

50-220

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER
INCIDENT REPORT

TO: James P O'Reilly

FROM: Niagara Mohawk Power Corp.
Syracuse, NY
R. R. Schneider

DATE OF DOCUMENT
7/14/77

DATE RECEIVED
7/20/77

LETTER
 ORIGINAL
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 UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

1cc

DESCRIPTION

ACKNOWLEDGED

DO NOT REMOVE

PLANT NAME: Nine Mile Point Nuclear Station
Unit No. 1
RBT 7/21/77

ENCLOSURE

Licensee Event Reports (50-220/77-29, 77-30, 77-31, 77-34, and 77-35) on 6/16, 6/16, 6/18, 7/3, and 7/5/77 concerning low-low-low level set point out of specs on RE-18A, vacuum switch trip and reset point on torus relief valves out of specs, weld leak in emergency condenser valves, and failure of RTD to maintain required accuracy. 1p+5p

NOTE: IF PERSONNEL EXPOSURE IS INVOLVED SEND DIRECTLY TO KREGER/J. COLLINS

FOR ACTION/INFORMATION

BRANCH CHIEF:	LADR (4)
W/3 CYS FOR ACTION	
REG. FILE	
W/ CYS	
ACRS 16 CYS SENT / SENT	AS CAT 13

INTERNAL DISTRIBUTION

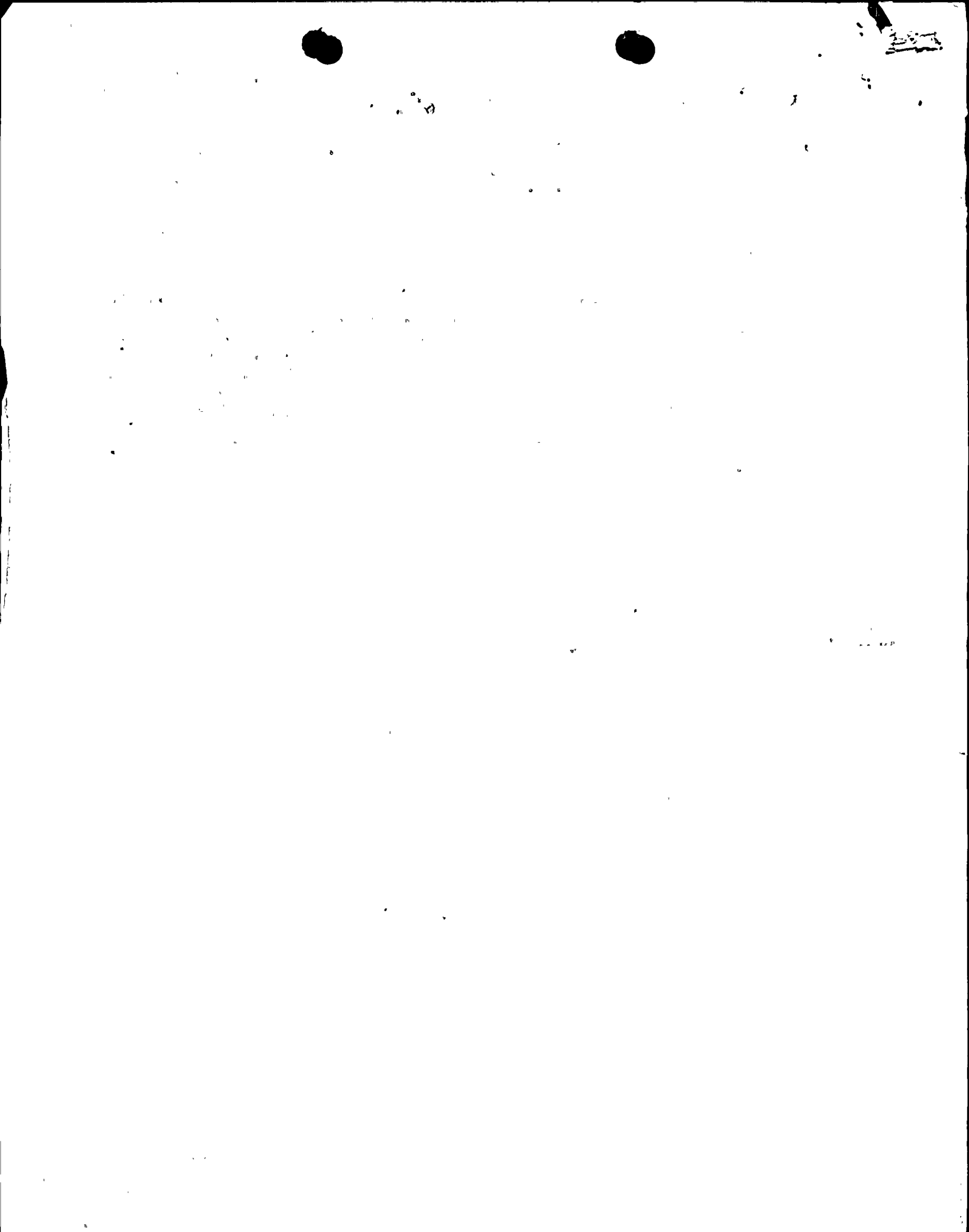
<input checked="" type="checkbox"/> REG FILE				
NRC PDR				
I & E (2)				
MIPC				
SCHROEDER/IPPOLITO				
HOUSTON				
NOVAK/CHECK				
GRIMES				
BUTLER				
HANAUER				
TEDESCO/MACCARY				
EISENHUT				
BAER				
SHAO				
VOLLMER/BUNGH				
KREGER/J. COLLINS				

