REGULATORY I CORMATION DISTRIBUTION SYS

	8003260621 DOC.DATE: 80/03/21 NOTARIZED: NO Kewaunee Nuclear Power Plant, Wisconsin Public Servic AUTHOR AFFILIATION	DOCKET # 05000305
AUTH.NAME RUITER,G.H. NALEPKA,D.S.	Wisconsin Public Service Corp. Wisconsin Public Service Corp.	
RECIP,NAME	RECIPIENT AFFILIATION Region 3, Chicago, Office of the Director	

SUBJECT: LER 80-011/03L=0:on 800220, during steady state normal operation, containment monitoring sys pump R 11/12 indicated high flow & tripped off.Caused by high & low flow trip ÷ setpoint drift.

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	RECIPIENT ID CODE/NAME 05 BC		S Encl 4	RECIPIENT ID CODE/NAME	COPI LTTR		
INTERNAL:	01 REG FILE 09 I&E 14 TA/EDO 16 EEB 18 PLANT SYS BR 20 AD PLANT SYS 23 ENGR BR 25 PWR SYS BR 27 OPERA LIC BR 29 AUX SYS BR AEOD HANAUER, S. JORDAN, E./IE	1 2 1 1 1 1 1 1 1 1 1 1	1 2 1 1 1 1 1 1 1 1 1	02 NRC PDR 11 MPA 15 NOVAK/KNIEL 17 AD FOR ENGR 19 I&C SYS BR 22 REAC SAFT BR 24 KREGER 26 AD/SITE ANAL 28 ACDENT ANLYS AD/ORP-DOR DOUG MAY-TERA IRELAND, R.	1 3 1 1 1 1 1 1 1 3	1 3 1 1 1 1 1 1 1 1 3	
EXTERNAL:	03 LPDR 29 ACRS	1 16	1 16	04 NSIC	1	1	

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(7-77)	LICENSEE EVENT REPORT
	CONTROL BLOCK:
	$ \begin{array}{ c c c c c } \hline W & I & K & N & P & 1 \\ \hline 9 & \text{Licensee code} & 14 \\ \hline 15 & \text{License number} \\ \hline 15 & \text{License number} \\ \hline 25 & 26 \\ \hline 26 & \text{License type} \\ \hline 30 & 4 \\ \hline 1 & 1 & 1 \\ \hline 1 & 1 & 1 \\ \hline 1 & 1 & 1 \\ \hline 30 & 4 \\ \hline 57 & \text{CAT} \\ \hline 58 \\ \hline 59 \\ \hline 59 \\ \hline 59 \\ \hline 50 \\ \hline $
CON'T	REPORT L 6 0 5 0 0 0 3 0 5 7 0 2 2 1 8 0 8 0 3 2 1 8 0 9 SOURCE 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80 9
0 2	While performing SP 109, Train B, during the step of closing 1B diesel generator
03	breaker, indication was lost and the breaker would not close. Power was returned
04	to the breaker within 45 minutes and the system tested satisfactorily. Since
05	one D/G and off-site power remained available during this occurrence, there was
06	no effect on plant operation or public safety.
07	
08 78	9 9 SYSTEM CAUSE CAUSE COMPONENT CODE SUBCODE SUBCODE SUBCODE
09 7 8	$ \underbrace{ \begin{bmatrix} E \\ 9 \end{bmatrix} \begin{pmatrix} 10 \\ 11 \end{pmatrix} \\ 11 \\ 11 \\ 11 \\ 12 \\ SEQUENTIAL \\ SEQUENTIAL \\ SEQUENTIAL \\ OCCURRENCE \\ REPORT \\ SEQUENTIAL \\ OCCURRENCE \\ SEQUENTIAL $
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	ACTION FUTURE EFFECT SHUTDOWN TAKEN ACTION ON PLANT METHOD HOURS (22) ATTACHMENT FORM SUB. SUPPLIER MANUFACTURER $\begin{bmatrix} B \\ 33 \end{bmatrix} \begin{bmatrix} 2 \\ 34 \end{bmatrix} \begin{bmatrix} 2 \\ 35 \end{bmatrix} \begin{bmatrix} 2 \\ 36 \end{bmatrix} \begin{bmatrix} 2 \\ 36 \end{bmatrix} \begin{bmatrix} 2 \\ 37 \end{bmatrix} \begin{bmatrix} 0 \\ 37 \end{bmatrix} \begin{bmatrix} 0 \\ 40 \end{bmatrix} \begin{bmatrix} 0 \\ 41 \end{bmatrix} \begin{bmatrix} 2 \\ 41 \end{bmatrix} \begin{bmatrix} 0 \\ 42 \end{bmatrix} \begin{bmatrix} 0 \\ 43 \end{bmatrix} \begin{bmatrix} 2 \\ 43 \end{bmatrix} \begin{bmatrix} 0 \\ 44 \end{bmatrix} \begin{bmatrix} 0 \\ 8 \end{bmatrix} \begin{bmatrix} 0 \\ 47 \end{bmatrix} \begin{bmatrix} 2 \\$
1.0	The closing circuit knife switch was found to have dirty contacts thus preventing
11	1B diesel generator breaker from closing. The switch was cleaned and reclosed.
12	The system tested satisfactorily. This is an isolated occurrence and no further
13	action is planned at this time.
$\begin{bmatrix} 1 & 4 \\ 7 & 8 \end{bmatrix}$	9
	$ \begin{array}{c} \begin{array}{c} F_{ACILITY} \\ \text{STATUS} \\ E \end{array} \\ \begin{array}{c} 28 \\ 9 \end{array} \\ \begin{array}{c} 1 \\ 10 \end{array} \\ \begin{array}{c} 0 \\ 12 \end{array} \\ \begin{array}{c} 0 \\ 12 \end{array} \\ \begin{array}{c} 29 \\ 13 \end{array} \\ \begin{array}{c} 0 \\ 13 \end{array} \\ \begin{array}{c} 0 \\ 14 \end{array} \\ \begin{array}{c} 30 \\ 0 \end{array} \\ \begin{array}{c} \text{METHOD OF} \\ \text{DISCOVERY} \\ \begin{array}{c} 0 \\ 13 \end{array} \\ \begin{array}{c} 0 \\ 14 \end{array} \\ \begin{array}{c} 0 \\ 10 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array}$
16	LOCATION OF RELEASE AMOUNT OF ACTIVITY 35 LOCATION OF RELEASE 36 NA
7 8	9 PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION (39) 0 0 0 (37) Z (38) NA 80
7 8	9 PERSONNEL INJURIES NUMBER DESCRIPTION (4) NA
	9 11 12 LOSS OF OR DAMAGE TO FACILITY (43) TYPE DESCRIPTION
7 8	9 10 BUBLICITY (15) BO
20	
/ 8	9 10 NAME OF PREPARER <u>GHRuiter/DSNalepka</u> PHONE: (414) 388-2560