, at 8-9; Tr. 13,772-77 (Miele). The qualitative guideline is adequate, in LILCO's view, because the 150 CPM threshold is well below the 5 rem exposure level at which protective action is recommended. Radiation monitoring personnel would have to misread a thyroid reading by 600 CPM before the public safety would be endangered. Tr. 14,276-77 (Keller). FEMA witnesses believe that this would be extremely unlikely and there is nothing in our record to suggest that errors of that magnitude could occur. Id.

X.E.2. Intervenors' concerns.

Intervenors assert that LILCO's procedure for the use of its monitoring instrument is inadequate for three reasons: (1) The procedure indicates that the background reading should be taken with the

shield of the HP-270 probe open when it should be taken with a closed shield; (2) the present procedure does not indicate that the meter is to be set for a fast response time; and (3) the procedure does not include special provisions for monitoring the thyroids of children. I.F. 645, 648, 649. There is no dispute regarding the validity of the three errors noted by the Intervenor in LILCO's procedures. Both Applicant and Staff agree that the three items constitute errors in LILCO's plan. A.F. 537, S.F. 605.

LILCO has committed to revise its plan (1) to reflect that both background radiation and thyroid contamination readings are to be conducted with a closed shield [Tr. 13,794 (Daverio)]; (2) to indicate that the RM 14 meter with HP-270 probe is to be set on a fast response time [Tr. 13,795 (Daverio)]; and (3) to include special provision for monitoring children with an HP-210 probe. Id. The Board accepts LILCO's commitment to remedy the defects in its plan regarding its use of instruments and monitoring of thyroids.

Intervenors did not press in their proposed findings the claim stated in the contention that backgrounds above 50 CPM are likely. This is reasonable since the record shows without contradiction that it is unlikely that background radiation levels at relocation centers more than 20 miles from Shoreham would ever exceed 50 CPM. Tr. 14,578 (Keller).

Intervenors point out that LILCO's plan states that background radiation levels should remain less than 50 CPM but that LILCO's witnesses testified that LILCO intends to delete this statement because

if background is less than 350 CPM it would not affect survey measurements. Cordaro et al., ff. Tr. 13,755, at 7-9. FEMA witnesses testified that it is neither desirable nor prudent to attempt to measure a thyroid contamination in a background of more than 50 CPM and that the provision should not be deleted. Tr. 14,278-81, 14,610 (Keller). The NRC Staff agrees that background readings of 50 CPM as stated in the plan should not be altered. S.F. 604, n.45. The Board agrees with FEMA and the Staff that LILCO should retain the provision stating that permissible background levels during thyroid monitoring should not be above 50 CPM.

The Intervenors are also concerned that when monitoring instruments are set on fast response times, accurate readings are difficult to make because of fluctuations in background radiation, statistical variations in the number of counts, and needle fluctuations. I.F. 648. These concerns are without merit because there are adequate margins between the nominal levels proposed in the plan for screening evacuees and levels which could cause harm to public health. Thus, even if substantial errors were made in reading instruments, public health would not be threatened. Further, it seems to the Board implausible that even a fluctuating meter could be misread by some 600 counts per minute. We also note that, while the Applicant's threshold number stated for the purpose of planning is 150 CPM, persons doing the monitoring are instructed to use conservative judgment in implementing that plan and that thyroids showing count rates less than that level would also

trigger the monitoring personnel to send such individuals to the hospital.

X.E.3. Board conclusions.

The Board concludes that LILCO has outlined an adequate plan for thyroid monitoring of evacuees in the event of an accident at Shoreham. The Applicant's plan provides for the use of instruments of suitable sensitivity and for procedures which will assure that thyroid monitoring will not take place in contaminated areas where backgrounds are likely to be excessive due to radiation tracked in by contaminated evacuees. The evidence is also clear that there is virtually no possibility that there will be excessively high background levels as a result of direct contamination from the plant. Thus we conclude that the problem postulated in the contention of excessively high background readings during thyroid monitoring is speculative and virtually nonexistent.

The three errors in LILCO's monitoring procedures noted in Intervenor's proposed findings are agreed to by all parties. We conclude that the remedies proposed by LILCO are simple and adequate and should be adopted. Intervenor's request that they be provided an opportunity to review procedures is unnecessary. The Board finds LILCO's commitment to remedy the defects to be acceptable and delegates assessment of compliance to the NRC Staff. We further conclude that LILCO should not revise its plan so as to permit background levels higher than 50 CPM during thyroid monitoring.

We conclude that LILCO has met its burden of proof on Contention 77.

