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 AUTH. NAME: WIZNER, D.G. AUTHOR AFFILIATION: Indiana & Michigan Electric Co.
 RECIP. NAME: REGION 3, Chicago, Office of the Director

SUBJECT: LER 81-006/03L-0: on 810317, ground detected & traced to power cable for motor operated isolation valve, IMO-910, in flowpath from RWST to centrifugal charging pumps. Caused by cable damaged near termination at motor operator junction box.

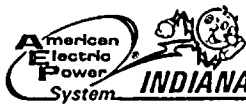
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INDIANA & MICHIGAN ELECTRIC COMPANY

DONALD C. COOK NUCLEAR PLANT
P.O. Box 458, Bridgman, Michigan 49106
(616) 465-5901

April 9, 1981

Mr. J.G. Keppler, Regional Director
Office of Inspection and Enforcement
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Operating License DPR-58
Docket No. 50-315

Dear Mr. Keppler:

Pursuant to the requirements of the Appendix A Technical Specifications,
the following report/s are submitted:

RO 79-042/03X-1
RO 81-004/03L-0
RO 81-006/03L-0.

Sincerely,

D.V. Shaller
Plant Manager

/bab

cc: J.E. Dolan
R.S. Hunter
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APR 16 1981



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2
3

1971

1971

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

M I D C C I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 4 1 1 1 1 4

L 0 5 0 0 0 3 1 5 0 8 1 4 7 9 0 4 0 9 8 1

ON AUGUST 14, WHILE ISOLATING A PRESSURIZER LEVEL TRANSMITTER (NLP-152) THE ASSOCIATED PRESSURIZER PRESSURE TRANSMITTER (NPP-152) WAS ISOLATED. WHEN NPP-152 WAS VALVED BACK IN, INDICATION DIFFERED FROM THE OTHER PRESSURIZER PRESSURE CHANNELS. NPP-152 OUTPUT WAS ADJUSTED FOR PROPER OUTPUT. ON AUGUST 22, IT WAS DISCOVERED THAT THERE WAS A 30 PSI DIFFERENCE BETWEEN THE PRESSURIZER PRESSURE INDICATION AND A HEISE GUAGE (SEE SUPPLEMENT).

I A A C I N S T R U T Z

7 9 0 4 2 0 3 X 1 7 9 0 0 0 0 Y Y A B 0 8 0

THESE PRESSURIZER PRESSURE TRANSMITTERS WERE INSTALLED DURING THE 1979 REFUELING OUTAGE AS THEY ARE ENVIRONMENTALLY QUALIFIED FOR USE UNDER POST ACCIDENT CONDITIONS. AT THE TIME OF THE 08-22-79 EVENT, IT WAS NOT KNOWN WHAT CAUSED ALL OF THESE TRANSMITTERS TO DRIFT AS NO FURTHER PROBLEMS HAVE BEEN ENCOUNTERED WITH THESE TRANSMITTERS (BARTON-MODEL NO. 763). SINCE THAT TIME THE VENDOR (SEE ATTACHED SUPPLEMENT)

E 1 0 0 NA C TECHNICIAN OBSERVATION

Z Z NA

0 0 0 Z NA

0 0 0 NA

Z NA

N NA

NAME OF PREPARER J. L. Rischling

PHONE: 616-465-5901

12 12

ATTACHMENT TO LER# 79-042/03X-1

SUPPLEMENT TO EVENT DESCRIPTION

INSTALLED FOR TEST PURPOSES. ALL PRESSURIZER PRESSURE TRANSMITTERS WERE RE-CALIBRATED ON AUGUST 22, AND FOUND TO BE READING FROM 2.5 TO 4 PERCENT LOW. THESE EVENTS WERE NON-CONSERVATIVE IN RESPECT TO T.S. TABLE 2.3-1 ITEM 10 AND TABLE 3.3-1 ITEM 10.

SUPPLEMENT TO CAUSE DESCRIPTION

HAS IDENTIFIED AN INHERENT PROBLEM WITH THE POWER SUPPLIES OF THIS MODEL TRANSMITTER WHICH CAN CAUSE ERRATIC TRANSMITTER OPERATION. RFC-12-2512 HAS BEEN INITIATED TO INSTALL MODIFICATION KITS TO CORRECT THIS DESIGN PROBLEM.

