

Unit 1 & 2

Comments listed
J.T. Cochran NRC
NRC

AP 1001
Figure 1001-8

Three Mile Island Nuclear Station
Special Operating Procedure (REV 1)

SIDE 1
SOP No. 2-46
(From SOP Log Index)
Unit No. 172
Date 5-1-79

NOTE: Instructions and guidelines in AP 1001 must be followed when completing this form.

1. Title Sewage Disposal
2. Purpose (include purpose of SOP) To provide guidance on how to remove sewage from the site to ensure

3. Attach procedure to this form written according to the following format.

- A. Limitations and Precautions
 - 1. Nuclear Safety
 - 2. Environmental Safety
 - 3. Personnel Safety
 - 4. Equipment Protection
- B. Prerequisites
- C. Procedure

See attached

OK!!!

4. Generated by W.E. Crawford Date 4/30/79

5. Duration of SOP - Shall be no longer than 90 days from the effective date of the SOP or (a) or (b) below - whichever occurs first.

- (a) SOP will be cancelled by incorporation into existing or new permanent procedure submitted by _____
- (b) SOP is not valid after N/A

(fill in circumstances which will result in SOP being cancelled)

- 6. (a) Is the procedure Nuclear Safety Related?
If "yes", complete Nuclear Safety Evaluation. (Side 2 of this Form) Yes No
- (b) Does the procedure affect Environmental Protection?
If "yes", complete Environmental Evaluation. (Side 2 of this Form) Yes No
- (c) Does the procedure affect radiation exposure to personnel? Yes No

NOTE: If all answers are "no", the change may be approved by the Shift Supervisor. If any questions are answered "yes", the change must be approved by the Station Superintendent/Unit Superintendent.

7. Review and Approval

NRC D.C. NA Approved - Shift Supervisor [Signature] 5/2/79 Date

NRC TO 5/1/79 MBB Reviewed - List members of PORC contacted [Signature] 5/1/79 Date

SAW NA W.E. Crawford 5/1/79 [Signature] 5/1/79 Date

HAHA [Signature] W.P. Orlock 5/1/79 [Signature] 5/1/79 Date

Approved-Station Superintendent/Unit Superintendent [Signature] 5/1/79 Date

8. SOP is Cancelled [Signature] 5/1/79 [Signature] 5/1/79

Shift Supervisor/Shift Foreman

Date

"EVALUATION"

AP 1001

Three Mile Island Nuclear Station

SIDE 2

1001-8

Nuclear Safety/Environmental Impact Evaluation

SOP No. 2-46

1. Title Sewage Disposal (Real)

2. Nuclear Safety Evaluation:

Does this SOP:

- * (a) increase the probability of occurrence or the consequences of an accident or malfunction of equipment important to safety? yes no
- * (b) create the possibility for an accident or malfunction of a different type than any evaluated previously in the safety analysis report? yes no
- * (c) reduce the margin of safety as defined in the basis for any technical specification? yes no

Details of Evaluation (Explain why answers to above questions are "no". Attach additional pages if required.)

Evaluation By _____ Date _____

3. Environmental Impact Evaluation

Does this SOP:

- (a) possibly involve a significant environmental impact? yes no
- * (b) have a significant adverse effect on the environment? yes no
- * (c) involve a significant environmental matter or question not previously reviewed and evaluated by the N.R.C. yes no

Details of Evaluation

The sampling of sewage in accordance with 7413 procedure will insure that sewage transported off site is within the required limits.

Evaluation By J. E. Crawford Date 4/30/79

* NOTE: If these questions are "yes", the change must receive N.R.C. approval.

4. REVIEW (PORC review of evaluation is required only when requested by the Station Superintendent/Unit Superintendent. If this review is made, the PORC must consist of two off-site members.)

1. [Signature] _____ Date _____
 Off Site Members PORC Chairman Signature

5. Approval

[Signature] _____ Date 5/1/79
 Station Superintendent/Unit Superintendent

SEWAGE DISPOSAL

A. Limitations & Precautions

1. Nuclear Safety - N/A

2. Environmental Safety

1. Sewage with background (or lower) activity:

This waste may be trucked off-site after documenting the results of an isotopic analysis performed on a sample taken within the previous 24 hours. The sample must be counted in a low background ~~lab~~ lab. If the results show background (or lower) activity levels the waste may be trucked off-site after notifying the NRC ~~NRC~~.

2. Sewage with higher than background activity:

This waste may not be trucked off-site without NRC and Pa. BRH approval. The sample must be counted in ~~an off-site~~ low background lab to be valid. N/C J. Collins X

B. Pre-requisites

1. Samples from sewage hold tanks (or the pumping station) from which sewage is to be removed shall be taken each day prior to loading the disposal vehicle. The samples shall be counted in ~~an off-site~~ low background laboratory.

2. The ~~State and NRC~~ ^{NRC and BRH should} must be notified when removing sewage with activity levels at or below off-site background.

3. The State ^{N/C} and NRC ^{J. Collins} must approve of all sewage shipments to be made that contain radioactivity higher than off-site background.

C. Procedure

1. Fill out the attached "Sewage Disposal Form" to document the results of an isotopic analysis taken on the source tank within the previous 24 hours.

2. Notify NRC ^{NRC} ~~and Pa. DEH (Department of Environmental Health) and BRH~~ prior to loading the disposal vehicle.

3. Obtain approval of Pa. Department of Environmental Resources ^{N/C J. Collins} and NRC prior to loading the disposal vehicle if any radioactivity levels above background are detected.

4. Contact Faber Walters to initiate disposal of the subject sanitary waste.

~~Notify Pa. DEH (DEP) prior to shipment with all information on disposal form~~

~~Notify NRC and Pa. DEH (DEP) prior to shipment with all information on disposal form~~

5. Teletype Sanitary waste disposal ~~with~~ ^{with} sample results to Mr. Lyons of the BRH.

SEWAGE DISPOSAL FORM

Holding Tank _____
Description

Date of Disposal: _____

Time of Disposal: _____

Date of Analysis: _____

Time of Sample: _____

Sample Results (above or below background): _____

HP Supervisor review of results: _____
(Sign)

ID No. of Sewage Truck: _____
License Number

Date NRC Notified: _____
Name Date

Time RC Notified: _____
Time

COMPLETE IF SAMPLE RESULTS ABOVE BACKGROUND

PaDER Approval by: _____
Name

Date:

Time:

NRC Approval by: _____
Name

Date:

Time:

Note: Attach copy of isotopic analysis (or analysis results) to this form.