



May 29, 1990

Re: Indian Point Unit No. 2 Docket No. 50-247 LER 90-02-00

Document Control Desk US Nuclear Regulatory Commission Mail Station P1-137 Washington, DC 20555

The attached Licensee Event Report LER 90-02-00 is hereby submitted in accordance with the requirements of 10 CFR 50.73.

Very truly yours,

Attachment

9006080060 9005

FDR

ADOCK 05000

cc: Mr. Thomas T. Martin Regional Administrator - Region I US Nuclear Regulatory Commission 475 Allendale Road King of Prussia, PA 19406

> Mr. Donald S. Brinkman, Senior Project Manager Project Directorate I-1 Division of Reactor Projects I/II US Nuclear Regulatory Commission Mail Stop 14B-2 Washington, DC 20555

Senior Resident Inspector US Nuclear Regulatory Commission PO Box 38 Buchanan, NY 10511

| •                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              | •                                                         |          |      |                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|---------------------|---------------------|-------------|------------------------------------|-------------------------------------|-------------------|------------|-------------------------------------------------------------------|----------------------------|------------------|-----------|---------|------------------------|--------------|-----------------------------------------------------------|----------|------|------------------|
| NRC FORM 366<br>(6-89)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             | U.S. NUCLEAR REGULATORY COMMISSION |                                     |                   |            |                                                                   | APPROVED OMB NO. 3150-0104 |                  |           |         |                        |              |                                                           |          |      |                  |
|                                             | LICENSEE EVENT REPORT (LER)<br>LICENSEE EVENT REPORT (LER)<br>ESTIMATED BURDEN PER RESPONSE TO COMPLY WTH THIS<br>INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD<br>COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS<br>AND REPORTS MANAGEMENT BRANCH (P-530), U.S. NUCLEAR<br>REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO<br>THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE<br>OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. |            |                 |                     |                     |             |                                    |                                     |                   |            | TH THIS<br>DRWARD<br>ECORDS<br>UCLEAR<br>AND TO<br>OFFICE<br>503. |                            |                  |           |         |                        |              |                                                           |          |      |                  |
| FACILITY                                    | CILITY NAME (1) DOCKET NUMBER (                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            | R (2)                                                             | (2) . PAGE (3)             |                  |           |         |                        |              |                                                           |          |      |                  |
| Indian Point Unit No. 2                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   | 0 15 0 0 0 2 4 7 1 OF C    |                  |           |         |                        | 014          |                                                           |          |      |                  |
| TITLE (4)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
| Refueling Water Storage Tank Minimum Volume |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
| EVE                                         | INT DATE                                                                                                                                                                                                                                                                                                                                                                                                                                         | ± (5)<br>T |                 |                     |                     |             |                                    | REPORT DATE (7)                     |                   |            | FACILITY NAMES                                                    |                            |                  | IES INVO  |         | D (8)                  | MBER         | (5)                                                       |          |      |                  |
| MUNIH                                       | DAY                                                                                                                                                                                                                                                                                                                                                                                                                                              | YE#        | <u><u> </u></u> | NUMBER NUMBER       |                     |             |                                    |                                     |                   | AUTONIA    |                                                                   |                            |                  |           | 1510    | 1+0                    | . Ռ լ        |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 | i                   |                     |             | ł                                  |                                     |                   |            | ·                                                                 |                            |                  |           |         |                        |              |                                                           |          |      |                  |
| 04                                          | 2 7                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9          | 0               | 90                  | 0 0 2               | -           | 00                                 | 0 5                                 | 2 9               | 90         |                                                                   |                            |                  |           | 0       | 5 0                    | )   0        | 101                                                       | 1.1      |      |                  |
| OPE                                         | RATING                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                 | THIS RE             | PORT IS SUBMITT     | ED PUF      | ISUANT                             | TO THE R                            | LOUIREN           | IENTS OF 1 | 0 CFR §: ((                                                       | Check                      | one or more      | e of t    | the fol | llowing) (             | (11)         |                                                           |          |      |                  |
| мс                                          | )DE (9)                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Ν               | 20.402(b)           |                     |             |                                    | 20.405(c)                           |                   |            | 50,73(s)(2)(iv)                                                   |                            |                  |           | 7       |                        |              | 73.71                                                     | 73.71(b) |      |                  |
| POWE                                        | R                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                 |                     | 20,405(a)(1)(i)     |             |                                    | 50.38(c                             | 50.36(c)(1)       |            |                                                                   | 50.73(s)(2)(v)             |                  |           |         |                        |              | 73.71                                                     | (c)      |      |                  |
| (10)                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0          | <u> </u>        | 20,                 | 405(a)(1)(ii)       |             |                                    | 50.36(c)(2)                         |                   |            | '                                                                 | 50.                        | .73(a)(2)(vii)   | )         |         |                        |              | OTHER (Specify in Abstract<br>below and in Text, NRC Form |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 | 20.405(s)(1)(iii) X |                     |             | 50.73(s)(2)(i)                     |                                     |                   | 50.        | 50,73(a)(2)(viii)(A)                                              |                            |                  |           | 366A)   |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 | 20.                 | 405(s)(1)(iv)       |             |                                    | 50.73(a)(2)(ii) 50.73(a)(2)(viii)(5 |                   |            |                                                                   |                            | )(B)             |           |         |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 | 20.                 | 406(a)(1)(v)        | · .         |                                    | 50.73(a                             | )(2)(iii)         | •          |                                                                   | <b>50</b> .                | .73(s)(2)(x)     |           |         |                        |              |                                                           |          |      |                  |
