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RESUSPENSION STUDIES AT ENEWETAK AND BIKINI

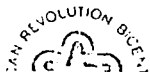
Reference: Report by the AEC Task Group on Recommendations  
for Cleanup and Rehabilitation of Enewetak Atoll,  
June 19, 1974.

Recommendation No. 11 of the referenced document is:

"A comprehensive air sampling program should be conducted over a period of 12 consecutive months under conditions closely approximating human habitation and expected soil disturbance. This would add to the body of available information on radioactivity levels in air. This program could be conducted coincident with and in support of cleanup operations."

Although I do not know that any formal action has been taken upon the Task Group recommendations, the reference, in its entirety, has been published as a part of the Environmental Impact Statement for the Enewetak Cleanup (DNA, April 1975). Thus the reference, and most specifically Recommendation 11, is a matter of public record.

Because the recommended air sampling program is probably best characterized as a technique of radiological surveillance (as distinguished from either cleanup or rehabilitation), and because the radiological survey is agreed to be an ERDA responsibility, NV has taken some preliminary steps in anticipation of implementation of Recommendation 11. Fortunately, a large body of resuspension information is available from previous studies supported by DBER and DMA. Lawrence Livermore Laboratory has performed many of these studies, and at NV's request,



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LLL has proposed, conceptually, an air sampling program which, ideally, would start very soon (before cleanup mobilization) and extend well into the cleanup. The data of the early months should indicate whether a program extending throughout the cleanup would be justified. A very "ball-park" estimate for such a program is \$300K. Since we are unaware of any action on the above-cited Recommendation No. 11, and since funds for it are not available in either NV's or LLL's financial plan, we seek your guidance in this matter.

A related matter gives me even more immediate concern. That is the apparent disparity between this proposed Enewetak effort and the much more limited effort we have made to understand resuspension at Bikini. We have to date but limited knowledge of Bikini air mass loading and virtually no data on seasonal variations. Yet at Bikini we have by now on the order of 100 full time residents and another 50 due shortly. The recent indication of apparently elevated Pu levels in Bikini urine samples should lend even more urgency to our efforts to investigate this question.

A long-term air sampling program at Bikini would be difficult to mount and support, but given the requisite resources it can be done. For logistic reasons the cost per sampler will be higher than costs at Enewetak. However, in view of other life style restrictions on the Bikinians, a geographically more modest program may suffice for the time being. Again, because no funds are available at NV for Bikini resuspension studies, your guidance is requested.

Mahlon E. Gates  
Manager

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