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O. W. DIXON, JR.
VICE PRESIDENT
NUCLEAR OPERATIONS

March 9, 1983

Mr. James P. O'Reilly,
Regional Administrator
U.S. Nuclear Regulatory Commission
Region II, Suite 2900
101 Marietta Street, N.W.
Atlanta, Georgia 30303

SUBJECT: Virgil C. Summer Nuclear Station
Docket No. 50/395
Operating License No. NPF-12
Thirty Day Written Report
LER 83-011

Dear Mr. O'Reilly:

Please find attached Licensee Event Report #83-011 for Virgil C. Summer Nuclear Station. This Thirty Day Report is required by Technical Specification 6.9.1.13.(b) as a result of entry into Action Statements (a) and (c) of Technical Specification 3.6.4, "Containment Isolation Valves," on February 8 and 17, 1983.

Should there be any questions, please call us at your convenience.

Very truly yours,

O. W. Dixon, Jr.

CJM:OWD:dwf/fjc
Attachment

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DETAILED DESCRIPTION OF EVENT

At 0600 hours on February 8, 1983, with the Plant in Mode 1, Nuclear Sampling System Valves 9398 A, B, and C failed to close during the performance of Technical Specification Surveillance Requirement 4.6.4.3. Each affected penetration was isolated with a closed manual valve by 0630 hours in compliance with Action Statement (c) of Technical Specification 3.6.4.

An additional failure occurred to Valve 9398C on February 17, 1983, at 1505 hours. The inoperable valve was returned to operable status at 1740 hours in compliance with Action Statement (a) of Technical Specification 3.6.4.

PROBABLE CONSEQUENCES

No adverse consequences resulted from either of these events. The compliance with the Action Statements of Technical Specification 3.6.4 ensured that the possible loss of containment integrity did not occur.

CAUSE(S) OF THE OCCURRENCE

The cause of all but one of the failures is attributed to crud buildup on the valve seats which inhibited the normal valve stroke. The exception dealt with Valve 9398C which did stroke on February 8, 1983, but due to limit switch failure, the valve position indication was in error.

IMMEDIATE CORRECTIVE ACTIONS TAKEN

The manual isolation valves for 9398 A, B, and C were closed within 30 minutes of the occurrence on February 8, 1983. Investigation performed on February 8, 1983, indicated that Valves 9398 A and B failed to stroke because of crud buildup in the valve body. The valves were returned to operable condition by exercising the valves concurrent with tapping on the valve body. Crud buildup in the valve body was dislodged, and the valves were declared operable at 1355 hours on February 8, 1983, upon the satisfactory performance of surveillance testing.

IMMEDIATE CORRECTIVE ACTIONS TAKEN Continued

Valve 9398C was found to have faulty limit switches which failed to provide accurate position indication. The limit switches were replaced, and the valve returned to operation upon the completion of a satisfactory surveillance test at 1820 hours on February 9, 1983.

At 1505 hours on February 17, 1983, Valve 9398C again failed to operate properly. Crud buildup in the valve body inhibited valve closure. The crud was dislodged when the valve was exercised concurrent with tapping on the valve body. The valve was returned to operable status at 1740 hours on February 17, 1983, upon the satisfactory completion of surveillance testing.

ACTION TAKEN TO PREVENT RECURRENCE

The licensee has determined that the type valve presently installed is not suitable for the application, and plans to replace them as soon as an acceptable alternate can be obtained. A test program has been established which will exercise Valves 9398A, B, and C on a weekly basis in order to preclude future failures of a similar nature.