EXTERNAL DISTRIBUTION

LPDR: Oswego, NY			
TIC:			
NSIC:			

CONTROL NUMBER

772020321



EVENT DESCRIPTION

During routine unit startup, #11 Emergency Cooling System was discovered to be inoperable. Ultra-sonic testing of system 11's condensate return inlet valve (39-01) indicated that the valve stem was separated from the disc. The normally open valve was run to closed position and a surveillance test was run on the redundant Emergency Cooling System (#12) in accordance with Technical Specification 4.1.3.4. No problems were encountered. A Technical Specification change was requested to allow normal operation with one Emergency Cooling System inoperable, beyond the seven days currently allowed. In addition, it was requested that the increased surveillance for operation with an inoperable emergency cooling system be performed on a weekly rather than a daily basis.

At the conclusion of Cycle 5, maintenance will be performed on the inoperable emergency cooling system to place it back in service.

CAUSE DESCRIPTION

A Crane Company 10 inch list 900 W.E.O.S. Gate Valve failed to open or close automatically or open manually. It is suspected that the valve stem has separated from the disc or has sheared at some point along its length. The actual cause cannot be determined until the valve is disassembled.

LICENSEE EVENT REPORT

CONTROL BLOCK:

--	--	--	--	--	--

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME:

01	N	Y	N	M	P	1
----	---	---	---	---	---	---

 LICENSE NUMBER:

	-				-				
--	---	--	--	--	---	--	--	--	--

 LICENSE TYPE:

4	1	1	1	1
---	---	---	---	---

 EVENT TYPE:

0	3
---	---

CONT:

01

 CATEGORY:

-	-
---	---

 REPORT TYPE:

L

 REPORT SOURCE:

L

 DOCKET NUMBER:

0	5	0	-	0	2	2	0
---	---	---	---	---	---	---	---

 EVENT DATE:

0	7	1	2	7	7
---	---	---	---	---	---

 REPORT DATE:

0	7	2	0	7	7
---	---	---	---	---	---

EVENT DESCRIPTION

02

 SEE ATTACHMENT FOR DESCRIPTION

03

04

05

06

 LER 77-36

SYSTEM CODE:

C	F
---	---

 CAUSE CODE:

E

 COMPONENT CODE:

V	A	L	V	E	X
---	---	---	---	---	---

 PRIME COMPONENT SUPPLIER:

A

 COMPONENT MANUFACTURER:

C	6	6	5
---	---	---	---

 VIOLATION:

N

CAUSE DESCRIPTION

08

 SEE ATTACHMENT

09

10

FACILITY STATUS:

C

 % POWER:

0	0	4
---	---	---

 OTHER STATUS:

NA

 METHOD OF DISCOVERY:

A

 DISCOVERY DESCRIPTION:

NA

FORM OF ACTIVITY RELEASED:

Z

 CONTENT OF RELEASE:

Z

 AMOUNT OF ACTIVITY:

NA

 LOCATION OF RELEASE:

NA

PERSONNEL EXPOSURES

NUMBER:

0	0	0
---	---	---

 TYPE:

Z

 DESCRIPTION:

NA

PERSONNEL INJURIES

NUMBER:

0	0	0
---	---	---

 DESCRIPTION:

