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 RECIP. NAME RECIPIENT AFFILIATION  
 WIGGINS, J. T. Region 1, Office of Director

SUBJECT: Responds to NRC 870908 ltr re violations noted in Insp Repts  
 50-387/87-12 & 50-388/87-12. Corrective actions: extensive  
 independent review of work documentation associated w/valve  
 antirotation devices performed & fire door repaired.

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OCT 08 1987

Mr. James T. Wiggins  
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SUSQUEHANNA STEAM ELECTRIC STATION  
NRC INSPECTION REPORTS 50-387/87-12  
AND 50-388/87-12  
PLA-2925 FILE R41-1C, R41-2

Docket Nos. 50-387  
and 50-388

Dear Mr. Wiggins:

This letter provides PP&L's response to Mr. Bettenhausen's letter of September 8, 1987 which forwarded NRC Region I Combined Inspection Reports 50-387/87-12 and 50-388/87-12 with Appendix A, Notice of Violation.

The Notice advised that PP&L was to submit a written reply within thirty (30) days of the date of the letter. We trust that the Commission will find the attached response acceptable.

Very truly yours,

H. W. Keiser  
Vice President-Nuclear Operations

Attachment

cc: NRC Document Control Desk (original)  
NRC Region I  
Mr. L. R. Plisco - NRC Resident Inspector  
Mr. M. C. Thadani, NRC Project Manager

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## RESPONSE TO NOTICE OF VIOLATION

### Violation A (387/87-12-03; 388/87-12-02)

10 CFR 50 Appendix B Criterion XVI states that measures shall be established to assure that conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective material and equipment, and nonconformances are promptly identified and corrected. The measures shall assure that the cause of the condition is determined and corrective action taken to preclude repetition.

Operational Policy Statement OPS-5, Deficiency Control System, states that the deficiency control mechanisms shall provide for determining the cause of the deficiency and establishing the corrective action to preclude recurrence.

Nuclear Department Instruction NDI-QA-8.1.5, Nonconformance Control and Processing, requires nonconformances to be documented on a Nonconformance Report (NCR) Form and that for significant or recurring nonconformances, the disposition shall include a statement of action to be taken to prevent recurrence.

Contrary to the above, as of July 13, 1987, a nonconforming condition concerning loosening of Anchor Darling globe valve anti-rotation devices, which had been identified in August 1982, in Nonconformance Report (NCR) 82-911 and 82-1071, had not been promptly corrected. In addition, the corrective action to prevent recurrence had not been adequately completed. Specifically: fourteen Anchor Darling valves with anti-rotation devices were omitted from the original NCR and not reworked as required, although the plant staff was notified of their omission on October 16, 1984 by the licensee's engineering organization; and, the plant maintenance procedures were not revised to reflect the additional information for securing anti-rotation devices on valve stems.

### Response:

#### 1) Reason for the violation:

The violation occurred due to an apparent miscommunication regarding the scope of the corrective actions necessary to address the vibration induced anti-rotation device failure problems. The Non-Conformance Reports (82-911 and 82-1071) were closed on 5/2/83 and 1/11/83 respectively after the actions taken were judged to have resolved the issue. Subsequent to our corrective action, IE Notice 83-70 was issued (10/25/83). At the time, PP&L considered the issue to be resolved. Further review by Nuclear Plant Engineering (NPE) identified fourteen valves which could be susceptible to the failure mode, and which had not been identified in the response to the previous NCR's. The October 16, 1984 letter sent by NPE was not addressed as a new NCR and/or Significant Operating Occurrence Report (SOOR). Because of this, the item was not entered into PP&L's plant deficiency tracking system. When Supplement 1 to IEN 83-70 was issued in March 1985, NPE reviewed the plant's configuration and determined that no valves from the additional identified manufacturers, susceptible to the failure mode, were installed on any safety-related systems at the plant.

- 2) Corrective steps which have been taken and the results achieved:
  - A. SOOR 2-87-107 was generated to document the problem and resolution of the issue.
  - B. Work Authorizations (WA's) have been generated to correct the condition of the fourteen valves specified in NPE's letter of 10/16/84 (PLI-36027).
  - C. An extensive independent review of work documents and other documentation associated with valve anti-rotation devices was performed. This review revealed inadequate or missing documentation for six valves. The six valves have also had WA's written for verification.
  - D. NPE has reviewed the plant valve index for all valves on both "Q" and "Non-Q" systems for the manufacturers identified by the Notice and Supplement. This list totals 1400 valves, of which only 50 are applicable. These are Anchor-Darling and were previously identified. This number differs from the original 54 due to modifications to the Units (replacing four valves with alternate designs).
  - E. Maintenance Procedure MT-GM-003 has been revised to address the concerns discussed in the Notice.
- 3) Corrective steps to be taken to avoid further violations:
  - A. Complete the WA's for the 20 valves identified above.
  - B. The 50 valves will be entered into the Preventive Maintenance Program for re-inspections at appropriate intervals. This will be completed by 12-11-87.
- 4) Date of full compliance:

PP&L's maintenance procedure is currently in compliance; this procedure will prevent future recurrence. The WA's will be completed by the end of the Unit 2 Second Refueling Outage.



Violation B (388/87-12-01)

Technical Specification 3.7.7 states that all sealing devices in fire rated assembly penetrations, including fire doors, shall be operable at all times. Technical Specification 4.7.7.2.a states that each required fire door shall be verified operably by verifying the position of each closed fire door at least once per 24 hours. Surveillance Procedure SO-200-007 Attachment D, Fire Door Daily Check, which is used to assure the operability of the fire doors, requires that either the door be closed, latched and/or locked or that the door be open, free of obstructions from closing and a fuse link installed on the automatic door closure.

Contrary to the above, on August 13, 1987, Fire Door No. 420, ESS Switchgear Room, was inoperable in that the door was not latched due to deformation of the door. In addition, this condition was not identified during the performance of daily surveillance SO-200-007 on August 14, 1987.

Response:

1) Reason for the violation:

This violation of surveillance requirement 4.7.7.2a regarding fire door OPERABILITY apparently stemmed from a lack of clarity in the instructions for Attachment D of the Daily Surveillance Operating Log SO-200-007 (SO-100-007 for Unit 1). At the time of the occurrence instructions in the log were:

1. ENTER position of each door
2. INITIAL in each space confirming either of the following:
  - a. Door is closed, latched and/or locked or
  - b. Door is open, free of obstruction from closing AND a fuse link is installed on the automatic door closure.

Fire Door No. 420 is a double leaf door. By visual inspection, criteria 2.a would appear to be met. For this particular door, the dead leaf was not latched to the frame due to deformation of the dead leaf door and therefore, even though the active leaf was latched into the dead leaf, pulling on the active leaf would open both doors.

2) Corrective steps which have been taken and the results achieved:

- A. The fire door (#420) was repaired on September 4, 1987.
- B. Daily Surveillance Operating Logs SO-200-007 and SO-100-007 were modified on August 24, 1987 to read:
  1. ENTER position of each door.

2. INITIAL in each space confirming either of the following:

NOTE: For double doors both doors shall be properly latched or locked.

- a. Door is closed and latched or closed and locked OR
- b. Door is open, free of obstructions from closing AND a fuse link is installed on automatic door closure.

- 3) Corrective steps to be taken to avoid further violations:

No further actions are required as the above actions will prevent recurrence.

- 4) Date of full compliance:

Based on the above, PP&L was in full compliance with the requirements as of September 4, 1987.