

NRC FORM 361
(2-89)

R. Lynn Shell

205-574-8058

U. S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTER

EVENT NOTIFICATION WORKSHEET

P21 93212

NOTIFICATION TIME 05/05/93 10:40am		FACILITY OR ORGANIZATION Bellefonte Nuclear Plant		UNIT 1,2	CALLER'S NAME Susan S. L. Self	CALLBACK# ENS OR (202) 574-9632
EVENT TIME & ZONE N/A	EVENT DATE N/A	1-Hr Non-Emergency 10 CFR 50.72(b)(1)			<input type="checkbox"/> (v) Lost Offsite Comms <input type="checkbox"/> (vi) Fire <input type="checkbox"/> (vi) Toxic Gas <input type="checkbox"/> (vi) Rad Release <input type="checkbox"/> (vi) Oth Hampering Safe Op.	
POWER/MODE BEFORE N/A	POWER/MODE AFTER N/A	<input type="checkbox"/> (i)(A) TS Required S/D <input type="checkbox"/> (i)(B) TS Deviation <input type="checkbox"/> (ii) Degraded Condition <input type="checkbox"/> (ii)(A) Unanalyzed Condition <input type="checkbox"/> (ii)(B) Outside Design Basis <input type="checkbox"/> (ii)(C) Not Covered by OPs/EPs			4-Hr Non-Emergency 10 CFR 50.72(b)(2) <input type="checkbox"/> (i) Degrade While S/D <input type="checkbox"/> (ii) RPS Actuation (scram) <input type="checkbox"/> (ii) ESF Actuation <input type="checkbox"/> (iii)(A) Safe S/D Capability <input type="checkbox"/> (iii)(B) RHR Capability <input type="checkbox"/> (iii)(C) Control of Rod Release <input type="checkbox"/> (iii)(D) Accident Mitigation <input type="checkbox"/> (iv)(A) Air Release > 2X App B <input type="checkbox"/> (iv)(B) Liq Release > 2X App B	
EVENT CLASSIFICATIONS						
<input type="checkbox"/> GENERAL EMERGENCY		<input type="checkbox"/> (iii) Earthquake				
<input type="checkbox"/> SITE AREA EMERGENCY		<input type="checkbox"/> (iii) Flood				
<input type="checkbox"/> ALERT		<input type="checkbox"/> (iii) Hurricane				
<input type="checkbox"/> UNUSUAL EVENT		<input type="checkbox"/> (iii) Ice/Hail				
<input type="checkbox"/> 50.72 NON-EMERGENCY		<input type="checkbox"/> (iii) Lightning				
<input type="checkbox"/> PHYSICAL SECURITY (73.71)		<input type="checkbox"/> (iii) Tornado				
<input type="checkbox"/> TRANSPORTATION		<input type="checkbox"/> (iii) Other Natural Phenomenon				
<input type="checkbox"/> 20.403 MATERIAL/EXPOSURE		<input type="checkbox"/> (iv) ECCS Discharge to RCS				
<input checked="" type="checkbox"/> OTHER 50.55(e)		<input type="checkbox"/> (v) Lost ENS				
		<input type="checkbox"/> (v) Lost Emerg. Assessment				
		<input type="checkbox"/> (vi) Offsite Notification				

DESCRIPTION

In accordance with 10 CFR 50.55(e), this notification is being made to the NRC of a condition involving potential failure to meet design pressure, temperature, and/or minimum wall thickness requirements in the Decay Heat Removal System for some NAVCO-supplied spool pieces.

During the design review of the DHR system, discrepancies were found between the procurement specifications and the NAVCO-supplied spool pieces. Flanges were found that were defined in the procurement document to require stainless steel type 316 but were described on NAVCO drawings and supplied as type 304 by NAVCO. The operating temperature and pressure ratings that the type 304 material may see will exceed the design ratings for that material. Other material and/or schedule substitutions made by NAVCO have been found that could impact meeting minimum wall thickness requirements.

A final report, in accordance with 10 CFR 50.55(e), will be submitted by May 28, 1993.

NAT. VALVE & MFG CO.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	YES (English desc)	X	NO		
NRC RESIDENT			X						
STATE(s)		X		DID ALL SYSTEMS FUNCTION AS REQUIRED?	YES	X	NO (English desc)		
LOCAL		X							
OTHER GOV AGENCIES		X		MODE OF OPERATION UNTIL CORRECTED	N/A	ESTIMATE FOR RESTART DATE	N/A	ADDITIONAL INFO ON BACK?	NO
MEDIA/PRESS RELEASE		X							

RADIOLOGICAL RELEASES : CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASES	GASEOUS RELEASES	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TEMPORARILY	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.L. EXCEEDED	IN ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		*How release path is described.		
	Release Rate (Ci/hr)	S.T.L. Limit	BOO QUOTE	Total Activity (Ci)	S.T.L. Limit	BOO QUOTE
	NaOH Gas		0.1 Ci/hr			800 Ci
	NaOH		10 µCi/hr			0.1 Ci
	Particulates		1 µCi/hr			1 mCi
	Liquid (including sodium & dissolved noble gases)		10 µCi/hr			0.1 Ci
	Liquid (soluble)		0.2 Ci/hr			5 Ci
	Total Activity					

RAD MONITOR READINGS	PLANT STACK	CONDENSER/VAPOR EXTRACTOR	MAIN STRAIN LINE	SO BLOWDOWN	OTHER
ALARM ESTIMATES					
S.T.L. LIMIT (if applicable)					

DOCS OR SO TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g., SW, valve, pipe, etc.)

LEAK RATE	UNITS: gpm/hr	T.L. LIMITS	SHOWN OR LONG TERM DEVELOPMENT
LEAK START DATE	TIME	COOLANT ACTIVITY & UNITS	PRIMARY SECONDARY

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL

EVENT DESCRIPTION (Continued from front)

Telecom: Susan Self, TVA
205-574-8632

5-7-93

- NAVCO out of business & not purchased by anyone - they're disappointed
- NAVCO did provide data to customer for their order.
- TVA is resolving its own problem? has no info on other affected branches.

Telecom: Susan Self

5/10/93

- Sample item received from NAVCO, includes 10 - 12" flange 300 lb rating
~ 20 - elbow/reducer/tee/flange
pieces
divided roughly equally between Units 142.
- Will attempt to determine acceptability by analysis.
- She'll get a copy of final report as soon as available.

W. Hance