| NAME                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     | <u> </u>    |                                    | LICENSEE                            | CONTAC            | FOR THIS   | 3 LER (12)                                                        |                            |                  |           | т—      |                        | TEI          | - EPHONE                                                  |          | FR   | ······           |
| 1000-                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           | ARI     | EA CODE                | <br>-        |                                                           |          |      |                  |
| Ar                                          | thur                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ρ.         | Gi              | insbe               | rg, Engin           | eer         |                                    |                                     |                   |            |                                                                   |                            |                  |           | 9       | 114                    | 5            | 5 <sub>1</sub> 2 <sub>1</sub> 6                           | 'nг      | 5 3  | 5 6              |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     | COMPLET             |             | LINE FO                            | R EACH CO                           | OMPONEN           | T FAILUR   | E DESCRIBE                                                        | ED IN                      | THIS REPO        | DRT (     | (13)    | <u> </u>               | <u> </u>     | <u> </u>                                                  |          | L    |                  |
| CAUSE                                       | SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                           | , cc       | OMPC            | DNENT               | MANUFAC<br>TURER    | REPC        | NPRDS                              | E CAUS                              |                   | CAUSI      | SYSTEM                                                            | co                         | OMPONENT MANUFAC |           |         | REPORTABLE<br>TO NPRDS |              |                                                           |          |      |                  |
| В                                           | BIO                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                 | וחא                 |                     |             |                                    |                                     |                   |            |                                                                   | , I                        | 1 1              |           |         |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1          |                 | · · · · · · ·       |                     | 1           |                                    |                                     |                   |            | 1                                                                 | $\square$                  | ·                |           |         | <u> </u>               |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | <u> </u>        |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     | SUPPLEN             | ENTAL       | REPOR                              | T EXPECT                            | ED (14)           |            |                                                                   |                            |                  |           |         | EXPEC                  | TED          |                                                           | IONTH    | DAY  | YEAR             |
| L_                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | _               |                     |                     |             |                                    | -                                   | <b>-</b>          |            |                                                                   |                            |                  |           |         | DATE                   | SION<br>(15) |                                                           |          |      |                  |
| X YES                                       | 5 (If yes, a                                                                                                                                                                                                                                                                                                                                                                                                                                     | comple     | te E)           | KPECTED             | SUBMISSION DAT      | E)          |                                    |                                     | NO<br>1161        |            |                                                                   |                            |                  |           |         |                        |              |                                                           | 0 8      | 21 6 | <u> 19 او از</u> |
| ABSTRAC                                     | CT (Limit                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10 140     | U spe           | 8C83, I.8., 8       | pproximately tittee | n single-   | space typ                          | iewritten ur                        | ) <i>es)</i> (10) |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         | -                      |              |                                                           |          |      |                  |
|                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |                     |                     |             |                                    |                                     |                   |            |                                                                   |                            |                  |           |         |                        |              |                                                           |          |      |                  |
|                                             | <b>D</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                 |                     | •                   | <b>.</b>    | •                                  | •                                   |                   |            | - · -                                                             |                            |                  |           |         |                        |              | ,                                                         |          |      |                  |
|                                             | Disc                                                                                                                                                                                                                                                                                                                                                                                                                                             | rep        | )an             | icies               | in the c            | alli        | orati                              | ion of                              | the               | RWST       | level                                                             | . tr                       | cansmi           | tte       | ers     | s wer                  | :e           |                                                           |          |      |                  |
|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -10ve      | sre<br>a 1      | iu.<br>Iovol        | alarm sc            | cre         | panc:                              | les na                              | ia es             | sentia     | ally n                                                            | 10 8<br>.1                 | affect           | 01        | n t     | the                    |              |                                                           |          |      |                  |
| ļ                                           | Tecł                                                                                                                                                                                                                                                                                                                                                                                                                                             | nni.       |                 | Sne                 | alalm se            | ιρυ.<br>n l | 111 <b></b><br>imit                | NOT:                                | latty             | a may      | gnetro                                                            | 5 1)<br>DUC                |                  | ; De<br>1 | ero     | )re τ                  | he           |                                                           |          |      |                  |
|                                             | . CCI                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                 | . upe               | cificatio           |             |                                    |                                     | um a m a          | m redi     | JILEU                                                             | KW3                        | or tev           | er        | 15      | 3                      |              |                                                           |          |      |                  |

