

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

December 3, 1990

D04192

Mr. W. D. 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. 3
Oil Spill Report

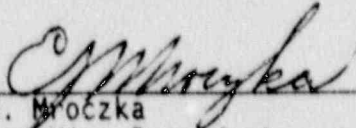
Northeast Utilities Service Company (NUSCO), on behalf of Northeast Nuclear Energy Company (NNECO), hereby submits a report of an oil sheen at the intake structure storm drain for NNECO's Millstone Nuclear Power Station, Unit No. 3. This sheen was verbally reported to your office on November 17, 1990.

Less than 1 gallon of lubricating oil is estimated to have been released. The actual amount of oil and the cause of the sheen is unknown. The sheen dissipated before a containment boom could be deployed.

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



E. J. Mroczka
Senior Vice President

Enclosure

cc/enc: U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

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PDR ADOCK 05000423
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**NORTHEAST UTILITIES
HAZARDOUS SUBSTANCE SPILL REPORT**

OP4608-1 REV 12-84

REGION/AREA/PLANT MILLSTONE UNIT 3	COMPANY NAME NORTHEAST NUCLEAR ENERGY CO.	SPILL OCCURRED OR DISCOVERED 11/17/90	DATE 11/17/90	TIME 0900
REPORT PREPARED BY JOE BARILE - / STEVE SUDIGALA	PHONE 444-5584 444-4204	EXT. -		
SUPERVISOR ON CALL GENE OLSEN	EMPLOYEE REPORTING ON SITE PAUL MALZHAN	SPILL REPORTED TO DISPATCHER -	DATE -	TIME -

1. SPILL LOCATION	2. EQUIPMENT, NUMBER/SIZE EACH UNIT	3. QUANTITY AND TYPE
<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 TOWN WATERFORD STREET ROPE-FERRY RD. NEAREST CROSS STREET OTHER	<input type="checkbox"/> CONTAINER(S) <input type="checkbox"/> VEHICLE(S) <input type="checkbox"/> TANK <input checked="" type="checkbox"/> OTHER PLANT INTAKE - STORM DRAIN	SEVEN < 1 GALLONS <input checked="" type="checkbox"/> OIL (TYPE) LUBE? <input type="checkbox"/> CHEMICAL (NAME) <input type="checkbox"/> OTHER (NAME)

4. MATERIAL HAS SPILLED ONTO	5. MATERIAL HAS SPILLED INTO
<input 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 checked="" type="checkbox"/> OTHER NA	<input type="checkbox"/> GUTTER, CATCH BASIN, OR STORM DRAIN <input type="checkbox"/> INLAND WETLANDS <input type="checkbox"/> POTABLE WATER SUPPLY OR RESERVOIR (NAME) <input checked="" type="checkbox"/> STREAM RIVER POND OR LAKE (NAME) ATLANTIC BAY <input type="checkbox"/> OTHER <input type="checkbox"/> NONE

6. HAS SPILL BEEN CONTAINED? IF NO, DESCRIBE
 YES NO **STORM DRAIN SOURCE - UNKNOWN BOOM NOT AVAILABLE DURING THE SPILL TIME. SPILL DISAPPEARED QUICKLY**

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 type="checkbox"/> HUMAN ERROR <input checked="" type="checkbox"/> OTHER UNKNOWN	<input type="checkbox"/> TANK OR PIPING RUPTURE <input type="checkbox"/> GASKET/FITTING LEAK <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> GUNSHOT HOLE <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> FIRE <input type="checkbox"/> BURN OR CORROSION HOLE <input checked="" type="checkbox"/> OTHER UNKNOWN	<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
SEVEN DISAPPEARED BEFORE CONTAINMENT BOOM COULD BE DEPLOYED.

	REPORTING REQUIREMENTS	DURING	CALL NO.	ORIGINAL CALL BY DISPATCHER		FOLLOW-UP CALL	
				DATE	TIME	DATE	TIME
C O N N	Report all spills to:						
	Department of Environmental Protection	ALL HOURS	(203) 566-3338	11/17/90	0945	-	-
	State Police	ALL HOURS	(203) 566-4240	11/17/90	0917	-	-
M A S S	Report all spills to:						
	Department of Environmental Quality Eng	OFFICE HOURS	(413) 785-5327				
	State Police	AFTER HOURS	(617) 566-4500				
R E A G I L O N S	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	11/17/90	0945		
	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

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