

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

TO: J.G. KEPPLER

FROM: WISCONSIN PUBLIC SVC. CORP.
GREEN BAY, WISCONSIN
E.W. JAMESFILE NUMBER
INCIDENT REPORTDATE OF DOCUMENT
10-22-76DATE RECEIVED
10-26-76☐ LETTER
☒ ORIGINAL
☐ COPY☐ NOTORIZED
☒ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

30

DESCRIPTION

LTR. TRANS THE FOLLOWING.....

ENCLOSURE

LICENSEE EVENT REPORT # 76-16, ON 9-23-76
CONCERNING SERVICE WATER MOTOR VALVE FOR CONTZ
AINMENT FAN COIL UNIT 1D NOT OPENING WITH CONTROL
SWITCH...LICENSEE EVENT REPORT #76-17, ON 9-23-77,
CONCERNING TRAIN "B" FEEDWATER ISOLATION
ACTUATION SIGNAL NOT OPERATING.....(1 SIGNED CY. RECEIVED)
(3 PAGES)ACKNOWLEDGED
DO NOT REMOVE

PLANT NAME: KEWAUNEE

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

FOR ACTION/INFORMATION

SAB 10-28-76

☒ BRANCH CHIEF: SCHWENCER
☐ W/3 CYS FOR ACTION
☒ LIC. ASST.: SHEPPARD
☐ W/ CYS
☒ ACRS 16 CYS ~~XXXXXXXXXX~~ SENT TO LA

INTERNAL DISTRIBUTION

☒ REG FILE
☒ NRC PDR
☒ I & E (2)
☒ MIPC
☒ SCHROEDER/IPPOLITO
☒ HOUSTON
☒ NOVAK/CHECK
☒ GRIMES
☒ CASE
☒ BUTLER
☒ HANAUER
☒ TEDESCO/MACCARY
☒ EISENHUT
☒ PAER
☒ SIAO
☒ VOLLMER/PUNCH
☒ KRECER/J. COLLINS

EXTERNAL DISTRIBUTION

☒ MPDR: KEWAUNEE, WIS.
☒ TTC:
☒ NSIC:

CONTROL NUMBER

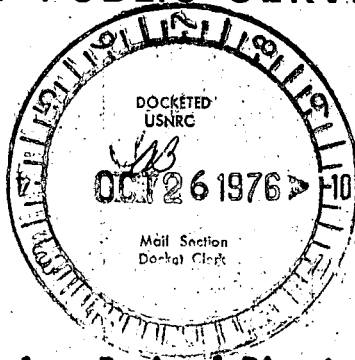
10812

regulatory

File Copy

WISCONSIN PUBLIC SERVICE CORPORATION

Public Service



P.O. Box 1200, Green Bay, Wisconsin 54305

October 22, 1976

Mr. J. G. Keppler, Regional Director
Office of Inspection & Enforcement
Region III
U. S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Mr. Keppler:

Subject: Docket 50-305
Operating License DPR-43
Reportable Occurrences RO 76-16 and RO 76-17

In accordance with the requirements of Technical Specifications, Section 6.9.2, the attached Licensee Event Reports for Reportable Occurrences RO 76-16 and RO 76-17 are submitted. Both reports are the result of component failures which are considered to be caused by normal wear from usage. Therefore, the corrective action performed is considered complete and no further action is required.

Very truly yours,

E. W. James
Senior Vice President
Power Supply & Engineering

EWJ:sne

Enc.

cc - Dir, Office of Inspection & Enforcement
US NRC, Washington, D. C. 20555
Dir, Office of Management Info & Program Control
US NRC, Washington, D. C. 20555

10812

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME														LICENSE NUMBER												LICENSE TYPE				EVENT TYPE				
01 W I K N P 1														0 0 - 0 0 0 0 0 0 - 0 0												4 1 1 1 1								
7	8	9												14	15												25	26				30	31	32

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER										EVENT DATE					REPORT DATE							
01 CONT		P 0	L	0 5 0 - 0 3 0 5										0 9 2 3 7 6					1 0 2 2 7 6							
7	8	57	58	59	60	61										68	69				74	75				80

EVENT DESCRIPTION

02	During the performance of engineered safeguards surveillance testing. Train "B"	80
03	feedwater isolation actuation signal did not operate. An investigation revealed	80
04	that a BF Relay did not function properly. Train "A" had functioned properly.	80
05	RO 76-17	80
06		80