OPINION AND FINDINGS

From the evidence of record the Board finds that no operating license shall be issued. We make this finding because the LILCO Plan does not provide reasonable assurance that adequate protective measures can and will be taken in the event of a radiological emergency at Shoreham, as required by 10 CFR 50.47(a)(1). This determination is not based upon a finding that there is anything unique about the demography, topography, access routes, or jurisdictional boundaries in the area in which Shoreham is located. To the contrary, the record fails to reveal any basis to conclude that it would be impossible to fashion and implement an effective offsite emergency plan for the Shoreham plant.

Our review of the LILCO Plan has disclosed not only the fatal defects upon which we base the denial, but other deficiencies discussed below. It should be stated at this point, that inasmuch as it is the LILCO Plan, the inadequacies are ascribable to LILCO. However, to a significant degree the inadequacies resulted from and have been aggravated by Suffolk County's and New York State's opposition to the Plan.

The existing regulatory scheme provides for the participation of State and local governments with the utility to assure the success of

emergency planning.² There is a fundamental assumption that there will be an integrated approach to emergency planning among the three. The State and County have decided not to follow the route contemplated by the Federal rules. Although we do not find their opposition to the emergency plan for Shoreham to be contrary to law, that action has helped to create a barrier to the implementing of an acceptable emergency plan.

Our holding is not contrary to the Commission's decision in Long Island Lighting Company (Shoreham Nuclear Power Station, Unit 1), CLI-83-13, 17 NRC 741 (1983), which held that it was possible for a utility plan, submitted in the absence of State and local government-approved plans, to meet the prerequisites for the issuance of an operating license. A condition of licensing is that the Applicant has the burden of showing that its plan meets all applicable regulatory standards. This LILCO has failed to do.

The emergency plan LILCO proffered for Shoreham requires the utility to perform all essential functions necessary for successful implementation of the Plan. The essential functions extend from conducting the evacuation, to making decisions and recommendations to the public concerning protective actions, and to performing access

² That expected participation extends to the point where responsibility for activating the public notification system is placed with the governmental authorities. See 10 CFR Part 50 App. E, IV.D.2.

control at various sites. The activities found to be beyond LILCO's legal authority to perform are as follows: (1) guiding traffic; (2) blocking roadways, erecting barriers in roadways, and channelling traffic; (3) posting traffic signs on roadways; (4) removing obstructions from public roadways, including towing private vehicles; (5) activating sirens and directing the broadcasting of emergency broadcast system messages; (6) making decisions and recommendations to the public concerning protective actions; (7) making decisions and recommendations to the public concerning protective actions for the ingestion exposure pathway; (8) making decisions and recommendations to the public concerning recovery and reentry; (9) dispensing fuel from tank trucks to automobiles along roadsides; and (10) performing access control at the Emergency Operations Center (EOC), the relocation centers, and the EPZ perimeters.

It is beyond LILCO's legal authority to conduct such activities. See Board Findings XVI.1-4. Thus LILCO has a proposed plan which cannot lawfully be implemented. See Board Findings XVI.5., wherein we state that the activities LILCO seeks to perform as specified in Contentions 1-10 are unlawful, leaving LILCO without an implementable, comprehensive, and effective emergency response plan for Shoreham. Needless to say, these circumstances alone are adequate to support a denial of approval of the emergency response plan, under 10 CFR 50.47(a)(1). LILCO had previously acknowledged that the lack of legal authority, if upheld, would prohibit it, by itself, from implementing

its emergency plan regardless of the substantive merits of the Plan.

Id.

Having found that Applicant does not have a workable emergency response plan for Shoreham because of the legal impediment to LILCO's implementation of its Plan, there is no ground upon which to base a temporary solution for providing an emergency plan for the facility, in the manner contemplated by 10 CFR 50.47(c)(1).

Even if we had found that LILCO had the necessary legal authority to implement the proposed Plan, the Plan remains inadequate because of the ramifications of the refusal of the State and County to participate. To achieve an effective emergency response, the Commission's emergency planning regulations and guidance provide for a cooperative, comprehensive, preplanned, and implementable effort on the part of the utility, the State, and the local government. The Shoreham emergency plan lacks such an integrated approach. Here each entity is free to go its own way during an emergency. This is the antithesis of what the regulatory scheme calls for to achieve a satisfactory emergency response.