NA

PROBABLE CONSEQUENCES

15

 NA

LOSS OR DAMAGE TO FACILITY

TYPE:

Z

 DESCRIPTION:

NA

PUBLICITY

17

 NA

ADDITIONAL FACTORS

18

 NA

19

NAME: _____ PHONE: _____

LICENSEE EVENT REPORT

CONTROL BLOCK:

--	--	--	--	--	--

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME:

01	N	Y	N	M	P	1
----	---	---	---	---	---	---

 LICENSE NUMBER:

		-							
--	--	---	--	--	--	--	--	--	--

 LICENSE TYPE:

4	1	1	1	1
---	---	---	---	---

 EVENT TYPE:

0	3
---	---

CATEGORY:

01	CONT
----	------

 REPORT TYPE:

T

 REPORT SOURCE:

L

 DOCKET NUMBER:

0	5	0	-	0	2	2	0
---	---	---	---	---	---	---	---

 EVENT DATE:

0	6	1	6	7	7
---	---	---	---	---	---

 REPORT DATE:

0	7	1	3	7	7
---	---	---	---	---	---

EVENT DESCRIPTION

02

 During routine surveillance testing, found reactor low-low-low level setpoint at

03

 140" on RE-18A. Should have been 125' + 2.0-2.5". Reset to 126", Inspected

04

 for friction and mechanical defects, found none. Redundant instrumentation operable.

05

 LER 77-29

06

SYSTEM CODE:

I	B
---	---

 CAUSE CODE:

E

 COMPONENT CODE:

I	N	S	T	R	U
---	---	---	---	---	---

 PRIME COMPONENT SUPPLIER:

A

 COMPONENT MANUFACTURER:

B	0	8	0
---	---	---	---

 VIOLATION:

N

CAUSE DESCRIPTION

08

 Instrument setpoint drift.

09

10

FACILITY STATUS:

G

 % POWER:

0	0	0
---	---	---

 OTHER STATUS:

NA

 METHOD OF DISCOVERY:

B

 DISCOVERY DESCRIPTION:

Surveillance Test

FORM OF ACTIVITY RELEASED:

Z

 CONTENT OF RELEASE:

Z

 AMOUNT OF ACTIVITY:

NA

 LOCATION OF RELEASE:

NA

PERSONNEL EXPOSURES

NUMBER:

0	0	0
---	---	---

 TYPE:

Z

 DESCRIPTION:

NA

PERSONNEL INJURIES

NUMBER:

0	0	0
---	---	---

 DESCRIPTION:

NA

XXXXXX CONSEQUENCES PROBABLE

15

 NA

LOSS OR DAMAGE TO FACILITY

TYPE:

Z

 DESCRIPTION:

NA

PUBLICITY

17

 NA

ADDITIONAL FACTORS

18

 NA

19

NAME: _____

PHONE: _____

NIAGARA MOHAWK POWER CORPORATION

NIAGARA  MOHAWK300 ERIE BOULEVARD, WEST
SYRACUSE, N. Y. 13202

July 14, 1977

Mr. James P. O'Reilly **Regulatory Docket File**
 Director
 United States Nuclear Regulatory Commission
 Region I
 631 Park Avenue
 King of Prussia, PA. 19406



RE: Docket No. 50-220

Dear Mr. O'Reilly:

In accordance with Nine Mile Point Nuclear Station Unit #1
 Technical Specifications, we hereby submit Licensee Event Reports
 LER 77-29, 77-30, 77-31, 77-34 and 77-35.

These reports were completed in the format designated in the
 Licensee Event Report Instruction Booklet 00E-SS-001, dated
 October 1974, revised December 8, 1975.

Very truly yours,

ORIGINAL SIGNED BY R.R. SCHNEIDER

R.R. Schneider
 Vice President -
 Electric Production

MAS/mtm

Attachments

xc: Director, I&E (40 copies)
 Director, MIPC (3 copies)

772020321

LICENSEE EVENT REPORT

CONTROL BLOCK:

--	--	--	--	--	--	--	--	--	--

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME:

01	N	Y	N	M	P	1
----	---	---	---	---	---	---

 LICENSE NUMBER:

		-						-			
--	--	---	--	--	--	--	--	---	--	--	--

 LICENSE TYPE:

4	1	1	1	1	1
---	---	---	---	---	---

 EVENT TYPE:

0	3
---	---

CATEGORY:

01	CONT
----	------

 REPORT TYPE:

L

 REPORT SOURCE:

L

 DOCKET NUMBER:

0	5	0	-	0	2	2	0
---	---	---	---	---	---	---	---

 EVENT DATE:

0	6	1	8	7	7
---	---	---	---	---	---

 REPORT DATE:

0	7	1	3	7	7
---	---	---	---	---	---

EVENT DESCRIPTION

02

 During routine surveillance test, found vacuum switch trip and reset point on

03

 reactor building to torus relief valves (68-12A) set 8" and <0". Should have

04

 been <7" and >2". Reset at 6.5" and 2.3". Redundant sensors operable.