THE EVENT IN WHICH A PRESSURIZER PRESSURE TRANSMITTER WAS INADVERTANTLY ISOLATED WAS CAUSED AS A TECHNICIAN CLOSED THE WRONG ISOLATION VALVE. TO PREVENT RECURRENCE, TECHNICIANS HAVE RECEIVED ADDITIONAL TRAINING ON VALVING OUT TRANSMITTERS.

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | M I D C C 1 | 2 0 0 - 0 0 0 0 0 0 - 0 0 | 3 4 | 1 1 1 | 1 | 4 | _____ | 5
7 8 9 14 15 25 26 30 57 CAT 58

CON'T
0 1 | REPORT SOURCE | 6 0 5 0 0 0 3 1 5 | 7 0 3 2 8 8 1 | 8 0 4 0 9 8 1 | 9
7 8 60 61 68 69 74 75 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During a record review on 3/28/81, it was noted that the East Motor Driven Aux Feed
0 3 | Pump was removed from service on two occasions to enable repairs to the ESW supply
0 4 | valve, WMO-754. That constituted an inop. MDAFP per T.S.3.7.4.1 on 1/9/81 and 1/14/81.
0 5 | On the first occasion, the system was tagged out to investigate seat leakage and on the
0 6 | second occasion the valve and the operator motor were replaced. Public health and safe-
0 7 | ty were not affected. This was the first occurrence of this type.

0 8 | _____ | 80

0 9 | SYSTEM CODE | CAUSE CODE | CAUSE SUBCODE | COMPONENT CODE | COMP. SUBCODE | VALVE SUBCODE
H H | E | B | V A L V E X | B | D
9 10 11 12 13 18 19 20

(17) LER/RO REPORT NUMBER | EVENT YEAR | SEQUENTIAL REPORT NO. | OCCURRENCE CODE | REPORT TYPE | REVISION NO.
8 1 | | 0 0 4 | 0 3 | L | 0
21 22 23 24 26 27 28 29 30 31 32

ACTION TAKEN | FUTURE ACTION | EFFECT ON PLANT | SHUTDOWN METHOD | HOURS | ATTACHMENT SUBMITTED | NPRD-4 FORM SUB. | PRIME COMP. SUPPLIER | COMPONENT MANUFACTURER
C | Z | Z | Z | 0 0 0 0 | N | Y | A | C 1 8 2
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The valve stem had siezed in the body and was twisted. The 4 inch Centerline valve was
1 1 | replaced with a Pratt valve. While adjusting the valve stroke, the motor on the Limi-
1 2 | torque operator burned when the valve was driven into a stop. The motor was replaced
1 3 | and the valve was tested satisfactorily.

1 4 | _____ | 80

1 5 | FACILITY STATUS | % POWER | OTHER STATUS | METHOD OF DISCOVERY | DISCOVERY DESCRIPTION
F | 1 1 0 0 | NA | B | SURVEILLANCE TEST
7 8 9 10 12 13 44 45 46 80

1 6 | ACTIVITY CONTENT | RELEASED OF RELEASE | AMOUNT OF ACTIVITY | LOCATION OF RELEASE
Z | Z | NA | NA
7 8 9 10 11 44 45 80

1 7 | PERSONNEL EXPOSURES | NUMBER | TYPE | DESCRIPTION
0 0 0 | Z | NA
7 8 9 11 12 13 80

1 8 | PERSONNEL INJURIES | NUMBER | DESCRIPTION
0 0 0 | NA
7 8 9 11 12 80

1 9 | LOSS OF OR DAMAGE TO FACILITY | TYPE | DESCRIPTION
Z | NA
7 8 9 10 80

2 0 | ISSUED | DESCRIPTION
N | NA
7 8 9 10 80



11-1-68

LICENSEE EVENT REPORT

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

0	1	M	I	D	C	C	1	2	0	0	-	0	0	0	0	0	0	-	0	0	3	4	1	1	1	1	4	5							
7	8	9	LICENSEE CODE							14	15	LICENSE NUMBER											25	26	LICENSE TYPE					30	57	CAT		58	80

