•	U.S. NUCLEAR REGULATORY COMMISSION
/0/1/	$\frac{1 \text{ CONTROL BLOCK } / / / / / (1) \text{ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)}}{\frac{1}{\sqrt{A/N/A/S/1/(2)}} \frac{1}{0/0/-0/0/0/0/-0/0/0/0/0/0/0/0/0/0/0/0/0$
/0/1/	$\frac{\text{REPORT}}{\text{SOURCE}} \frac{/\text{L}}{/\text{L}} (6) \frac{/0/5/0/0/3/3/8}{\text{DOCKET}} \frac{(7)}{\sqrt{1/2/0/5/8/2}} \frac{/1/2/0/5/8/2}{\text{DOCKET}} (8) \frac{/0.100}{100000000000000000000000000000000$
	EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)
/0/2/	/ On December 5, 1982, an ECCS Actuation occurred on Unit 1, from High Steam /
/0/3/	/ Line Flow coincident with Lo-Lo Tavg. The High Steam Flow signal was due to /
/0/4/	/ steam flow channels in trip and not actual High Steam Line Flow. The Lo-Lo Tavg /
/0/5/	/ signal was due to a reactor trip. One containment isolation valve did not close./
/0/6/	/ At no time, during the event, was a safety injection required by actual plant /
/0/7/	/ parameters; therefore the health and safety of the public were not affected. /
/0/8/	/ This event is reportable pursuant to T.S. 6.9.2.b. and T.S. 6.9.1.9.b. / SYSTEM CAUSE CAUSE COMP. VALVE CODE CODE SUBCODE COMPONENT CODE SUBCODE SUBCODE
/0/9/	/S/F/(11)/E/(12)/E/(13)/I/N/S/T/R/U/(14)/X/(15)/Z/(16)
(17	LER/RO EVENT YEAR REPORT NO. CODE TYPE NO.
	NUMBER <u>7872</u> , <u>7-7</u> <u>7078757</u> <u>7</u> <u>70737</u> <u>7L7</u> <u>707</u>
ACTION TAKEN	FUTURE EFFECT SHUTDOWN ATTACHMENT NPRD-4 PRIME COMPONENT ACTION ON PLANT METHOD HOURS SUBMITTED FORM SUBPLIER MANUFACTURER
$\frac{/X}{(26)}$ (18) $\underline{/Z}/(19)$ $\underline{/A}/(20)$ $\underline{/C}/(21)$ $\underline{/1/8/0/0}/(22)$ $\underline{/Y}/(23)$ $\underline{/N}/(24)$ $\underline{/N}/(25)$ $\underline{/W/1/2/0}/$
С	AUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)
/1/0/	/ The Safety Injection was caused by High Steam Line Flow coincident with Lo-Lo /
/1/1/	/ Tavg. The High Steam Flow signal was caused by channels being in trip for main- /
/1/2/	/ tenance. The Lo-Lo Tavg signal was caused by a reactor trip. The safety inject /
/1/3/	/ ion was secured when the plant was in a stable condition and the procedural ter- /
/1/4/	/ minating criteria were met. /
	FACILITY METHOD OF
/1/5/	$\frac{1}{X} (28) \frac{1000}{2} (29) \frac{1}{NA} (30) \frac{1}{A} (31) \frac{1}{2} (30) \frac{1}{A} (31) \frac{1}{2} (30) \frac{1}{A} (31) \frac{1}{2} (30) \frac{1}{2} (30)$
	ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)
/1/6/	<u>/Z/(33) /Z/(34) / NA / / / /</u>
11/21	NUMBER TYPE DESCRIPTION (39)
/1///	<u>70/07/07/07/07/27/088/7/NA</u>
	NUMBER DESCRIPTION (41)
/1/8/	LOSS OF OR DAMAGE TO FACILITY POOL LODGO COOLOG
	TYPE DESCRIPTION (43) PDR ADOCK 05000338
/1/9/	<u>/Z/</u> (42) / NA B PDR /
	ISSUED DESCRIPTION (45) NRC USE ONLY
/2/0/	<u>/N/ (44) / NA</u> /////////////////////////////////
	NAME OF PREPARER W. R. CARTWRIGHT PHONE (703) 894-5151