reached. However, over a two year period the Magnetrol alarm was not available and only the level transmitters were used to monitor the minimum required RWST volume. The discrepancies could have resulted in a volume as much as 6,000 gallons below indicated. Based on a review of the data to date, no Technical Specification violation has occurred. The review is continuing to determine if any violation actually occurred. If this shortfall occurred it could have only minimal effect on the results of the accident analysis and hence there was no potential significant affect on plant safety. The Magnetrol alarm is now being used again, and the discrepancies have been corrected in the latest calibration of the transmitters.

| NRC FORM 366A U.S. (6-89)                                                                                                                                                                                                                                                                                                                      | NUCLEAR REGULATORY COMMISSION                                                                                                                                                                    | APPROVED OMB NO. 3                                                                                                                                                                                                                                       | 150-0104                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LICENSEE EVENT REPORT I<br>TEXT CONTINUATION                                                                                                                                                                                                                                                                                                   | (LER)                                                                                                                                                                                            | EXPIRES: 4/30/9<br>ESTIMATED BURDEN PER RESPONSE<br>INFORMATION COLLECTION REQUES<br>COMMENTS REGARDING BURDEN ESTI<br>AND REPORTS MANAGEMENT BRANC<br>REGULATORY COMMISSION, WASHING<br>THE PAPERWORK REDUCTION PROJE<br>OF MANAGEMENT AND BUDGET, WASH | 2<br>TO COMPLY WTH THIS<br>T: 500 HRS. FORWARD<br>MATE TO THE RECORDS<br>H (P-530), U.S. NUCLEAR<br>ITON, DC 20555, AND TO<br>CT (3150-0104), OFFICE<br>41NGTON, DC 20503. |
| FACILITY NAME (1)                                                                                                                                                                                                                                                                                                                              | DOCKET NUMBER (2)                                                                                                                                                                                | LER NUMBER (6)                                                                                                                                                                                                                                           | PAGE (3)                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                  | YEAR SEQUENTIAL REVISIO                                                                                                                                                                                                                                  |                                                                                                                                                                            |
| Indian Point Unit No. 2                                                                                                                                                                                                                                                                                                                        | 0 15 10 10 10 2 14 7                                                                                                                                                                             | 9 10 -0 1 012 - 0 10                                                                                                                                                                                                                                     | 012 OF 0 14                                                                                                                                                                |
| TEXT (If more space is required, use additional NRC Form 366A's) (17)                                                                                                                                                                                                                                                                          | <u>↓</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| PLANT AND SYSTEM IDENTIFICATION:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| Westinghouse 4-loop Pressurized Wa                                                                                                                                                                                                                                                                                                             | ter Reactor                                                                                                                                                                                      | · · ·                                                                                                                                                                                                                                                    |                                                                                                                                                                            |
| IDENTIFICATION OF OCCURRENCE:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| Discrepancies were found in the ca<br>were being used for monitoring the<br>period of time. A potential short<br>have occurred was shown not to hav<br>The Magnetrol alarm is again being<br>discrepancies have been corrected<br>transmitters.                                                                                                | libration of level<br>minimum RWST requir<br>fall of 6,000 gallor<br>e a significant safe<br>used for monitoring<br>in the latest calibr                                                         | transmitters which<br>red volume for a<br>ns which could<br>ety effect.<br>g and the<br>ration of the                                                                                                                                                    |                                                                                                                                                                            |
| REPORTABILITY DETERMINATION DATE:                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| April 27, 1990                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| REPORT DUE DATE:                                                                                                                                                                                                                                                                                                                               | · · ·                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| May 26, 1990                                                                                                                                                                                                                                                                                                                                   | · ·                                                                                                                                                                                              |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| REFERENCES:                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| SOR No. 90-195                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                        |                                                                                                                                                                            |
| PAST SIMILAR OCCURRENCE:                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| None                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| DESCRIPTION OF OCCURRENCE:                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | •<br>•                                                                                                                                                                     |
| The Indian Point Unit 2 Technical<br>volume of 345,000 gallons in the R<br>minimum volume is normally alarmed<br>indication in the Central Control<br>Summer of 1988 that the alarm was<br>Between that date and April, 1990<br>available to determine minimum vol<br>Independent of the above, a review<br>level instrumentation and the foll | Specifications requi<br>efueling Water Stora<br>by a Magnetrol whic<br>Room. It was discov<br>not available since<br>, only level transmi<br>ume.<br>was being conducted<br>owing was discovered | ire a minimum<br>age Tank. This<br>ch provides<br>vered in the<br>November of 1987.<br>itters were<br>d of the RWST<br>d:                                                                                                                                |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                                                            |