05

06

 LER 77-31

SYSTEM CODE:

S	A
---	---

 CAUSE CODE:

E

 COMPONENT CODE:

I	N	S	T	R	U
---	---	---	---	---	---

 PRIME COMPONENT SUPPLIER:

N

 COMPONENT MANUFACTURER:

N	2	3	5
---	---	---	---

 VIOLATION:

N

CAUSE DESCRIPTION

08

 Instrument drift.

09

10

FACILITY STATUS:

G

 % POWER:

0	0	0
---	---	---

 OTHER STATUS:

NA

 METHOD OF DISCOVERY:

B

 DISCOVERY DESCRIPTION:

Surveillance Test

FORM OF ACTIVITY RELEASED:

Z

 CONTENT OF RELEASE:

Z

 AMOUNT OF ACTIVITY:

NA

 LOCATION OF RELEASE:

NA

PERSONNEL EXPOSURES

NUMBER:

0	0	0
---	---	---

 TYPE:

Z

 DESCRIPTION:

NA

PERSONNEL INJURIES

NUMBER:

0	0	0
---	---	---

 DESCRIPTION:

NA

CONSEQUENCES PROBABLE

15

 NA

LOSS OR DAMAGE TO FACILITY

TYPE:

Z

 DESCRIPTION:

NA

PUBLICITY

17

 NA

ADDITIONAL FACTORS

18

 NA

19

NAME: _____ PHONE: _____

LICENSEE EVENT REPORT

CONTROL BLOCK:

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME: [01] N Y N M P I [14] LICENSE NUMBER: [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] LICENSE TYPE: [26] 4 1 1 1 1 1 [30] EVENT TYPE: [31] 0 3 [32]

[01] CONT [7] [8] CATEGORY: [57] [58] REPORT TYPE: [59] T REPORT SOURCE: [60] L DOCKET NUMBER: [61] 0 5 0 [62] [63] [64] [65] [66] 0 2 2 0 [67] [68] EVENT DATE: [69] 0 6 1 [70] [71] [72] 6 7 7 [73] [74] REPORT DATE: [75] 0 7 1 [76] [77] [78] 3 7 7 [79] [80]

EVENT DESCRIPTION

[02] [7] [8] [9] During routine surveillance testing, found reactor low-low-low level setpoint at [80]
 [03] [7] [8] [9] 127½" on RE-18B. Should have been 125 + 2.0-2.5". Reset to 125". Inspected [80]
 [04] [7] [8] [9] for friction and mechanical defects, found none. Redundant instrumentation operable. [80]
 [05] [7] [8] [9] LER 77-30 [80]
 [06] [7] [8] [9] [80]

SYSTEM CODE: [07] I B [8] [9] [10] CAUSE CODE: [11] E COMPONENT CODE: [12] I N S T R U [17] PRIME COMPONENT SUPPLIER: [43] A COMPONENT MANUFACTURER: [44] B 0 8 0 [47] VIOLATION: [48] N

CAUSE DESCRIPTION

[08] [7] [8] [9] Instrument setpoint drift. [80]
 [09] [7] [8] [9] [80]
 [10] [7] [8] [9] [80]

FACILITY STATUS: [11] G [9] % POWER: [10] 0 0 0 [12] [13] OTHER STATUS: [13] NA [44] METHOD OF DISCOVERY: [45] B [46] DISCOVERY DESCRIPTION: [46] Surveillance Test [80]

FORM OF ACTIVITY RELEASED: [12] Z [9] CONTENT OF RELEASE: [10] Z [11] AMOUNT OF ACTIVITY: [11] NA [44] LOCATION OF RELEASE: [45] NA [80]

PERSONNEL EXPOSURES

[13] [7] [8] [9] NUMBER: [10] 0 0 0 [11] TYPE: [12] Z [13] DESCRIPTION: [13] NA [80]

