

NORTHEAST UTILITIES



The Connecticut Light And Power Company
Western Massachusetts Electric Company
Holyoke 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
February 15, 1994
MP-94-115

DONALD B. MILLER, Jr.
SENIOR VICE PRESIDENT - MILLSTONE

Re: 10CFR50.73

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, D.C. 20555

Reference: Facility Operating License No. DPR-21
Docket No. 50-245
Licensee Event Report 94-004-00

Gentlemen:

This letter forwards Licensee Event Report 94-004-00 required to be submitted within thirty (30) days pursuant to 10CFR50.73(a)(2)(i).

Very truly yours,

NORTHEAST NUCLEAR ENERGY COMPANY

Donald B. Miller, Jr.
Senior Vice President - Millstone Station

DBM/JR:dfr

Attachment: LER 94-004-00

cc: T. T. Martin, Region I Administrator
P. D. Swetland, Senior Resident Inspector, Millstone Unit Nos. 1, 2 and 3
J. W. Andersen, NRC Acting Project Manager, Millstone Unit No. 1

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LICENSEE EVENT REPORT (LER)

(See reverse for required number of digits/characters for each block)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 500 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

FACILITY NAME (1) Millstone Nuclear Power Station Unit 1	DOCKET NUMBER (2) 05000245	PAGE (3) 1 OF 2
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TITLE (4)
LLRT Failures

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAME	DOCKET NUMBER
01	16	94	94	004	00	02	15	94		05000
										05000

OPERATING MODE (9) **R**

POWER LEVEL (10) **000**

THIS REPORT IS BEING SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more) (11)

<input type="checkbox"/> 20.402(b)	<input type="checkbox"/> 20.405(c)	<input type="checkbox"/> 50.73(a)(2)(iv)	<input type="checkbox"/> 73.71(b)
<input type="checkbox"/> 20.405(a)(1)(i)	<input type="checkbox"/> 50.36(c)(1)	<input type="checkbox"/> 50.73(a)(2)(v)	<input type="checkbox"/> 73.71(c)
<input type="checkbox"/> 20.405(a)(1)(ii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(vi)	<input type="checkbox"/> OTHER
<input type="checkbox"/> 20.405(a)(1)(iii)	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 50.73(a)(2)(i)	<input type="checkbox"/> 50.73(a)(2)(vii)(A)
<input type="checkbox"/> 20.405(a)(1)(iv)		<input type="checkbox"/> 50.73(a)(2)(ii)	<input type="checkbox"/> 50.73(a)(2)(vii)(B)
<input type="checkbox"/> 20.405(a)(1)(v)		<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(k)

(Specify in Abstract below and in Text, NRC Form 366A)

LICENSEE CONTACT FOR THIS LER (12)

NAME Drexel N. Harris, Site Licensing	TELEPHONE NUMBER (Include Area Code) (203) 437-5903
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COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS
X	SB	ISV	V085	Y					

SUPPLEMENTAL REPORT EXPECTED (14)

<input checked="" type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)	<input type="checkbox"/> NO	EXPECTED SUBMISSION DATE (15)	MONTH 06	DAY 01	YEAR 94
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ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines) (16)

On January 16, 1994 at 1200 hours, with the Unit at 0% power (Refueling Outage #14), while performing Local Leak Rate Testing (LLRT), Main Steam Valves 1-MS-1C and 1-MS-2C failed to meet the required leakage rate specified in Technical Specification.

On January 30, 1994 the combined leakage rate for penetrations tested to that date exceeded the Technical Specification limit of 0.6La.

The cause of the failures is not known at this time. Additional information will be provided in a supplemental report. There were no safety consequences as a result of this event.

**LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

FACILITY NAME (1) Millstone Nuclear Power Station Unit 1	DOCKET NUMBER (2) 05000245	LER NUMBER (6)			PAGE (3) 02 OF 02
		YEAR 93	SEQUENTIAL NUMBER - 004 -	REVISION NUMBER 00	

TEXT (If more space is required, use additional copies of NRC Form 366A) (17)

I. Description of Event

On January 16, 1994 at 1200 hours, with the Unit at 0% power (Refueling Outage #14), while performing the Local Leak Rate Testing (LLRT) on Main Steam Isolation Valves 1-MS-1C and 1-MS-2C, these valves failed Technical Specification Surveillance requirement 4.7.3.e.(1)(c). These valves exceed the Technical Specification value of 11.5 scf/hr at 25 psig.

Also, on January 30, 1994 the combined leakage rate for the penetrations tested to that date exceeded Section 4.7.A.3.e.(1)(a) of the Technical Specification. The total "as found" combined leakage rate for all testable isolation valves and penetrations exceeded the allowable limit of 0.6La (300.3 SCFH).

II. Cause of Event

The cause of these events is not known. The cause of these failures, and failures of any additional valves that do not meet the local leak rate test acceptance criteria, will be provided in an update report following the completion of all local leak rate testing.

III. Analysis of Event

This event is reportable pursuant to 10CFR50.73(a)(2)(i)(B). Until the subject valves and penetrations are inspected and the as left leakage is determined, an adequate analysis of these events cannot be performed. This information will be provided in a supplemental report which will include the analysis of any additional failures that are identified as a result of the local leak rate tests.

IV. Corrective Action

Appropriate corrective action will be implemented based on the cause of the leakage. This information will be provided in a supplemental report.

V. Additional Information

None