NRC Form 366 (9-83)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104
EXPIRES: 8/31/85

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)	DOCKET NUMBER (2)	PAGE (3)
Indian Point Unit No. 2	0 5 0 0 0 2 4 7	1 OF 0 4

TITLE (4)
Actuation of Weld Channel and Penetration Pressurization System

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES	DOCKET NUMBER(S)
0 3	0 5	8 9	8 9	— 0 0 3	— 0 0	0 4	0 4	8 9		0 5 0 0 0
										0 5 0 0 0

OPERATING MODE (9): N

POWER LEVEL (10): 0 1 4

THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)

20.402(b)	20.405(c)	X 50.73(a)(2)(iv)	73.71(b)
20.405(a)(1)(i)	50.36(c)(1)	50.73(a)(2)(v)	73.71(c)
20.405(a)(1)(ii)	50.36(c)(2)	50.73(a)(2)(vii)	OTHER (Specify in Abstract below and in Text, NRC Form 366A)
20.405(a)(1)(iii)	50.73(a)(2)(i)	50.73(a)(2)(viii)(A)	
20.405(a)(1)(iv)	50.73(a)(2)(ii)	50.73(a)(2)(viii)(B)	
20.405(a)(1)(v)	50.73(a)(2)(iii)	50.73(a)(2)(x)	

LICENSEE CONTACT FOR THIS LER (12)

NAME	TELEPHONE NUMBER (AREA CODE)
Joan F. Etzweiler, Senior Engineer	9 1 4 5 2 6 - 5 3 6 5

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS

SUPPLEMENTAL REPORT EXPECTED (14)

		EXPECTED SUBMISSION DATE (15)	MONTH	DAY	YEAR
YES (If yes, complete EXPECTED SUBMISSION DATE)	X NO				

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

LER 89-03

On March 5, 1989, at about 2155 hours, with reactor power at 14%, an unplanned monitored gaseous release occurred through the plant vent for a duration of approximately 15 minutes. As designed, an automatic signal from the vent gaseous activity monitor terminated a routine containment pressure relief that was in progress, and actuated the Weld Channel and Penetration Pressurization System (WCPPS) to restore the pressure between the containment isolation valves in the pressure relief line. The WCPPS is classified as an Engineered Safety Feature (ESF). The logic requirements of the ESF actuation system were neither required nor fulfilled. The release corresponded to a maximum value of only 5% of the maximum permissible concentration for an unrestricted area. No Technical Specification or NRC limits were exceeded.

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PLANT AND SYSTEM IDENTIFICATION:

Westinghouse 4-Loop Pressurized Water Reactor
Weld Channel and Penetration Pressurization System (WCPPS)

IDENTIFICATION OF OCCURRENCE:

Unplanned monitored gaseous release through plant vent initiated operation of an Engineered Safety Feature (ESF)

EVENT DATE:

March 5, 1989

REPORT DUE DATE:

April 4, 1989

REFERENCES:

Significant Event Report (SOR) 89-129B

PAST SIMILAR OCCURRENCE:

See LER 87-12

DESCRIPTION OF OCCURRENCE:

On the evening of March 5, 1989, reactor power had recently been reduced from 100% to 14% to allow repairs of a steam leak in a drain line from number 23B Moisture Separator-Reheater. Operators were letting down about 120 gallons per minute to the Chemical and Volume Control System (CVCS) holdup tanks while diluting the Reactor Coolant System. Dilution was required to compensate for indirect Xenon reactivity which was building in after the down-power maneuver. Coincidentally, a routine containment pressure relief was in progress.

At about 2155 hours on March 5, 1989, the plant vent gaseous activity monitor, R-14, spiked to 70,000 CPM and remained above the alarm setpoint of 10,000 CPM for a period of about fifteen minutes. Control Room Operators noted that all three containment pressure relief valves had shut and that the weld channel pressurization system had restored inter-valve pressure in the relief line as required. This automatic action immediately terminated the containment pressure relief; however, the source of the increased activity was not from within containment.

The Senior Reactor Operator (SRO) verified that the R-14 alarm was valid and immediately reduced charging flow and secured letdown. In accordance with the alarm response procedure and Abnormal Operating Instruction (AOI) A-12.1.2, entitled "High Activity - Plant Vent Particulate Monitor R-13 and/or Plant Vent Radiogas Monitor R-14", non-operating personnel were evacuated from the Primary Auxiliary Building (PAB) and Health Physics personnel were notified and requested to evaluate radiation levels.

The SRO directed the nuclear side Nuclear Plant Operator (NPO) to investigate No. 23 charging pump for possible seal leakage or relief valve lifting.

When the nuclear side NPO reported nothing unusual in connection with the charging pump, the SRO directed him to check the vent header pressure and the waste gas compressor. The NPO then informed the SRO that the waste gas compressor had been secured and the SRO directed him to restart it. As a result of these actions, R-14 returned to normal (less than 10,000 CPM) at about 2210. A calculation was performed to determine that this release resulted in a maximum value of only 5% of the Maximum Permissible Concentration (MPC) for an unrestricted area and that this occurred at the western site boundary.

ANALYSIS OF OCCURRENCE:

This event is being reported since the WCPPS, an engineering safety feature, actuated. The plant systems functioned as designed. There was no equipment failure. The release remained well below maximum permissible concentration. Thus, there was no safety consequence to this occurrence.

CAUSE OF OCCURRENCE:

The increased gaseous activity was determined to result from increased pressure in the gas vent header which occurred after the nuclear side NPO secured No. 22 Waste Gas Compressor because it was running hot. Contrary to the requirements of Operations Administrative Directive (OAD) 15, entitled "Policy for Conduct of Operations," the NPO failed to inform the Senior Watch Supervisor (SWS) of the problem with No. 21 Waste Gas Compressor. The No. 22 Waste Gas Compressor was secured at about 2000 hours. The No. 21 Waste Gas Compressor was out of service for corrective maintenance and was therefore not available.

CAUSE OF OCCURRENCE: (continued)

The NPO stated that vent header pressure climbed to about 10.5 psig shortly after he secured the compressor and remained steady. It is believed that the continued letdown flow to the CVCS Holdup Tanks (No. 22 and No. 23), without a running compressor on the vent header, resulted in compressing the gas in these tanks until one or both CVCS Holdup Tank relief valves lifted at about 12 psig. The relief valves exhaust to the Waste Holdup Tank, which, in turn, is vented essentially into the PAB ventilation exhaust duct. This would account for the "spike" increase in R-14 level and the associated isolation of the containment pressure relief valves.

Based on the above scenario, the cause of the occurence appears to be a failure to follow OAD 15 regarding reporting to the SWS any unusual trends in plant parameters or early signs of abnormal situations, which would have assured the SWS cognizance of the equipment status. A contributing cause was the inoperable status of one compressor and the marginal condition of the other.

CORRECTIVE ACTION:

1) The Operations Manager reviewed Operations Administrtive Directive (OAD) 15 with the NPO involved regarding the requirement to report any unusual trends in plant parameters or early signs of abnormal situations to the Senior Watch Supervisor.

2) The No. 21 Waste Gas Compressor was returned to operable status on March 14, 1989.

Stephen B. Bram
Vice President

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April 4, 1989

Re: Indian Point Unit No. 2
Docket No. 50-247
LER 89-03-00

Document Control Desk
U.S. Nuclear Regulatory Commission
Mail Station P1-137
Washington, DC 20555

The attached Licensee Event Report LER 89-03-00 is hereby submitted in accordance with the requirements of 10CFR50.73.

Very truly yours,

John A. Bank

Attachment

cc: Mr. William Russell
Regional Administrator - Region I
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