

# NORTHEAST UTILITIES



THE CONNECTICUT LIGHT AND POWER COMPANY  
WESTERN MASSACHUSETTS ELECTRIC COMPANY  
YALOWAKE WATER POWER COMPANY  
NORTHEAST UTILITIES SERVICE COMPANY  
NORTHEAST NUCLEAR ENERGY COMPANY

General Offices • Selden Street, Berlin, Connecticut

P.O. BOX 270  
HARTFORD, CONNECTICUT 06141-0270  
(203) 665-5000

November 9, 1990

D04169

Mr. William Hegener  
Oil and Chemical Spill Section  
Department of Environmental Protection  
165 Capitol Avenue  
Hartford, CT 06106

Dear Mr. Hegener:

Millstone Nuclear Power Station Unit No. 2  
Hazardous Substation Oil Spill Report

Northeast Utilities Service Company (NUSCO), on behalf of Northeast Nuclear Energy Company (NNECO), hereby submits a report of an ammonia discharge for NNECO's Millstone Nuclear Power Station, Unit 2. This spill was verbally reported to your office on November 1, 1990.

Approximately 1-5 gallons of ammonia was discharged to the pavement due to an overfill situation. The spill was contained and cleaned up by Millstone personnel.

If you have any questions, please call Ms. Cynthia L. Karlic, NUSCO Generation Facilities Licensing, at 665-3740.

Very truly yours,

NORTHEAST UTILITIES SERVICE COMPANY  
As Agent for Northeast Nuclear Energy  
Company

FOR: E. J. Mroczka  
Senior Vice President

BY:   
C. F. Sears  
Vice President

Enclosure

cc: w/Enclosure  
U.S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

IFCB  
1/0

**NORTHEAST UTILITIES  
HAZARDOUS SUBSTANCE SPILL REPORT**

OP460B-1 REV. 12-84

REGION/AREA/PLANT <b>MILLSTONE STATION</b>	COMPANY NAME <b>NORTHEAST NUCLEAR ENERGY Co.</b>	SPILL OCCURRED OR DISCOVERED	DATE <b>10/31/90</b>	TIME <b>1500</b>
REPORT PREPARED BY <b>BANNER/WILLIAMSON/J. R. ROBERTSON</b>	PHONE <b>447-1791</b>	EXT. <b>4574</b>		
SUPERVISOR ON CALL	EMPLOYEE REPORTING ON SITE <b>J. R. ROBERTSON</b>	SPILL REPORTED TO DISPATCHER	DATE —	TIME —

1. SPILL LOCATION <b>UNIT 2</b>	2. EQUIPMENT, NUMBER/SIZE EACH UNIT	3. QUANTITY AND TYPE <b>Approx. 1-5 GALLONS</b>
<input type="checkbox"/> STREET <input type="checkbox"/> PRIVATE PROPERTY <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> SUBSTATION <input type="checkbox"/> RIGHT OF WAY <input type="checkbox"/> OTHER	<input type="checkbox"/> CONTAINER(S) _____ <input type="checkbox"/> VEHICLE(S) _____ <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OIL (TYPE) _____ <input type="checkbox"/> CHEMICAL (NAME) <b>AMMONIA NH4OH</b> <input type="checkbox"/> OTHER (NAME) _____
TOWN <b>WATERFORD, CT.</b>		
STREET —		
NEAREST CROSS STREET		
OTHER		

4. MATERIAL HAS SPILLED ONTO	5. MATERIAL HAS SPILLED INTO
<input checked="" type="checkbox"/> PAVEMENT <input type="checkbox"/> TREES <input type="checkbox"/> STRUCTURES <input type="checkbox"/> EARTH <input type="checkbox"/> FARM CROPS <input type="checkbox"/> VEHICLES <input type="checkbox"/> LAWN <input type="checkbox"/> FARM ANIMALS <input type="checkbox"/> PERSONS <input type="checkbox"/> SHRUBS/BRUSH <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> GUTTER, CATCH BASIN, OR STORM DRAIN ( <b>SLIGHT</b> ) <input type="checkbox"/> INLAND WETLANDS <input type="checkbox"/> POTABLE WATER SUPPLY OR RESERVOIR (NAME) _____ <input type="checkbox"/> STREAM, RIVER, POND, OR LAKE (NAME) _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE

6. HAS SPILL BEEN CONTAINED? IF NO, DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. SPILL CAUSE	8. SPILL EVENT	9. WEATHER
<input type="checkbox"/> VEHICLE ACCIDENT <input type="checkbox"/> VANDALISM <input type="checkbox"/> STORM EVENT <input type="checkbox"/> CORROSION <input type="checkbox"/> EQUIP. FAILURE <input checked="" type="checkbox"/> HUMAN ERROR <input type="checkbox"/> OTHER _____	<input type="checkbox"/> TANK OR PIPING RUPTURE <input checked="" type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> BURN OR CORROSION HOLE <input type="checkbox"/> GASKET/FITTING LEAK <input type="checkbox"/> GUNSHOT HOLE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER <b>OVERFILL</b>	<input checked="" type="checkbox"/> FAIR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/SLEET <input type="checkbox"/> HIGH WIND

10. CLEAN-UP AND OTHER INFORMATION:  
**BETWEEN 1 AND 5 GALS. OF DILUTED NH4OH (26% RC) WAS OVERFILLED ONTO PAVEMENT, WEST OF UNIT 2 TURBINE BLDG. ABSORBENT PADS WERE PLACED AROUND YARD DRAIN TO PREVENT MIGRATION. PRODUCT EVAPORATED.**

	REPORTING REQUIREMENTS	DURING	CALL NO.	ORIGINAL CALL BY DISPATCHER	FOLLOW-UP CALL
				DATE	TIME
<b>C O N N</b>	Report all spills to:				
	Department of Environmental Protection	ALL HOURS	(203) 566-3338	<b>11/1/90</b>	<b>0945</b>
	State Police	ALL HOURS	(203) 566-4240	—	—
<b>M A S S</b>	Report all spills to:				
	Department of Environmental Quality Eng	OFFICE HOURS	(413) 785-5327		
	State Police	AFTER HOURS	(617) 566-4500		
<b>R E A G I L O N S</b>	Report spills meeting the federal or NU staff reporting criteria below to:				
	1. U.S. C. G. National Response Center	ALL HOURS	(800) 424-8802	<b>N.A.</b>	
	2. Brush Hill C.S.C. (after hours events)	AFTER HOURS	(413) 785-5260		
	3. Functional staff department on-call rep.				

**FEDERAL AND NU STAFF REPORTING CRITERIA**

- REFERENCE BP7-9—REPORTABLE SPILLS
- |                                                              |                                                                         |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. CONCENTRATION EXCEEDS EP TOXICITY LIMITS. (See exhibit 1) | 5. ANY HAZARDOUS WASTE MANAGEMENT FACILITY CONTINGENCY PLAN REQUIREMENT |
| 2. QUANTITY EQUAL TO OR EXCEEDING RQ. (See exhibit 2)        |                                                                         |
| 3. OTHER HAZARDOUS SUBSTANCES NOT LISTED—RQ-1 lb.            |                                                                         |
| 4. PETROLEUM PRODUCTS—See paragraph 6.                       |                                                                         |

NOTE: INSULATING OIL & PCB MATERIAL—REFER TO OAP355 AND USE FORM OAP460B