

DUKE POWER COMPANY

POWER BUILDING

422 SOUTH CHURCH STREET, CHARLOTTE, N. C. 28242

WILLIAM O. PARKER, JR.
VICE PRESIDENT
STEAM PRODUCTION

July 13, 1979

TELEPHONE: AREA 704
373-4083

Mr. James P. O'Reilly, Director
U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, Suite 3100
Atlanta, GA 30303

Re: Oconee Unit 1
Docket No. 50-269

Dear Mr. O'Reilly:

Please find attached Reportable Occurrence Report RO-269/79-18. This report is being submitted pursuant to Oconee Nuclear Station Technical Specifications 6.2 and 6.6.2.1.b(2), which concerns operation in a degraded mode permitted by a limiting condition for operation, and describes an incident which is considered to have no significance with respect to its effect on the health and safety of the public.

Very truly yours,

William O. Parker, Jr.
William O. Parker, Jr. *By WOB*

SRL/sch

Attachment

cc: Director, Office of Management Information
and Program Control

REGULATORY DOCKET FILE COPY



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DUKE POWER COMPANY
Oconee Unit 1

Report Number: RO-269/79-18

Report Date: July 13, 1979

Occurrence Date: June 15, 1979

Facility: Oconee Unit 1, Seneca, South Carolina

Identification of Occurrence: Reactor Building Gaseous Radiation
Monitors Inoperable

Conditions Prior to Occurrence: 95% Full Power

Description of Occurrence:

At 1034 on June 15, 1979, valve PR-7, the containment isolation valve inside the Reactor Building (RB) on the RB gaseous radiation monitor inlet line, failed to reopen after it was closed during routine testing of Engineered Safety (ES) valves. This rendered the RB particulate, iodine, and gaseous activity monitors inoperable. After several unsuccessful attempts to reopen valve RP-7, redundant isolation valve PR-8 outside the Reactor Building was closed in order to ensure containment isolation while valve PR-7 was being repaired. At approximately 1400 on June 15, the valve diaphragm, bonnet assembly, and torque switch were replaced. The valve was later retested and determined to be operating properly, and the RB radiation monitors were returned to service by 0600 on June 16.

Apparent Cause of Occurrence:

The RB gaseous activity monitors were rendered inoperable when one of the containment isolation valves for the monitors' inlet line failed closed during a performance test. When an attempt was made to reopen the valve, the thermal overload for the valve motor tripped. The valve was opened by bypassing the thermal overloads, but when the valve was reclosed, the valve shaft sheared, indicating binding of the diaphragm assembly or the shaft.

Analysis of Occurrence:

The RB activity monitors provide a radiation-sensitive means for detecting reactor coolant system (RCS) leakage. Oconee Nuclear Station Technical Specification 3.1.6.8 permits the monitors to be removed from service for up to 48 hours provided that at least two other leak detection systems are operable. The monitors were restored to operability well within the required time, and during the time they were out of service RB normal sump level and RCS inventory volume measurements were available to detect any leakage. In addition, valve PR-7 failed in the closed position, so its failure did not affect the ability to achieve containment isolation. However, the inoperability of the radiation monitors constituted operation in a degraded mode permitted by a limiting condition for operation. This incident must therefore be reported pursuant to Technical Specification 6.6.2.1.b(2), although it was of no significance with respect to safe operation of the unit, and the health and safety of the public were not affected.

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Corrective Action:

Redundant valve PR-8 was secured in the closed position to ensure containment isolation prior to initiating repair of valve PR-7. The valve motor thermal overloads were bypassed to allow valve PR-7 to be opened, but when the valve was again closed, it appeared that the valve shaft had been broken. The valve diaphragm, bonnet assembly, and torque switch were replaced, and the valve was successfully tested and returned to service.

LICENSEE EVENT REPORT

EXHIBIT A

CONTROL BLOCK: [] [] [] [] [] [] [] [] (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

[01] [S][C][N][E][E][1][2][0][0][0][0][0][0][0][0][0][0][0][0][3][4][1][1][1][1][4] [5]
7 8 9 14 15 23 28 30 37 38 58 59 74 75 80
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

CONT
 [01] [L][5][0][5][0][0][0][2][6][9][7][0][6][1][5][7][9][9][0][7][1][3][7][9][9]
7 8 50 61 68 69 74 75 80
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

[02] The RB gaseous radiation monitors were rendered inoperable when a containment
 [03] isolation valve on the monitors' inlet line failed closed. The valve was
 [04] repaired and the monitors were returned to operability well within the time
 [05] allowed by Technical Specification 3.1.6.8. In addition, two other means for
 [06] detecting RCS leakage were available. Therefore, this incident was of no
 [07] significance with respect to safe operation of the unit, and the health and
 [08] safety of the public were not endangered.

[09] [B][B] [11] [E] [12] [B] [13] [V][A][L][V][E][X] [14] [D] [15] [D] [16]
9 10 11 12 13 18 19 20
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

[17] [7][9] [] [] [] [] [] [] [] [] [] [] [] [] [] []
21 22 23 24 25 26 27 28 29 30 31 32
LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

[A] [18] [X] [19] [Z] [20] [Z] [21] [0][0][0][0] [22] [Y] [23] [Y] [24] [L] [25] [L][2][0][0] [26]
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NRC-1 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

[10] The valve failed when the valve shaft sheared as a result of binding of the
 [11] shaft or diaphragm. The valve diaphragm, bonnet assembly, and torque switch
 [12] were replaced, and the valve was tested and declared operable.
 [13]
 [14]

[15] [E] [28] [0][9][5] [29] NA [30] [B] [31] Routine ES test [32]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

[16] [Z] [33] [Z] [34] NA [35] NA [36]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

[17] [0][0][0] [37] [Z] [38] NA [39]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

[18] [0][0][0] [40] NA [41]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
PERSONNEL INJURIES NUMBER DESCRIPTION

[19] [Z] [42] NA [43]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

[20] [N] [44] NA [45]
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
PUBLICITY ISSUED DESCRIPTION NRC USE ONLY