Lack of participation by the State and County in the emergency plan was found to diminish the Plan's effectiveness in important areas. We have concluded as to Contention 92, which alleges that there is no New York State emergency plan for dealing with an emergency at Shoreham, that this lack of State participation constitutes a serious substantive deficiency in emergency preparedness. There is no reasonable assurance that there will be cooperation between New York State and the utility

during an emergency, given the former's recalcitrant position in this matter. As a result, public health and safety cannot be protected as well by LILCO acting alone as it could if LILCO were acting in concert with the State and County. See Board Finding XIII.C.6.

The regulatory scheme contemplates that command and control decisions will be made by State and local governments during radiological emergencies to assure independence and objectivity in decisionmaking. The LILCO Plan does not provide a result comparable to that contemplated by the regulations because its supporting command and control organization's decisionmakers have not been removed from LILCO's influence. See Board Findings II.A.3 and II.A.6.

LILCO had given adequate consideration to the evacuation shadow phenomenon in its emergency planning process so that the LILCO evacuation plan for Shoreham is technically adequate in that respect, if implemented as LILCO has outlined. But the Board's finding to that effect strongly depends on there being clear, nonconflicting notice and instructions to the public at the time of an accident. If confused or conflicting information were disseminated at the time of an accident the evacuation and protective actions planned for could be jeopardized. The lack of assurance of integrated action between the State and local government and the utility constitutes a substantive deficiency in the Plan and diminishes the Board's confidence that public health and safety could be protected as well by LILCO acting alone as with State and local governments. See Board Finding I.A.12.

The foregoing illustrates that the refusal of New York and the County to participate in emergency planning creates situations in which the LILCO Plan can be made unworkable at any time. To the extent that this potential continues to exist, the Board cannot make a finding that there is reasonable assurance that adequate protective measures can and will be taken in the event of a radiological emergency at Shoreham.

The Board found additional defects of a lesser magnitude in the Plan. These defects can be remedied and such corrections should be in place by the time the plant commences operations, should it be licensed. They involve the following:

1. Specified schools in Terryville, Riverhead, and Port Jefferson, New York shall be included within the plume EPZ. See Board Findings III.4. and III.6.

2. The informational brochure must contain a statement that radiation can cause injury or death. See Board Finding VI.E.4.

3. LILCO shall incorporate a reasonable summary of the results of its sensitivity analysis contained in KLD Tm-140 into Appendix A of the Plan. See Board Finding IX.A.17.

4. The Plan shall contain bounded estimates of uncertainty in evacuation times in addition to point estimates. Corrections of traffic control strategies identified by the Suffolk County Police shall be incorporated in Appendix A of the Plan. See Board Finding IX.A.30.

5. A letter of agreement to provide support services shall be entered into between LILCO and the Central Suffolk Hospital. See Board Finding XI.B.5.

6. Reception centers must be identified for residents of special health care facilities within the EPZ. In addition, supporting agreements for the use of such facilities must be obtained. See Board Finding XI.B.12.

7. The plan is deficient and must be corrected because LILCO's agreements for obtaining buses for use in an emergency are subordinated to preexisting contracts for normal daily use by schools outside of the EPZ. See Board Finding XII.22.

8. The Plan is defective and must be corrected because reception centers have not been identified for school children. See Board Finding XII.6. Without the identification of such a center, or centers, for school children it is impossible to calculate how long it might take to evacuate these children. Since multiple bus runs may be necessary, we find that the time required to transport school children to their reception center must be calculated. This calculation cannot be made until LILCO has identified the location to which school children will be taken. In addition, the Plan is considered deficient in that it has not been shown that the evacuation of school children can be accomplished within about the same time as an evacuation of the general population. See Board Finding XII.22.

9. LILCO must plan for the alteration of early dismissal procedures to conform to the protective actions recommended for the general public. See Board Finding XII.11.

10. LILCO's emergency plan contains provisions for monitoring only evacuees who may seek shelter in the event of an emergency at Shoreham.

See Board Finding X.D.2. LILCO must plan for monitoring of all evacuees from the EPZ who seek monitoring, whether or not these evacuees seek shelter.

11. LILCO must provide further details as to how the Coliseum will adequately accommodate the anticipated number of evacuees seeking monitoring, and, if necessary, decontamination, and must comply with the requirements of NUREG-0654, Section II.J.12. See Board Finding X.A.3.

12. Should a license be granted, and should LILCO continue to rely upon LERO for its emergency response, if the plant is shut down because of a strike, refueling would only be permissible under the conditions set forth in the first Partial Initial Decision, and a request to perform other operations during shutdown would require an application for a license amendment. See Board Finding XV.C.2.