PERSONNEL INJURIES

[14] [7] [8] [9] NUMBER: [10] 0 0 0 [11] DESCRIPTION: [12] NA [80]

CONSEQUENCES PROBABLE

[15] [7] [8] [9] XXXXXX CONSEQUENCES: [10] NA [80]

LOSS OR DAMAGE TO FACILITY

[16] [7] [8] [9] TYPE: [10] Z [11] DESCRIPTION: [12] NA [80]

PUBLICITY

[17] [7] [8] [9] NA [80]

ADDITIONAL FACTORS

[18] [7] [8] [9] NA [80]

[19] [7] [8] [9] [80]

NAME: _____ PHONE: _____

LICENSEE EVENT REPORT

CONTROL BLOCK: [] [] [] [] [] []
1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
[01] N Y N M P 1	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[4] [1] [1] [1] [1] [1]	[0] [4]
<small>7 8 9 14 15 25 26 30 31 32</small>			
CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER
[01] CONT	[] []	[L]	[0] [5] [0] [] [0] [2] [2] [0]
<small>7 8 57 58 59 60 61 68 69 74 75 80</small>			
EVENT DATE	REPORT DATE		
[0] [7] [0] [5] [7] [7]	[0] [7] [1] [3] [7] [7]		

EVENT DESCRIPTION

[02] RTD in condenser discharge failed to maintain required accuracy of $\pm 1/2$ °F. RTD in
 [03] condenser inlet north water box failed open. In both cases, redundant RTD's were
 [04] operable. Inaccurate instrument recalibrated and returned to service.
 [05]
 [06] LER 77-35

SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
[07] W E	[E]	I N S T R U	[L]	[C] [5] [1] [5]	[N]
<small>7 8 9 10 11 12 17 43 44 47 48</small>					

CAUSE DESCRIPTION

[08] Instrument drift caused inaccuracy of about $1/2$ °F in condenser discharge RTD.
 [09] Failed instrument will be replaced and/or repaired.
 [10]

FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
[11] H	[0] [0] [0]	NA	[B]	Surveillance Test - Calibration
<small>7 8 9 10 12 13 44 45 46 80</small>				

FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY	LOCATION OF RELEASE
[12] Z	[Z]	NA	NA
<small>7 8 9 10 11 44 45 80</small>			

PERSONNEL EXPOSURES

NUMBER	TYPE	DESCRIPTION
[13] 0 0 0	[Z]	NA
<small>7 8 9 11 12 13 80</small>		

PERSONNEL INJURIES

NUMBER	DESCRIPTION
[14] 0 0 0	NA
<small>7 8 9 11 12 80</small>	

~~XXXXX~~ **CONSEQUENCES** PROBABLE

[15] NA

LOSS OR DAMAGE TO FACILITY

TYPE	DESCRIPTION
[15] Z	NA
<small>7 8 9 10 80</small>	

PUBLICITY

[17] NA

ADDITIONAL FACTORS

[18] NA

[19]

1977 JUL 20 AM 11 49
 RECEIVED DOCUMENT PROCESSING UNIT

NAME: _____ PHONE: _____

LICENSEE EVENT REPORT

CONTROL BLOCK:

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME			LICENSE NUMBER										LICENSE TYPE			EVENT TYPE									
01	N	Y	N	M	P	1											4	1	1	1	0	1			
7	8	9	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32				
CONT		CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER				EVENT DATE			REPORT DATE												
01		-	-	T	L	0	5	0	0	2	2	0	0	7	0	3	7	7	0	7	1	3	7	7	
7	8	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

EVENT DESCRIPTION

02	During hydrostatic test found leak at weld between emergency condenser valves 39-01																							80
03	and 39-03. Weld was ground out and repaired. Both PT and Radiographic examinations																							80
04	were made during and following repairs.																							80
05																								80
06	LER 77-34																							80

SYSTEM CODE		CAUSE CODE		COMPONENT CODE				PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER			VIOLATION				
07	C	E	E	P	I	P	E	X	X	A	K	0	5	5	N	
7	8	9	10	11	12	13	14	15	16	17	43	44	45	46	47	48

CAUSE DESCRIPTION

08	Defect was in original weld to valve body. Cause being investigated.																							80
09																								80
10																								80

FACILITY STATUS		% POWER			OTHER STATUS				METHOD OF DISCOVERY		DISCOVERY DESCRIPTION																																																														
11	H	0	0	0	NA				B	Hydrostatic Test																																																															
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
FORM OF ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY				LOCATION OF RELEASE																																																																	
12	Z	Z	NA				NA																																																																		
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