SYSTEM CODE	CAUSE CODE	COMPONENT CODE					PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER			VIOLATION
07 C H	E	R E L A Y X					N	W 1 2 0			N
7	8	9	10	11	12	17	43	44	47	48	

CAUSE DESCRIPTION

08	The BF Relay in question was replaced with a new relay which operated properly.	80
09	The faulty BF Relay that was removed was found to have a bad contact which didn't	80
10	function properly.	80

FACILITY STATUS	% POWER	OTHER STATUS		METHOD OF DISCOVERY		DISCOVERY DESCRIPTION			
11 E	0 9 9	NA		B		NA			
7	8	9	10	12	13	44	45	46	80

FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY		LOCATION OF RELEASE			
12 Z	Z	NA		NA			
7	8	9	10	11	44	45	80

PERSONNEL EXPOSURES

NUMBER	TYPE	DESCRIPTION				
13 0 0 0	Z	NA				
7	8	9	11	12	13	80

PERSONNEL INJURIES

NUMBER	DESCRIPTION				
14 0 0 0	NA				
7	8	9	11	12	80

OFFSITE CONSEQUENCES

15	NA	80
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LOSS OR DAMAGE TO FACILITY

TYPE	DESCRIPTION			
16 Z	NA			
7	8	9	10	80

PUBLICITY

17	NA	80
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ADDITIONAL FACTORS

18		80
19		80

NAME: _____ PHONE: 414/432-3311

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME														LICENSE NUMBER														LICENSE TYPE						EVENT TYPE			
01	W	I	K	N	P	1									0	0	-	0	0	0	0	-	0	0					4	1	1	1					
7	8	9				14	15											25	26				30	31	32												

CATEGORY				REPORT TYPE		REPORT SOURCE		DOCKET NUMBER										EVENT DATE						REPORT DATE					
01	CON'T			P	0	L	L	0	5	0	-	0	3	0	5	0	9	2	3	7	6	1	0	2	2	7	6		
7	8	57	58	59	60	61	68										69				74	75				80			

EVENT DESCRIPTION

02	Service water motor operated valve for containment fan coil unit 1D did not open																																80
03	with control room switch. After resetting the circuit breaker the valve functioned																																80
04	properly. Three of the four fan coil units remained operable as specified by																																80
05	Technical Specifications. RO 76-16																																80
06																																	80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE										PRIME COMPONENT SUPPLIER				COMPONENT MANUFACTURER				VIOLATION			
07	S	B			E	V	A	L	V	O	P					A	L	2	0	0			N				
7	8	9	10	11	12	13	17					43	44	47			48										

CAUSE DESCRIPTION

08	An investigation of the valve operator revealed that a broken torque switch was																																80
09	responsible for the circuit breaker trip. The torque switch was replaced and the																																80
10	valve operator functioned properly.																																80

FACILITY STATUS				% POWER				OTHER STATUS				METHOD OF DISCOVERY				DISCOVERY DESCRIPTION																			
11	E				0	9	9				NA				A				NA																
7	8	9				10	11	12	13				44	45				46	80																

FORM OF ACTIVITY RELEASED				CONTENT OF RELEASE				AMOUNT OF ACTIVITY																LOCATION OF RELEASE																		
12	Z				Z				NA																	NA																
7	8	9				10	11	44																45	80																	

PERSONNEL EXPOSURES

NUMBER				TYPE		DESCRIPTION																										
13	0	0	0			Z	NA																									
7	8	9	11		12	80																										

PERSONNEL INJURIES

NUMBER				DESCRIPTION																												
14	0	0	0	NA																												
7	8	9	11		80																											

OFFSITE CONSEQUENCES

15	NA																																80
----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

LOSS OR DAMAGE TO FACILITY

TYPE				DESCRIPTION																													
16	Z	NA																															
7	8	9	10			80																											

PUBLICITY

17	NA																																80
----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

ADDITIONAL FACTORS

18																																	80
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19																																	80
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----

NAME: _____ PHONE: 414/432-3311

D. L. LAMHAM

WISCONSIN PUBLIC SERVICE CORPORATION



P.O. Box 1200, Green Bay, Wisconsin 54305

October 22, 1976

Mr. J. G. Keppler, Regional Director
Office of Inspection & Enforcement
Region III
U. S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

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Subject: Docket 50-305
Operating License DPR-43
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Very truly yours,

A handwritten signature in cursive script, appearing to read "E. W. James".

