

USNRC DUKE POWER COMPANY  
ATLANTA, GEORGIA P.O. BOX 33189  
CHARLOTTE, N.C. 28242

HAL B. TUCKER  
VICE PRESIDENT  
NUCLEAR PRODUCTION

TELEPHONE  
(704) 373-4531

02 OCT 26 A 8 27 October 19, 1982

Mr. James P. O'Reilly, Regional Administrator  
U. S. Nuclear Regulatory Commission  
Region II  
101 Marietta Street, Suite 3100  
Atlanta, Georgia 30303

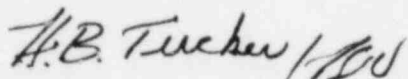
Subject: Oconee Nuclear Station  
IE Inspection Report  
50-269/82-23  
50-270/82-23  
50-287/82-23

Dear Sir:

Please find attached supplemental information regarding our response item 3 (Corrective Actions taken) to Violation B as provided in my letter of August 5, 1982. The entire corrected response to Violation B is included for completeness.

I declare under penalty of perjury that the statements set forth herein are true and correct to the best of my knowledge, executed on October 19, 1982.

Very truly yours,



Hal B. Tucker

JFN/php  
Attachment

8211150399 821102  
PDR ADOCK 05000269  
Q PDR

## Violation B

10 CFR 50, Appendix B Criterion XVI as implemented by Duke Power Company Topical Report Duke-1A, Section 17.2.16 requires the licensee to report and document conditions adverse to quality to appropriate levels of management.

Contrary to the above, on February 23, 1982 an operator neither reported nor documented that reactor building spray pump 1A had been run for approximately three hours with no flow which resulted in the destruction of the pump.

This is a Severity Level IV Violation (Supplement I.).

## Response

### 1) Admission or denial of the alleged violation:

This violation is correct as stated. This incident was reported to the NRC as RO-269/82-05 dated April 1, 1982.

### 2) Reasons for the violation:

This violation resulted from personnel error. A Control Room operator discovered that he had run the "1A" Reactor Building Spray Pump for several hours with the valve on the suction line closed. After stopping the pump, he opened the valve and restarted the pump several times. Due to the apparent normal restart and indication of normal starting current, the operator erroneously concluded that the pump was undamaged. He failed to notify his supervisor or document that the pump was run for several hours with the suction valve closed.

### 3) Corrective actions taken and results:

The surveillance test subsequent to this incident revealed the inability of the "1A" RB Spray Pump to meet its flow requirements. This was due to the damage incurred during the cited incident. The inoperable pump was replaced, tested, and that train was declared operable.

The Control Room operator responsible for this incident was counseled and was made aware of the results of his actions. He was also counseled as to the importance of keeping the Unit Supervisor informed of any problems involving his unit.

All appropriate Operations personnel have reviewed this incident. In addition, the importance of reporting all unusual operating conditions to supervision has been emphasized to these personnel to help prevent further violations of this type.

### 4) Corrective actions to be taken to avoid further violations:

No further corrective actions are considered necessary.

### 5) Date when full compliance will be achieved:

All corrective actions have been completed.