SMUD
SACRAMENTO MUNICIPAL UTILITY DISTRICT ☐ 6201 S Street, Box 15830, Sacramento, California 95813; (916) 452-3211

December 3, 1980

Mr. R. H. Engelken, Director
Region V Office of Inspection & Enforcement
U. S. Nuclear Regulatory Commission
1990 North California Boulevard
Walnut Creek Plaza, Suite 202
Walnut Creek, CA 94936

Re: Operating License DPR-54
Docket No. 50-312
Reportable Occurrence 80-46

Dear Mr. Engelken:

In accordance with Technical Specifications for Rancho Seco Nuclear Generating Station, Section 6.9.4.2b and Regulatory Guide 1.16, Revision 4, Section C.2.b(2), the Sacramento Municipal Utility District is hereby submitting a thirty-day report of Reportable Occurrence 80-46.

On November 4, 1980, the overspeed trip lever on the turbine for the Auxiliary Feedwater pump, P-318, was found tripped. The pump, P-318, is a dual-drive pump with both an electrical motor drive and a turbine drive. On that date surveillance procedure SP 210.01A, Quarterly Turbine/Motor Driven Auxiliary Feedwater Pump P-318 Surveillance and Inservice Test, was being performed. The section of the test which utilizes the motor as the prime mover had been completed. Prior to running the section of the test which utilizes the turbine as the prime mover, it was discovered that the overspeed trip lever was in the tripped position. The trip lever was reset and the remainder of the surveillance test was performed.

At that time it was thought that the lever may have tripped due to vibration as a result of running the pump via the motor drive just prior to the discovery. However, as an added precaution a daily visual check of the overspeed trip device was initiated.

On November 21, 1980, the overspeed trip lever was again found in an apparent tripped position. The trip device was reset and the pump was successfully started and run via the turbine drive.

The pump had not been run via the motor drive since the November 4 occurrence and, therefore, the tripped condition could not be attributed to vibration. The cause of the tripped condition could not be determined.

The review of this occurrence by the Plant Review Committee revealed that whether the overspeed trip device is actually tripped or not is not readily apparent. To determine whether the device is tripped requires close examination as the position of the lever itself can be misleading. On both

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occassions, the apparent trip was reset prior to attempting a turbine start. In the future, if the trip lever is found in an apparent tripped condition, a start of the turbine will be attempted prior to resetting the device. This action will provide positive indication whether or not an actual tripped condition existed.

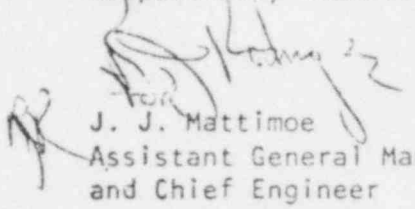
The daily visual check, instituted as a result of the November 4 occurrence, will be continued as a normal routine. Additionally, a readily evident indication device will be installed on the trip mechanism, to aide operations personnel in said daily visual check.

It should be noted that the redundant Auxiliary Feedwater Pump, P-319, was operable at all times. Additionally, P-318 itself was fully operable via the motor drive. Only the "automatic start feature" of the pump would be affected if a tripped condition existed.

The turbine drive of the Auxiliary Feedwater Pump P-318 is manufactured by Terry Steam Turbine Company.

There were no plant transients nor power reductions associated with this event.

Respectfully Submitted,



J. J. Mattimoe
Assistant General Manager
and Chief Engineer

JJM:HH:rm

cs: Inspection & Enforcement
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