

05/10/78

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)  
DISTRIBUTION FOR INCOMING MATERIAL 50-335

REC: OREILLY J P  
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FL PWR & LIGHT

DOC DATE: 04/25/78  
DATE RCVD: 05/09/78

DOCTYPE: LETTER NOTARIZED: NO COPIES RECEIVED  
SUBJECT: LTR 1 ENCL 1

FORWARDING LICENSEE EVENT REPT (RO 50-335/78-010) ON 03/26/78 CONCERNING ONE CHANNEL OF STEAM GENERATOR LOW PRESSURE MEASUREMENT FOR THE MAIN STEAM ISOLATION SIGNAL FAILED, REQUIRING ACTION IN ACCORDANCE WITH TECH SPEC 3.3.2.1.B.

PLANT NAME: ST LUCIE #1

REVIEWER INITIAL: XJM  
DISTRIBUTOR INITIAL: ML

\*\*\*\*\* DISTRIBUTION OF THIS MATERIAL IS AS FOLLOWS \*\*\*\*\*

INCIDENT REPORTS  
(DISTRIBUTION CODE A002)

FOR ACTION: BR CHIEF REID\*\*W/4 ENCL

INTERNAL:

REG FILE\*\*W/ENCL  
I & E\*\*W/2 ENCL  
SCHROEDER/IPPOLITO\*\*W/ENCL  
NOVAK/CHECK\*\*W/ENCL  
KNIGHT\*\*W/ENCL  
HANAUER\*\*W/ENCL  
EISENHUT\*\*W/ENCL  
SHAO\*\*W/ENCL  
KREGER/J. COLLINS\*\*W/ENCL  
K SEYFRIT/IE\*\*W/ENCL

NRC PDR\*\*W/ENCL  
MIPC\*\*W/3 ENCL  
HOUSTON\*\*W/ENCL  
EEB\*\*W/ENCL  
BUTLER\*\*W/ENCL  
TEDESCO\*\*W/ENCL  
BAER\*\*W/ENCL  
VOLLMER/BUNCH\*\*W/ENCL  
ROSA\*\*W/ENCL

EXTERNAL:

LPDR'S  
FT PIERCE, FL\*\*W/ENCL  
TIC\*\*W/ENCL  
NSIC\*\*W/ENCL  
ACRS CAT B\*\*W/16 ENCL

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REGULATORY GUIDE 10.1

DISTRIBUTION: LTR 45 ENCL 45  
SIZE: 1P+1P

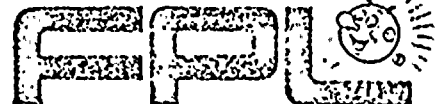
CONTROL NBR: 781300089

\*\*\*\*\* THE END \*\*\*\*\*

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4

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REGULATORY DOCKET FILE COPY



FLORIDA POWER & LIGHT COMPANY

April 25, 1978  
PRN-LI-78-118

1978 MAY 9 AM 10 04  
RECEIVED DISTRIBUTION SERVICES UNIT  
US NRC SERVICES  
DISTRIBUTION BRANCH

Mr. James P. O'Reilly, Director, Region II  
Office of Inspection and Enforcement  
U. S. Nuclear Regulatory Commission  
230 Peachtree Street, N.W., Suite 1217  
Atlanta, Georgia 30303

Dear Mr. O'Reilly:

REPORTABLE OCCURRENCE 335-78-10  
ST. LUCIE UNIT 1  
DATE OF OCCURRENCE: MARCH 26, 1978  
TECHNICAL SPECIFICATION 3.3.2.1.b  
STEAM GENERATOR PRESSURE-LOW

The attached Licensee Event Report is being submitted in accordance with Technical Specification 6.9 to provide 30-day notification of the subject occurrence.

Very truly yours,

*J.R. Benson*  
for A. D. Schmidt  
Vice President  
Power Resources

MAS/mb

Attachment

cc: Harold F. Reis, Esquire  
Director, Office of Inspection and Enforcement. (30)  
Director, Office of Management Information and  
Program Control (3)

781300089

A002  
5/11

Not a...

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... ..



LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] [ ] [ ] [ ] [ ] [ ]

[ ] PLEASE PRINT ALL REQUIRED INFORMATION

LICENSE NAME: [01] [F] [L] [S] [L] [S] [1] [1] LICENSE NUMBER: [0] [0] [0] [0] [0] [0] [0] [0] [0] [0] [0] [0] LICENSE TYPE: [4] [1] [1] [1] [1] [1] EVENT TYPE: [0] [3]

CONT: [01] CATEGORY: [ ] [ ] REPORT TYPE: [L] REPORT SOURCE: [L] DOCKET NUMBER: [0] [5] [0] [0] [3] [3] [5] EVENT DATE: [0] [3] [2] [6] [7] [8] REPORT DATE: [0] [4] [2] [5] [7] [8]

EVENT DESCRIPTION

[02] One channel of steam generator low pressure measurement for the Main Steam Isolation [03] Signal failed, requiring ACTION in accordance with Specification 3.3.2.1.b The channel [04] was bypassed, repaired, and returned to service in 3 1/2 hours which is well within the [05] 48-hour limit for bypass operation. (78-335-10). [06]

SYSTEM CODE: [07] [C] [D] CAUSE CODE: [E] COMPONENT CODE: [I] [N] [S] [T] [R] [U] FRAME COMPONENT SUPPLIER: [N] COMPONENT MANUFACTURER: [F] [3] [2] [4] VIOLATION: [N]

CAUSE DESCRIPTION

[08] The power supply (Power Mate 15V, 300 ma DC) failed, apparently at the end of its [09] normal service life. It was replaced and the channel calibrated properly. This was [10] the first event of this type due to a failed power supply.

FACILITY STATUS: [11] [E] % POWER: [1] [0] [0] OTHER STATUS: [N/A] METHOD OF DISCOVERY: [a] DISCOVERY DESCRIPTION: [N/A]

FORM OF ACTIVITY RELEASED: [12] [Z] CONTENT OF RELEASE: [Z] AMOUNT OF ACTIVITY: [N/A] LOCATION OF RELEASE: [N/A]

PERSONNEL EXPOSURES

[13] NUMBER: [0] [0] [0] TYPE: [Z] DESCRIPTION: [N/A]

PERSONNEL INJURIES

[14] NUMBER: [0] [0] [0] DESCRIPTION: [N/A]

PROBABLE CONSEQUENCES

[15] [N/A]

LOSS OR DAMAGE TO FACILITY

[16] TYPE: [Z] DESCRIPTION: [N/A]

PUBLICITY

[17] [N/A]

ADDITIONAL FACTORS

[18] [N/A]

[19] [N/A]

NAME: M. A. Schoppman

PHONE: 305-552-3802

Handwritten marks and scribbles in the top right corner.