REPORT OF ABNORMAL OCCURRENCE AND/OR INCIDENT

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL
(TEMPORARY FORM)

CONTROL NO: 13003

FILE: INCIDENT REPORT FILE

FROM:	DATE OF DOC	DATE REC'D	LTR	TWX	RPT	OTHER
Northern States Power Co. Minneapolis, Minn. L.O. Mayer	11-11-75	11-13-75	XXX			

TO:	ORIG	CC	OTHER	
Mr. R.S. Boyd	1 Signed	30		SENT AEC PDR XXX SENT LOCAL PDR XXX

CLASS	UNCLASS	PROP INFO	INPUT	NO CYS REC'D	DOCKET NO:
	XXX			40	50-263

DESCRIPTION:
Letter trans the following.....

ENCLOSURES:
Licensee Event Report #'s 75-17-1 thru 75-17-8, on 9-12,9-13,9-20,9-23 and 9-30-75; Concerning Failure of Containment Isolation Valve to Meet Laek Tightness Criteria.....

(40 Cys Received)

PLANT NAME: Monticello

FOR ACTION/INFORMATION

SAB 11-14-75

ACKNOWLEDGED

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NORTHERN STATES POWER COMPANY

MINNEAPOLIS, MINNESOTA 55401

RECEIVED
NOV 13 1975
U.S. Atomic Energy Commission
Regulatory
Mail Section

November 11, 1975

Mr. R. S. Boyd, Acting Director
Division of Reactor Licensing
U. S. Nuclear Regulatory Commission
Washington, DC 20555

Dear Mr. Boyd:

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

Failure of Containment Isolation Valves to Meet Leak Tightness Criteria

Attached are eight Licensee Event Reports describing containment isolation valves which required corrective maintenance following Type C leakage tests.

A detailed discussion of each valve deficiency will be included in the "Reactor Containment Building Integrated Leak Rate Test Report" to be submitted following the Type A test scheduled this month and in the next Monticello Semi-Annual Operating Report.

Yours very truly,

L. O. Mayer

L. O. Mayer, PE
Manager, Nuclear Support Services

Regulatory File Cy

LOM/DMM/deb

cc: J. G. Keppler
G. Charnoff
MPCA
Attn: J. W. Ferman

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13003

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-0000-00	4111	01
(7–8)	(9–14)	(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	P0	T	L	05 0-0263	091275	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 While conducting local leak rate test it was found that main steam isolation valves
03 AO-2-80A and AO-2-86A were leaking in excess of Technical Specification acceptance
04 criteria. Pilot and main poppet seats were lapped. Retested and passed local
05 leak test. Similar previous events.(AO-263/75-17-1)
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	CD	F	VALVEX	A	A585	Y
(7–8)	(9–10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Atwood and Morrill Company, 18-inch Y Type Globe Valve, Drawing 20786-H. Cause of
09 leakage unknown. Pilot and poppet seats lapped.
10

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8)	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8)	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8)	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: T. W. Grue PHONE: 612/295-5151

GPO 881-667

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	4111	01
(7–8, 9–14)		(15–25)	(26–30)	(31–32)

	CON'T	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01		PO	T	L	050-0263	091275	111175
(7–8)		(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 While Conducting local leak test it was found that main steam isolation valves
03 AO-2-80C and 86C were leaking in excess of Technical Specification acceptance cri-
04 teria. Pilot and main poppet seats were lapped. Retested and passed local leak
05 test for combined leakage. Similar previous events. (AO-267/75-17-2)
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	CD	F	VALVEX	A	A585	Y
(7–8, 9)	(10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Atwood and Morrill Company, 18-inch Y Type Globe Valve, Drawing 20786-H. Cause of
09 leakage unknown. Pilot and poppet seats lapped.
10

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8, 9–11)		(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8, 9–11)		(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8, 9)		(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: T. W. Grue PHONE: 612/295-5151

GPO 881-667

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIREQ INFDRMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	4111 1	01
(7–8)	(9–14)	(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	PO	T	L	050-0263	091275	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 During local leak rate testing it was found that the inboard main steam line drain
03 isolation valve MO-2373 was leaking in excess of Technical Specification acceptance
04 criteria. The outboard isolation valve was operable. The valve was replaced in
05 kind. Retested and passed local leak rate test. Similar previous events.
06 (AO 263/75-17-3)

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	CD	F	VALVEX	A	A395	Y
(7–8)	(9–10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Anchor Mfg. Co. 3" Gate Valve, Model RS, 600 Lb Class. Valve not inspected due to
09 high radioactivity. Replaced valve in kind.
10