PERSONNEL EXPOSURES

NUMBER		TYPE		DESCRIPTION																																																																					
13	0	0	0	Z	NA																																																																				
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

PERSONNEL INJURIES

NUMBER		DESCRIPTION																																																																							
14	0	0	0	NA																																																																					
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

CONSEQUENCES

CONSEQUENCES		PROBABLE																																																																							
15	NA																																																																								
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

LOSS OR DAMAGE TO FACILITY

TYPE		DESCRIPTION																																																																							
15	Z	NA																																																																							
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

PUBLICITY

PUBLICITY																																																																									
17	NA																																																																								
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

ADDITIONAL FACTORS

ADDITIONAL FACTORS																																																																									
18	NA																																																																								
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

ADDITIONAL FACTORS																																																																									
19																																																																									
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

NAME: _____ PHONE: _____

NIAGARA MOHAWK POWER CORPORATION

TELETYPE MESSAGE

TO: 315-539-1152-324 FROM: 315/343-2110-1376 DATE/TIME 7/5/77
 Telephone Number Telephone Number

64-7359

TO: James P. O'Reilly
 Director of Regulatory Operation
 USNRC Region I
 631 Park Avenue
 King of Prussia, PA. 19406

From: Niagara Mohawk Power Corporation
 Nine Mile Point Nuclear Station
 Unit #1
 P.O. Box #32
 Lycoming, New York 13093

SUBJECT: PROMPT REPORTABLE OCCURRENCE
 SOCKET NO. 50-220 LICENSE NO. DPR-63
 ASSIGNED LER NO. 77- 34

EVENT DATE: 7/3/77 REPORT DATE: 7/5/77

EVENT DESCRIPTION:

Leak in reactor coolant pressure boundary weld found during hydrostatic test. The weld is a valve to valve weld in the Emergency Condenser Condensate return line.

COMPONENTS INVOLVED: Emergency Condenser Valves BV-39-01, 39-03

CAUSE AND REMEDIAL ACTION:

The cause is unknown at the present time. The weld will be ground out and repaired.

FACILITY STATUS:

2 THERMAL PSI 0

- | | |
|----------------------------|-------------------------|
| c) Routine Startup _____ | g) Shutdown <u>X</u> |
| d) Routine Shutdown _____ | h) Refueling _____ |
| e) Steady State Oper _____ | i) Other _____ |
| f) Load Change _____ | j) Not Applicable _____ |

A written follow-up report will be sent within two weeks.

TELECOPY TO J.P. O'Reilly FROM T.J. Ferlic DATE 7/5/77
NAME NAME

A.A. Schneider



TO: 35-302-2401 FROM: 35-302-2401.57 DATE/TIME 7/5/77 2 30
 Telephone Number Telephone Number

TO: James P. O'Reilly From: Niagara Mohawk Power Corporation
 Director of Regulatory Operation Nine Mile Point Nuclear Station
 USNRC Region I Unit #1
 631 Park Avenue P.O. Box #32
 King of Prussia, PA. 19406 Lycoming, New York 13093

SUBJECT: PROMPT REPORTABLE OCCURRENCE
 SOCKET NO. 50-220 LICENSE NO. DPR-63
 ASSIGNED LER NO. 77- 35

EVENT DATE: 7/5/77 REPORT DATE: 7/6/77

EVENT DESCRIPTION:

RTD in condenser discharge failed to maintain required accuracy of ± 0.5 OF.
 RTD in condenser inlet, north water box, failed open. In both cases
 redundant RTD's were operable.

COMPONENTS INVOLVED: Resistance Temperature Detectors (RTD) in condenser
 inlet and discharge.

CAUSE AND REMEDIAL ACTION:

Instrument drift caused inaccuracy of approximately 1.5 OF in condenser
 discharge RTD. Instrument was recalibrated and returned to service.
 Cause of failure to condenser inlet RTD is unknown. The inlet temp.
 is being recorded using a redundant RTD.

FACILITY STATUS: THERMAL HW 0

- c) Routine Startup _____
- d) Routine Shutdown _____
- e) Steady State Oper _____
- f) Load Change _____
- g) Shutdown X
- h) Refueling _____
- i) Other _____
- j) Not Applicable _____

A written follow-up report will be sent within two weeks.

TELECOPY TO C. Kelly-JF FROM Peikins T.S. DATE 7/1/77
 NAME NAME



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