

## NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER  
INCIDENT REPORT

TO: J.G. Keppler

FROM: Northern States Power Co.  
Minneapolis, Minn.  
L.O. MayerDATE OF DOCUMENT  
7-26-76DATE RECEIVED  
8-3-76☒ LETTER  
☒ ORIGINAL  
☐ COPY☐ NOTORIZED  
☒ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

1

## DESCRIPTION

Ltr. trans the following.....

ACKNOWLEDGED

DO NOT REMOVE

PLANT NAME: Monticello

## ENCLOSURE

Licensee Event Report (R.O. # 76-8) on 6-26-76  
Concerning Loss of Power to 1AR Reserve Trans-  
former .....( 1 Signed Cv. Received)  
( 1 Page)NOTE: IF PERSONNEL EXPOSURE IS INVOLVED  
SEND DIRECTLY TO KREGER/J. COLLINS

## FOR ACTION/INFORMATION

SAB 8-3-76

☒ BRANCH CHIEF: Ziemann  
☒ W/3 CYS FOR ACTION  
☒ LIC. ASST.: Diggs  
☒ W/ CYS  
☒ ACRS16 CYS ~~XXXXXX~~ 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  
☒ BAER  
☒ SHAO  
☒ VOLLMER/BUNCH  
☒ KREGER/J. COLLINS

## EXTERNAL DISTRIBUTION

☒ LPDR: Minneapolis, MN  
☒ TIC:  
☒ NSIC:

CONTROL NUMBER

7770

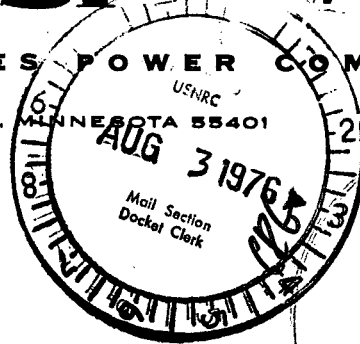
**NSP**

Regulatory

File Cy.

**NORTHERN STATES POWER COMPANY**

MINNEAPOLIS, MINNESOTA 55401



July 26, 1976

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

Dear Mr Keppler:

MONTICELLO NUCLEAR GENERATING PLANT  
Docket No. 50-263 License No. DPR-22

Loss of Power to #1 AR Reserve Transformer

The Licensee Event Report for this occurrence is reproduced on the back of this letter. Enclosed are 3 copies.

Yours very truly,

*M L Voth for*

L O Mayer, PE  
Manager, Nuclear Support Services

LOM/MHV/deb

cc: Director, IE, USNRC (30)  
Director, MIPC, USNRC (3)  
G Charnoff  
MPCA  
Attn: J W Ferman

7770

-over-

JUL 28 1976

# LICENSEE EVENT REPORT

CONTROL BLOCK:                  

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME														LICENSE NUMBER														LICENSE TYPE						EVENT TYPE			
01	M	N	M	N	P	1									0	0	-	0	0	0	0	-	0	0	4	1	1	1	0	3							
7	8	9				14	15																	25	26				30	31	32						

CATEGORY				REPORT TYPE		REPORT SOURCE		OCKET NUMBER										EVENT DATE						REPORT DATE								
01	CONT					L	L											0	6	2	6	7	6	0	7	2	6	7	6			
7	8			57	58	59	60	61																68	69				74	75		80

EVENT DESCRIPTION

02	DURING NORMAL OPERATION, LOSS OF POWER TO 1AR RESERVE TRANSFORMER WAS EXPERIENCED.																														
7	8	9																													80
03	REDUNDANT SYSTEMS AVAILABLE AND OPERABLE. POWER LOSS DUE TO LOCKOUT OF SUBSTATION																														
7	8	9																													80
04	TRANSFORMER. LOCKOUT DUE TO UNNECESSARY OPERATION OF SUDDEN PRESSURE PROTECTION																														
7	8	9																													80
05	DURING LIGHTNING STRIKE IN SUBSTATION. NON-REPETITIVE OCCURRENCE. RELAY SCHEME																														
7	8	9																													80
08	NOW MODIFIED. (M-RO-76-08)																														
7	8	9																													80

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

CAUSE DESCRIPTION

08	SUSPECTED THAT LIGHTNING INDUCED VOLTAGES CAUSED ARCING ACROSS SUDDEN PRESSURE RELAY																														
7	8	9																													80
09	CONTACTS. RELAY SCHEME MODIFIED TO USE A SET OF NORMALLY CLOSED CONTACTS ON THE																														
7	8	9																													80
10	SUDDEN PRESSURE RELAY TO SHORT THE COIL OPERATED BY THIS RELAY WHEN IT IS NOT NEEDED.																														
7	8	9																													80

FACILITY STATUS			% POWER			OTHER STATUS							METHOD OF DISCOVERY		DISCOVERY DESCRIPTION																
11	E			1	0	0	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	13																										80

PERSONNEL INJURIES

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

OFFSITE CONSEQUENCES

15	NA																														
7	8	9																													80

LOSS OR DAMAGE TO FACILITY

TYPE			DESCRIPTION																												
16	Z			NA																											
7	8	9		10																										80	

PUBLICITY

17	NA																														
7	8	9																													80

ADDITIONAL FACTORS

18	NA																														
7	8	9																													80

19																															
7	8	9																													80

NAME: Gary R. Smith

PHONE: 2/295-5151