| NRC FORM 366A<br>(6-89)                  | U.S.                                                                                                                                                                                                                                                                                                                                                            | NUCLEAR REGULATORY COMMISSION                                                                                                                                                                                                                                                                                                                                                             | APPROVED OMB NO. 31                                                                                                                                                                                    | 50-0104     |  |  |  |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|
| •<br>• •                                 | LICENSEE EVENT REPORT<br>TEXT CONTINUATION                                                                                                                                                                                                                                                                                                                      | EXPIRES: 4/30/92<br>ESTIMATED BURDEN PER RESPONSE TO COMPLY WTH THIS<br>INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD<br>COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS<br>AND REPORTS MANAGEMENT BRANCH (P530), U.S. NUCLEAR<br>REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO<br>THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE<br>OF MANAGEMENT AND RUDGET WASHINGTON |                                                                                                                                                                                                        |             |  |  |  |
| ACILITY NAME (1)                         |                                                                                                                                                                                                                                                                                                                                                                 | DOCKET NUMBER (2)                                                                                                                                                                                                                                                                                                                                                                         | LER NUMBER (6)                                                                                                                                                                                         | PAGE (3)    |  |  |  |
|                                          |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           | YEAR SEQUENTIAL REVISION                                                                                                                                                                               |             |  |  |  |
|                                          |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |             |  |  |  |
| <u>Indian</u> P<br>EXT (If more space is | oint Unit No. 2<br>required, use additionel NRC Form 366A's) (17)                                                                                                                                                                                                                                                                                               | <b>0 5 0 0 0</b> <u>2</u> <u>4</u> <u>7</u>                                                                                                                                                                                                                                                                                                                                               | 9 0 -0 0 2 -0 0                                                                                                                                                                                        | 03 0F       |  |  |  |
| DESCI                                    | RIPTION OF OCCURRENCE: (contin                                                                                                                                                                                                                                                                                                                                  | uued)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |             |  |  |  |
| 1.                                       | Overflow Drain Pipe:                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |             |  |  |  |
|                                          | In determining the calibration<br>available volume of the RWST<br>for the 12" overflow drain pin<br>For a given level, the volume<br>the pipe volume. This volume<br>The magnitude of the unavaila<br>244 gallons at the Technical<br>gallons.                                                                                                                  | on factors for the tr<br>was calculated with<br>pe which is located<br>of water was less l<br>increases with tan<br>ble water is 6.63 ga<br>specification minim                                                                                                                                                                                                                           | ransmitters, the<br>out compensating<br>inside the tank.<br>by the amount of<br>c level increase.<br>allons per foot or<br>um of 345,000                                                               |             |  |  |  |
| 2.                                       | Density Correction:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |             |  |  |  |
|                                          | Differential pressure level t<br>and 0 ppm boron water. RWST<br>$4.4^{\circ}C$ ( $40^{\circ}F$ ) with a boron con<br>of borated and cold water is<br>at 20°C thus causing the inst<br>actual. This error increases<br>RWST water temperature of $40^{\circ}$<br>the indicated level could rea<br>at the Technical Specificatio<br>This would be equivalent to 3 | ransducers were cali<br>water temperature ca<br>centration of 2500 p<br>higher than the dens<br>rument to read a hig<br>with tank level inco<br>F and boron concento<br>d 4.2 inches higher<br>n minimum volume of<br>279 gallons short of                                                                                                                                                | ibrated for 20°C<br>an be as low as<br>opm. The density<br>sity of pure water<br>gher level than<br>cease. Assuming a<br>cation of 2500 ppm<br>than the actual<br>345,000 gallons.<br>the requirement. |             |  |  |  |
| 3.                                       | Transducer Location:                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        | -<br>-<br>- |  |  |  |
|                                          | Recently, a surveyor was call<br>relating to the RWST. It was<br>were located at a lower eleva<br>calibration procedure. This<br>instruments. For the transdu<br>0.6 inch (or equivalent to 46<br>transducer, the error was 2.9                                                                                                                                 | ed in to measure van<br>found that both lev<br>tion than what was a<br>is a constant offset<br>cer LT5751, the amou<br>8 gallons). For the<br>inches, or 2248 gal                                                                                                                                                                                                                         | tious elevations<br>vel transducers<br>assumed in the<br>to the<br>ant of error was<br>LT920<br>lons.                                                                                                  |             |  |  |  |
| Each<br>error<br>inven                   | of these discrepancies result<br>s. Thus for any given report<br>tory was less than the assume                                                                                                                                                                                                                                                                  | s in instrument over<br>ed level, the actual<br>d value by approvima                                                                                                                                                                                                                                                                                                                      | registration<br>RWST water                                                                                                                                                                             |             |  |  |  |