E. W. James
Senior Vice President
Power Supply & Engineering

EWJ:sna

Enc.

cc - Dir, Office of Inspection & Enforcement
US NRC, Washington, D. C. 20555
Dir, Office of Management Info & Program Control
US NRC, Washington, D. C. 20555

OCT 25 1976

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME														LICENSE NUMBER														LICENSE TYPE					EVENT TYPE	
01	W	I	K	N	P	1	0	0	-	0	0	0	0	-	0	0	4	1	1	1	1													
7	8	9				14	15									25	26					30	31	32										

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER				EVENT DATE				REPORT DATE													
01	CON'T	P	0	L	L	0	5	0	-	0	3	0	5	0	9	2	3	7	6	1	0	2	2	7	6
7	8	57	58	59	60	61					68	69			74	75					80				

EVENT DESCRIPTION

02 | Service water motor operated valve for containment fan coil unit 1D did not open | 80

03 | with control room switch. After resetting the circuit breaker the valve functioned | 80

04 | properly. Three of the four fan coil units remained operable as specified by | 80

05 | Technical Specifications. RO 76-16 | 80

06 | | 80

SYSTEM CODE		CAUSE CODE		COMPONENT CODE				PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION	
07	S	B	E	V	A	L	V	O	P	A	L	2	0	0	N
7	8	9	10	11	12				17	43	44			47	48

CAUSE DESCRIPTION

08 | An investigation of the valve operator revealed that a broken torque switch was | 80

09 | responsible for the circuit breaker trip. The torque switch was replaced and the | 80

10 | valve operator functioned properly. | 80

FACILITY STATUS		% POWER		OTHER STATUS				METHOD OF DISCOVERY		DISCOVERY DESCRIPTION			
11	E	0	9	9	NA			A		NA			
7	8	9	10	12	13			44	45	46		80	

FORM OF ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY				LOCATION OF RELEASE			
12	Z	Z	NA					NA			
7	8	9	10	11			44	45			80

PERSONNEL EXPOSURES

NUMBER			TYPE		DESCRIPTION	
13	0	0	0	Z	NA	
7	8	9	11	12	13	80

PERSONNEL INJURIES

NUMBER			DESCRIPTION		
14	0	0	0	NA	
7	8	9	11	12	80

OFFSITE CONSEQUENCES

15 | NA | 80

LOSS OR DAMAGE TO FACILITY

TYPE		DESCRIPTION			
16	Z				
7	8	9	10		80

PUBLICITY

17 | NA | 80

ADDITIONAL FACTORS

18 | | 80

19 | | 80

NAME: _____ PHONE: 414/432-3311

LICENSEE EVENT REPORT

CONTROL BLOCK:

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME 01 W I K N P 1	LICENSE NUMBER 0 0 - 0 0 0 0 0 - 0 0	LICENSE TYPE 4 1 1 1 1	EVENT TYPE
CATEGORY 01 CONT P O	REPORT TYPE L	REPORT SOURCE L	DOCKET NUMBER 0 5 0 - 0 3 0 5
EVENT DATE 0 9 2 3 7 6	REPORT DATE 1 0 2 2 7 6		

EVENT DESCRIPTION

02 During the performance of engineered safeguards surveillance testing, Train "B" feedwater isolation actuation signal did not operate. An investigation revealed that a BF Relay did not function properly. Train "A" had functioned properly.

05 RO 6-17

06

SYSTEM CODE C H	CAUSE CODE E	COMPONENT CODE R E L A Y X	PRIME COMPONENT SUPPLIER N	COMPONENT MANUFACTURER W 1 2 0	VIOLATION N
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CAUSE DESCRIPTION

08 The BF Relay in question was replaced with a new relay which operated properly.

09 The faulty BF Relay that was removed was found to have a bad contact which didn't function properly.

FACILITY STATUS E	% POWER 0 9 9	OTHER STATUS NA	METHOD OF DISCOVERY B	DISCOVERY DESCRIPTION NA
FORM OF ACTIVITY RELEASED Z	CONTENT OF RELEASE Z	AMOUNT OF ACTIVITY NA	LOCATION OF RELEASE NA	

PERSONNEL EXPOSURES

NUMBER 0 0 0	TYPE Z	DESCRIPTION NA
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PERSONNEL INJURIES

NUMBER 0 0 0	DESCRIPTION NA
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OFFSITE CONSEQUENCES

15 NA

LDSS OR DAMAGE TO FACILITY

TYPE Z	DESCRIPTION NA
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PUBLICITY

17 NA

ADDITIONAL FACTORS

18

19

NAME: _____ PHONE: 414/432-3311