CONT

0	1	REPORT	L	6	0	5	0	0	0	3	1	5	7	0	3	1	7	8	1	8	0	4	0	9	8	1	9	
7	8	9	60	DOCKET NUMBER										68	69	EVENT DATE					74	75	REPORT DATE					80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | DURING NORMAL OPERATIONS, A GROUND WAS DETECTED AND TRACED TO THE POWER CABLE FOR

0 3 | MOTOR OPERATED ISOLATION VALVE IMO-910 IN THE FLOWPATH FROM THE RWST TO THE CENTRIFU-

0 4 | GAL CHARGING PUMPS. THE REDUNDANT VALVE, IMO-911, WAS OPERABLE THUS MAINTAINING THE

0 5 | FLOWPATH REQUIRED PER T.S. 3.1.2.2. ESF VENT FAN, HV-AES-1, HAD TO BE REMOVED FROM

0 6 | SERVICE TO FACILITATE REPAIRS TO IMO-910. THAT CONSTITUTED AN INOP. VENT TRAIN PER

0 7 | T.S. 3.7.6.1. THE ACTION REQUIREMENTS WERE MET. PUBLIC HEALTH AND SAFETY WERE

0 8 | NOT AFFECTED. THIS WAS THE FIRST OCCURRENCE OF THIS TYPE.

0	9	SYSTEM CODE	S	H	11	CAUSE CODE	X	12	CAUSE SUBCODE	A	13	COMPONENT CODE	E	L	E	C	O	N	14	COMP. SUBCODE	Z	15	VALVE SUBCODE	Z	16
7	8	9	10	11	12	13	SEQUENTIAL REPORT NO.					18	OCCURRENCE CODE		19	REPORT TYPE		20	32						

17	LER/RO	EVENT YEAR	8	1	23	24	0	0	6	27	28	0	3	30	31	32	0									
7	8	9	21	22	23	24	25	26	27	28	29	30	31	32												
33	ACTION TAKEN	FUTURE ACTION	B	Z	34	35	EFFECT ON PLANT	Z	36	37	0	0	0	40	41	N	42	A	43	A	44	A	3	8	5	47
7	8	9	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47									

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | THE CABLE WAS DAMAGED NEAR THE TERMINATION AT THE MOTOR OPERATOR JUNCTION BOX. THE

1 1 | DAMAGED PORTION OF THE CALBE WAS REMOVED AND THE CABLE WAS RETERMINATED. THE DAMAGE

1 2 | WAS CAUSED BY A BROKEN FIBER BUSHING WHICH ALLOWED THE CONDUIT TO CUT INTO THE

1 3 | CABLE. THE VALVE WAS TESTED AND RETURNED TO SERVICE. THE VENT FAN WAS ALSO

1 4 | RETURNED TO SERVICE ONCE WORK ON THE VALVE CABLE WAS COMPLETED.

1	5	FACILITY STATUS	E	28	% POWER	1	0	0	29	OTHER STATUS	NA	30	METHOD OF DISCOVERY	A	31	DISCOVERY DESCRIPTION	32	OPERATOR OBSERVATION	
7	8	9	10	11	12	13	AMOUNT OF ACTIVITY		35	NA		44	45	LOCATION OF RELEASE					36

1	6	ACTIVITY CONTENT	Z	33	RELEASED OF RELEASE	Z	34	PERSONNEL EXPOSURES NUMBER	0	0	0	37	PERSONNEL INJURIES NUMBER	0	0	0	40	LOSS OF OR DAMAGE TO FACILITY TYPE	Z	42	39	41	43	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

1	7	PERSONNEL EXPOSURES NUMBER	0	0	0	37	PERSONNEL INJURIES NUMBER	0	0	0	40	LOSS OF OR DAMAGE TO FACILITY TYPE	Z	42	39	41	43	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

1	8	PERSONNEL EXPOSURES NUMBER	0	0	0	37	PERSONNEL INJURIES NUMBER	0	0	0	40	LOSS OF OR DAMAGE TO FACILITY TYPE	Z	42	39	41	43	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

1	9	PERSONNEL EXPOSURES NUMBER	0	0	0	37	PERSONNEL INJURIES NUMBER	0	0	0	40	LOSS OF OR DAMAGE TO FACILITY TYPE	Z	42	39	41	43	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

2 0 | N | 44 | _____ NA _____

NAME OF PREPARER DAVID G. WIZNER PHONE: 616-465-5901

