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 MILLS, L.M. Tennessee Valley Authority
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SUBJECT: Second interim deficiency rept re Auma Actuators, Inc motor operated valve operators failure to operate in electrical or mechanical mode. Vendor investigation revealed faulty power source wiring. TVA investigation continues.

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 TITLE: Construction Deficiency Report (10CFR50.55E)

NOTES:

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EXTERNAL:	ACRS 16	16 16	LPDR 03	1 1
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TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401

400 Chestnut Street Tower II

August 20, 1980

Mr. James P. O'Reilly, Director
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Region II - Suite 3400
101 Marietta Street
Atlanta, Georgia 30303

Dear Mr. O'Reilly:

BELLEFONTE NUCLEAR PLANT UNITS 1 AND 2 - AUMA ACTUATORS - MOV OPERATOR -
NCR 1200 - SECOND INTERIM REPORT

The subject nonconformance was initially reported to NRC-OIE Inspector R. W. Wright on June 11, 1980, in accordance with 10 CFR 50.55(e). This was followed by our first interim report dated July 10, 1980. We expect to submit our next written report by November 26, 1980.

If you have any questions concerning this matter, please get in touch with D. L. Lambert at FTS 857-2581.

Very truly yours,

TENNESSEE VALLEY AUTHORITY

L. M. Mills, Manager
Nuclear Regulation and Safety

Enclosure

cc: Mr. Victor Stello, Jr., Director (Enclosure)✓
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, DC 20555

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ENCLOSURE

BELLEFONTE NUCLEAR PLANT UNITS 1 AND 2
AUMA ACTUATORS - MOV OPERATOR

10 CFR 50.55(e)

NCR 1200

SECOND INTERIM REPORT

Description of Deficiency

Motor-operated valve operators supplied by Auma Actuators, Incorporated, for Jamesbury valves located in the Essential Raw Cooling Water System (ERCW) failed to operate in either the electrical or mechanical mode.

Interim Progress

TVA informed Jamesbury of the problem and requested that the valve and operator be examined by a factory-trained service representative from Auma Actuator, Incorporated, to ascertain the problem. A representative from Auma has examined the operators and determined the problem was with the wiring of the power source to the operator.

TVA is investigating this area further.