The volume in the RWST is normally kept well above the Technical specification limit. A retrieval of data for the RWST volume from the plant computer is underway. Analysis of data for the winter of 1989-1990, the period of the largest density correction, has not indicated any Technical Specification violation.

gallons for one transmitter and 5,800 gallons for the other

transmitter.

| NRC FORM 366A<br>(6-89)                            | SEE EVENT R         | APPROVED OMB NO. 3150-0104<br>EXPIRES: 4/30/92<br>ESTIMATED BURDEN PER RESPONSE TO COMPLY WTH THIS<br>INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD<br>COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS<br>AND REPORTS MANAGEMENT BRANCH (P.530), U.S. NUCLEAR<br>REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO<br>THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE<br>OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. |                                       |                  |  |  |  |
|----------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|--|--|--|
| TE                                                 | XT CONTINU          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                  |  |  |  |
| FACILITY NAME (1)                                  |                     | DOCKET NUMBER (2)                                                                                                                                                                                                                                                                                                                                                                                                                    | LER NUMBER (6)                        | PAGE (3)         |  |  |  |
|                                                    |                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                    | YEAR SEQUENTIAL REVIS                 | SION             |  |  |  |
| Indian Point Unit No                               | . 2                 | 0  5  0  0   <sup>2</sup>   <sup>4</sup>   <sup>7</sup>                                                                                                                                                                                                                                                                                                                                                                              | 90_02_0                               | 004 <b>OF</b> 04 |  |  |  |
| TEXT (If more space is required, use additional NI | C Form 366A's/ (17) |                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · · |                  |  |  |  |

## DESCRIPTION OF OCCURRENCE: (continued)

The Magnetrol alarm has been restored. In addition the level transmitters have been recalibrated based on the factors involved.

ANALYSIS OF OCCURRENCE:

A potential maximum shortfall of 6,000 gallons could have existed in the minimum required RWST water volume. A review of the data is continuing. After reviewing a critical portion of the data, no instance of a violation was found. It was determined that the effect on the accident analysis would have been minimal even if the RWST volume was short by 6,000 gallons. The following were evaluated: Large Break LOCA, Small Break LOCA, LOCA Hydraulic Forcing Functions, Hot Leg Switchover to Prevent Boron Concentration Precipitation and Post-LOCA Long Term Cooling. No other accidents were affected and there was no significant affect on plant safety .

An evaluation also showed that the errors in the range of the low-low level alarms were very small and within the allowable error bands. Therefore, there was no significant affect on these alarms.

## CAUSE OF OCCURRENCE:

Discrepancies were found in the calibration of the RWST level transmitters. Since they were being used solely for the minimum RWST volume determination rather than also having the Magnetrol alarm the discrepancies affected the volume determination. This was discovered after the Magnetrol alarm was reinstituted for use in determining minimum RWST volume.

## CORRECTIVE ACTION:

The Magnetrol alarm function was restored to monitor the minimum RWST volume. The discrepancies in the level transmitter calibrations were corrected and the level transmitters recalibrated. An evaluation of all accidents potentially affected was performed and it was determined that there was no significant affect.

A Significant Occurrence Report was issued as required for an event that the Senior Water Supervisor deems that additional review may be required. By this measure, all affected Plant groups were made aware of the discrepancies in the level transmitters.