Virginia Electric and Power Company North Anna Power Station, Unit No. 1 Docket No. 50-338 Report No. LER 82-085/03L-0

Description of Event

On December 5, 1982, with Unit 1 at 30 percent Reactor Thermal Power and 231 megawatt electrical, a reactor trip occurred at 1237 as a result of a Main Station Transformer failure. One minute after the reactor trip an automatic actuation of the ECCS occurred upon the receipt of a Lo-Lo TAVG signal coincident with a High Steam Line Flow signal. The High Steam Line Flow signal was present prior to the reactor trip because two steam flow channels, F-1475 and F-1485, had been placed in trip at 0740, after receiving erroneous readings from the channels (see LER 82-084). At no time during the event did actual Steam Line Flow signals from the remaining operable channels warrant a safety injection. The Lo-Lo Tavg signal was received post reactor trip due to over feeding of the steam generators via the main feed regulating bypass lines. The controlling valves on these lines, even though in automatic, received no closing signal because the instrument that would normally supply the signal, power range nuclear instrument N-44 was in trip. N-44 was in trip because it had not yet been calibrated following detector replacement. When in trip N-44 indicates 120% power allowing the bypass valves to remain open and control steam generator level at programmed, 33 percent for no load condition.

Feed bypass valves were closed subsequent to the receipt of the Lo-Lo Tavg signal. The Safety Injection was terminated at 1244 upon receipt of terminating parameters as dictated by procedures.

Actual parameters during the event did not require the initiation of Safety Injection and at no time during the event did vital parameters indicate an unsafe condition therefore the health and safety of the public were not affected.

Minimum parameter values reached during the event were as follows: Lowest Tavg, 536°F; lowest RCS pressure, 2113 psig; lowest pressurizer level, 19%. All other parameters were as expected for post trip conditions.

An unusual event was declared at 1238 hours because of the SI. The NRC was notified within 15 minutes and all emergency plan notifications, state and local were complete by 1255.

Control Room bottled air pressure, boron injection tank concentration and RWST level fell below Technical Specification minimum values as a result of their actuation during the SI. Since these components were restored to minimum value within time limits of the Technical Specification, the health and safety were not affected. These events are contrary to T.S. 3.7.7.1, 3.5.4.1, 3.5.5 and are reportable pursuant to T.S. 6.9.1.9.b.

Attachment: Page 2 of 2

All safety equipment performed as designed during the event except TV-SS-106A which failed to close on a phase "A" signal. Since TV-SS-106B, the redundant containment isolation valve did close, the health and safety of the public were not affected. This event is contrary to T.S. 3.6.3.1 and is reportable pursuant to T.S. 6.9.1.9.b.

The SI of December 5 was the eighth Safety Injection at North Anna Unit 1 and is reportable pursuant to T.S. 6.9.2.b.

Probable Consequences of Occurrence

The purpose of the ECCS is to ensure adequate shutdown margin and core cooling. Although the SI system was automatically actuated, an actual accident condition did not exist and therefore the SI system actuation was not required. As a result, the health and safety of the public were not affected.

Cause of Event

The ECCS actuation was caused by a High Steam Line Flow with Lo-Lo Tavg signal, the High Steam Line Flow signal being initiated by channels in trip as described above. Since actual vital parameters did not require a SI, this SI is considered inadvertent.

Immediate Corrective Action

The BIT boron concentration was restored as required by T.S. 3.5.4.1.

The Control Room bottle air pressure was restored as required by T.S. 3.7.7.1.

The RWST level was restored as required by T.S. 3.5.5.

TV-SS-106A operated properly upon receipt of phase A isolation signals on December 4 and 6, 1982, and the valve was verified to cycle properly following the event of December 5. No failure of the valve to operate correctly occurred subsequent to the event therefore no further corrective action is deemed necessary.

Subsequent Corrective Actions

No further actions were required.

Scheduled Corrective Action

No further actions are required.

Actions Taken to Prevent Recurrence

No further action required.

Generic Implications

There are no generic implications.