The Board has concluded that the LILCO Plan is fatally defective on two grounds. The first is that the Applicant does not have the legal authority to implement the plan it submitted. The second is that the opposition of the State and County to the Plan has created a situation where at any given time it is not known whether the Plan would be workable. Also, as we have seen, Applicant would have to perform with secondary resources, absent State and County involvement, even if it had the necessary authority to implement the Plan. For example, its command and control decisionmakers do not have the independence and objectivity of those in State and local government. Also, the State and County have chosen to operate on independent courses during an emergency at Shoreham. This sets the stage for the dissemination of conflicting and

confusing information, even if unintended. The views of the State and County on what actions should be taken in response to an emergency differ markedly from those of LILCO. This creates a real potential for the defeat of a successful response to an emergency at Shoreham.

Under the circumstances of this proceeding, at this time, the Board is justified in finding under 10 CFR 50.47(a)(1) that an operating license for a nuclear power reactor shall not be issued to LILCO. Unlike the situation in Commonwealth Edison Company (Byron Nuclear Power Station, Units 1 and 2), ALAB-770, 19 NRC 1163 (1984), the significant deficiencies found in LILCO's Plan are not in the process of being corrected, so that a final decision should be withheld. Here, one fatal flaw to the successful implementation of the Plan was found to exist because of a lack of legal authority on the part of the Applicant. We have no reason to believe this defect can be corrected in the near term. The other defect involves entities with whom the Applicant is at an impasse. The parties are entitled to a timely decision so that they can choose their future course of conduct and have the opportunity to pursue it.

CONCLUSIONS OF LAW

Based upon review of the entire record in the proceeding on offsite emergency planning, culminating in the findings of fact in the first and this partial initial decision, the Board concludes that there is no reasonable assurance that adequate protective measures can and will be taken in the event of a radiological emergency at Shoreham, and

therefore no operating license shall be issued for the nuclear power reactor, as is authorized by 10 CFR 50.47(a)(1).

ORDER

It is hereby ordered that no operating license shall be issued to LILCO for the Shoreham Nuclear Power Station, Unit 1, absent a finding that there is reasonable assurance that adequate protective measures can and will be taken in the event of a radiological emergency at Shoreham, as is required by 10 CFR 50.47(a)(1).

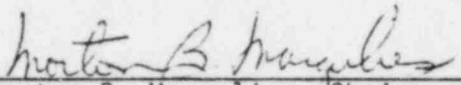
FINALITY AND APPEALABILITY

Pursuant to 10 CFR 2.760 this Concluding Partial Initial Decision will constitute the final decision of the Commission 30 days from the date of its issuance, unless an appeal is taken in accordance with 10 CFR 2.762 or the Commission directs otherwise. See also 10 CFR 2.785 and 2.786.

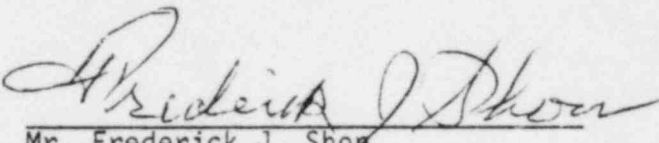
Under 10 CFR 2.762 any party may take an appeal from this decision by filing a Notice of Appeal within ten days after service of this Partial Initial Decision. Each appellant must file a brief supporting its position on appeal within 30 days after filing its Notice of Appeal (40 days if the Staff is the appellant). Within 30 days after the period has expired for the filing and service of the briefs of all appellants (40 days in the case of the Staff), a party who is not an

appellant may file a brief in support of or in opposition to the appeal of any other party. A responding party shall file a single, responsive brief only, regardless of the number of appellants' briefs filed.

THE ATOMIC SAFETY AND
LICENSING BOARD


Morton B. Margulies, Chairman
ADMINISTRATIVE LAW JUDGE


Dr. Jerry R. Kline
ADMINISTRATIVE JUDGE


Mr. Frederick J. Shon
ADMINISTRATIVE JUDGE

Dated at Bethesda, Maryland
this 26th day of August, 1985.

APPENDIX A

Exhibits

<u>Exhibit No.</u>	<u>Description</u>	<u>Identified at Tr. Page</u>	<u>Disposition at Tr. Page</u>
S.C. 95	Letter from Vincent Souzzi, dated 4/8/85	15,885	15,890 denied*
S.C. 96	Letter from Hannah Komanoff, dated 5/17/85	15,886	15,890 denied
S.C. 97	Letter from Leon Campo, dated 2/12/85	15,933	15,945 denied

* Denied - denied admission at this page.