

# DUKE POWER COMPANY

POWER BUILDING

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

WILLIAM O. PARKER, JR.  
VICE PRESIDENT  
STEAM PRODUCTION

TELEPHONE: AREA 704  
373-4083

November 21, 1975

Mr. Norman C. Moseley, Director  
U. S. Nuclear Regulatory Commission  
Suite 818  
230 Peachtree Street, Northwest  
Atlanta, Georgia 30303

Re: IE:II:TNE  
50-269/75-10  
50-270/75-11  
50-287/75-11  
AO-269/75-8

Dear Mr. Moseley:

In a letter dated October 24, 1975, Duke Power Company provided a response to the subject IE Inspection Report. The purpose of this letter is to provide additional information relative to that report and also to provide information to supplement Abnormal Occurrence Report AO-269/75-8, submitted on July 18, 1975.

The Duke Power Company policy concerning the control of activities of interfacing organizations by the station organization was discussed in the October 24, 1975 letter and in Item 3 of the attachment to that letter. It has been a standing policy that the station organization must have control of the activities of interfacing departments, and Section 2.7 of the Steam Production Department "Administrative Policy Manual for Nuclear Stations" (APM), issued on May 1, 1974, outlines the basic policies to be employed for achieving the successful completion of this requirement. The meetings of June 13 and September 9, 1975 established more detailed, station level, procedures for implementing interface control. These procedures have been formally transmitted to interfacing departments and the interfacing departments have formally verified their concurrence therewith.

Although the basic interfacing policies contained in the APM are considered to adequately provide for interface control, a revision to the APM is in preparation which will clarify the relationship of specific sections of the station organization with interfacing individual organizations. This revision will be issued by January 1, 1976.

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With regard to Item 1 of the referenced inspection report, a task force has been established to study the Oconee backup emergency power supply situation. The task force has met and has studied the incident described in Abnormal Occurrence Report AO-269/75-8 to determine if weaknesses exist in present operating methods. The task force studied in detail all procedures used by Oconee and Lee Steam Station in furnishing backup emergency power and in testing that capability. The task force has also studied the need for training of personnel.

The task force has concluded its study and the results and recommendations are as follows:

1. Revisions to Procedures OP/O/A/1107/03, OP/O/A/1107/03A, and PT/O/A/0610/06A concerning the use or test of the Lee combustion turbine supplying backup emergency power for Oconee have been recommended. These changes standardize the communication flow between Oconee, the Spartanburg Dispatcher and Lee Steam Station. Certain improvements to the operating methods were also proposed which provide for a more orderly method of accomplishing the procedure. These procedures will be fully implemented by December 15, 1975.
2. The procedure for approval of procedures OP/O/A/1107/03, OP/O/A/1107/03A and PT/O/A/0610/06A and changes thereto have been improved. Any proposed procedure or change thereto is submitted to the Vice President, Steam Production for dissemination to interfacing organizations to assure proper review by appropriate individuals. All comments are returned to the Vice President, Steam Production and then the procedures are reviewed and approved in the normal manner by the Oconee staff. These approved procedures are formally distributed to Oconee and Lee by the Vice President, Steam Production. This approval procedure has been specified in the procedures themselves.
3. The task force has recommended that a training program be established and be administered to area dispatchers, system dispatchers, Lee operating personnel, Steam Production operating personnel, and Central Switchyard operations personnel. The training program will provide background describing the function of the Lee combustion turbine to supply backup emergency power to Oconee; the conditions specified in the Oconee Nuclear Station License; a detailed step-by-step study of the Oconee and Lee procedures for supplying backup emergency power and for periodic test of that capability; the procedure for changing those procedures; and a study of the equipment which exists for supplying backup emergency power. This training course is currently in preparation and will be administered by January 15, 1976.

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After the July 4, 1975 incident, changes were made to procedure OP/O/A/1107/03 on September 12 and October 7, 1975 to provide for better communications between Oconee and Lee when backup emergency power is required. Additionally, the procedure used by Lee was rewritten in an Oconee procedure format, and was reviewed and approved by the Oconee Nuclear Station. This procedure was assigned the number OP/A/A/1107/03A on October 7, 1975. These procedures have been tested and perform satisfactorily on an interim basis until they are revised as discussed earlier.

Subsequent to the submittal of Abnormal Occurrence Report AO-269/75-8 on July 18, 1975, further investigations have been conducted to determine the apparent cause of the occurrence. As described in the response to the referenced Inspection Report, the area dispatchers are, and always have been, aware of the right and authority of Oconee Nuclear Station to use the 100KV transmission line whenever necessary to meet its requirements for backup emergency power. During the incident on July 4, 1975, the dispatchers were under the impression that Oconee did not object to waiting until the end of the allowable maintenance period to obtain the combustion turbine and isolated transmission line. The dispatcher desired this due to his assessment of the most reliable system configuration during the thunderstorm which was in the area.

At 1800, when the decision was made to place the combustion turbine on the isolated line, the thunderstorm had not cleared. The dispatcher desired to place the combustion turbine on the line in the manner used to periodically test the combustion turbine which allows the Central White transmission line to be connected to the Lee switchyard through OCB-13 until power was actually required at Oconee. This was different from the procedure used to supply backup emergency power to Oconee. This fact was apparently not adequately communicated between the dispatcher and the Lee operators and resulted in the combustion turbine tripping.

It is considered that the changes being implemented in the backup emergency power procedures, and the training which is also being conducted will preclude a future recurrence of this incident.

Very truly yours,

*W. O. Parker, Jr.*

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