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8)	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8)	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8)	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: T. W. Grue PHONE: 612/295-5151

GPO 881-667

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-000-00	41111	01
(7–8)	(9–14)	(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	PO	T	L	050-0263	091375	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 While performing local leak rate tests both core spray check valves AO 14-13A
03 and AO 14-13B were found leaking in excess of the acceptance criteria. The re-
04 dundant isolation valves were operable. Similar previous events. Cleaned valve
05 seats. (AO 263/75-17-4)
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	SD	E	VALVEX	N	R340	Y
(7–8)	(9–10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Failed leak test due to accumulation of scale on seating surfaces. 8" tilting disc
09 check valve, Rockwell Mfg. Co. Fig 770 (CF8M) JMMNY. Cleaned valve seats and re-
10 tested satisfactor .

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8)	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8)	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8)	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: O. N. Iverson PHONE: 612/295-5151

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	41111	01
(7–8)	(9–14)	(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	P0	T	L	050-0263	092075	111175
(7–8)	(57–58)	(59)	(60)	(61–88)	(69–74)	(75–80)

EVENT DESCRIPTION

02 Local Leak rate test indicated combined leakage of drywell equipment drain sump
03 isolation valves, AO-2561A and B in excess of acceptance criteria. No previous
04 similar failure of these valves. Valve seats cleaned. Retested satisfactory.
05 (AO-263/75-17-5)
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	SD	A	VALVEX	A	V135	Y
	(10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 VOGT 2"-800# Gate Valves. Failed local leak rate test due to piece of flexitallic
09 gasket lodged in seat of AO 2561A, gasket material from maintenance on upstream
10 valve. Seat cleaned and valves tested satisfactory.

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	NA	B	NA
	(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	an NA
	(9)	(10)	(11–44)	(45–80)

PERSONNEL EXPOSURES

	NUMBER	TYPE	DESCRIPTION
13	000	Z	NA
	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: B. L. Jenness PHONE: 612/295-5151

GPO 881-667

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	41111	01
(7–8, 9–14)		(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	P0	T	L	050-0263	093075	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 While performing local leak rate test, CRD outboard isolation valve CRD-31 was
03 found leaking in excess of the acceptance criteria. One similar previous event.
04 Cleaned valve seats. (AO 263/75-17-6)
05
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	SD	E	VALVEX	N	A395	Y
(7–8, 9)	(10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Failed leak test due to accumulation of scale on seating surface. 3-inch, 900-lb,
09 swing check valve. Vendor drawing number 2257-5, Anchor Valve Company. Cleaned
10 and lapped valve seats, retested satisfactory.

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8)	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8)	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8)	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19 NA

NAME: J. D. McVay PHONE: 612/295-5151

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	41111	01
(7–8)	(9–14)	(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	PO	T	L	05000-263	091275	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 During local leak rate test it was found that HPCI-9 turbine exhaust line check
03 valve was leaking in excess of Technical Specification acceptance criteria. Lapped
04 seats and retested. Passed local leak rate test. Similar previous events.
05 (AO 263/75-17-7)
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	SD	E	VALVEX	A	A395	Y
(7–8)	(9–10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Anchor Mfg. Co. 16"-150#, Swing Check valve. Scratched seating surface found.
09 Seating surfaces lapped.
10

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8)	(9–11)	(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8)	(9–11)	(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8)	(9)	(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: T. W. Grue PHONE: 612/295-5151

GPO 881-667

LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	MNMNP1	00-00000-00	41111	01
(7–8, 9–14)		(15–25)	(26–30)	(31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	P0	T	L	050-0263	092375	111175
(7–8)	(57–58)	(59)	(60)	(61–68)	(69–74)	(75–80)

EVENT DESCRIPTION

02 While performing local leak rate tests, standby liquid control outboard isolation
03 valve XP-6 was found leaking in excess of the acceptance criteria. Similar previous
04 events. Cleaned and lapped valve seats.(AO-263/75-17-8)
05
06

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	SD	E	VALVEX	N	V135	Y
(7–8, 9)	(10)	(11)	(12–17)	(43)	(44–47)	(48)

CAUSE DESCRIPTION

08 Failed leak test due to accumulation of scale on seating surface. 1½" 2000 LB
09 swing check valve. Vendor drawing number B 35774-Rev. 2, Henry Vogt Company.
10 Cleaned and lapped valve seat. Retested satisfactory.

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H	000	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	000	Z	NA
(7–8, 9–11)		(12)	(13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	000	NA
(7–8, 9–11)		(12–80)

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	NA
(7–8, 9)		(10–80)

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME: J. D. McVay PHONE: 612/295-5151

GPO 881-667