

**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

October 16, 1991

D04992

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 spill to the settling pond at NNECO's Millstone Nuclear Power Station, Unit No. 3. This spill was verbally reported to your office on October 10, 1991.

Seven to ten gallons of oil are estimated to have been released.


The clean-up is in progress. Mr. Neil Torres of DEP reviewed the clean-up procedure on October 15, 1991 and was in agreement with the work to date.

The compressor will be surrounded by a temporary berm until it is moved to a new location thereby eliminating the possibility of a future occurrence.

If you have any questions, please call Mr. Thomas P. Arcari, NUSCO Generation and Environmental Licensing, at 665-3713.

Very truly yours,

NORTHEAST UTILITIES SERVICE COMPANY  
As Agent for Northeast Nuclear Energy  
Company

  
R. A. Reckert  
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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PLANT INCIDENT REPORT - PART A Report Date: 10/10/91 No: 391-244

I. PIR INITIATION		INCIDENT DATE: <u>10/10/91</u>	INCIDENT TIME: <u>1115</u>
Event Title: <u>Oil Spill To Wetlands</u>			
Description of Event: <u>An oil spill occurred when oil leaking from the Paint Shop compressor spilled to the settling pond via a drain pipe</u>			
Description of Cause: (If known) <u>Oil leak from compressor in drainage system allowed to the wetlands</u>			
System Affected: <u>N/A</u>	System Number: <u>N/A</u>	PMMS ID Number: <u>N/A</u>	Name of Initiator: <u>Josepe A. Burton</u> Signature: <u>[Signature]</u>
II. PLANT INFORMATION			
Plant Conditions:	Mode: <u>5</u>	Power(%): <u>0%</u>	Temp.: <u>93°F</u> Pressure: <u>Vented</u>
Description of Initial Action: <u>Implemented EPIP 4503A</u>			
Safety Implications: <u>Oil leak to environment</u>			
Security Implications: <u>N/A</u>			
Incident Category:		Basis: <u>50.72 (W)(2)(v)</u>	
<input checked="" type="checkbox"/> A. Immediate		<input type="checkbox"/> B. 30-Day LER	
<input type="checkbox"/> D. Not reportable to NRC		<input type="checkbox"/> C. Public Interest	
<input type="checkbox"/> D. Fitness for Duty			
Operations Manager Notified (Normal Hours) of A B C Incidents:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>M Pearson</u> Date: <u>10/10/91</u> Time: <u>1302</u>
Duty Officer Notified:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>K Burton</u> Date: <u>10/10/91</u> Time: <u>1130</u>
SSSA Notified and EPIP 4112 Notifications Made:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name: <u>N Williams</u> Date: <u>10/10/91</u> Time: <u>1145</u>
Security Shift Supervisor (Potential Security Threat):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name: _____ Date: _____ Time: _____
Procedures Used: <u>EP 4503A</u>		Shift Supervisor Signature: <u>[Signature]</u>	Date: <u>10/10/91</u>
III. INVESTIGATION INFORMATION			
Personnel Questionnaires Attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	List: _____
Trouble Reports Submitted:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Procedure Changes: _____
Photographs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Material Being Held: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location: _____
AWO Copy Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Safety Tag Sheet Copy Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Information Gathered By: <u>K Burton D.O.</u>		Signature: _____	Date: _____
IV. DUTY OFFICER REVIEW			
Immediate Investigation Necessary:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <u>[Signature]</u> Date: <u>10/10/91</u>
V. UNIT DIRECTOR			
Assigned Incident Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> PUSH		Remarks: _____	
PORC Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		NRB Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	NEO 2.25 Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Investigator Assigned: _____		Unit Director: _____	Date: _____

**REPORT OF PETROLEUM OR CHEMICAL PRODUCT DISCHARGE, SPILLAGE  
 SEEPAGE, FILTRATION TO THE ENVIRONMENT**

UNIT <u>Millstone 3</u>	COMPANY NAME	SPILL OCCURRED OR DISCOVERED	DATE <u>10/10/91</u>	TIME <u>1200</u>
REPORT PREPARED BY <u>Kenneth L. Burton</u>		DEPT <u>4-3 Admin</u>	PHONE <u>(203) 444-4322</u>	
SUPERVISOR IN CHARGE <u>Kenneth L. Burton</u>	EMPLOYEE REPORTING SPILL			

1. SPILL LOCATION UNIT <u>3</u> ON SITE LOCATION <u>the settling pond outside of gate</u> TOWN _____ STREET _____	2. EQUIPMENT, NUMBER & SIZE EACH UNIT <input type="checkbox"/> CONTAINER(S) _____ <input type="checkbox"/> VEHICLE(S) _____ TANK _____ <input type="checkbox"/> OTHER <u>2 7 to 10 gallons</u>	3. SPILL QUANTITY AND MATERIAL GALLONS _____ <input checked="" type="checkbox"/> OIL (TYPE) <u>Lubricating</u> <input type="checkbox"/> CHEMICAL (NAME) _____ <input type="checkbox"/> OTHER (NAME) _____
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4. MATERIAL HAS SPILLED ONTO <input checked="" type="checkbox"/> PAVEMENT _____ <input type="checkbox"/> EARTH _____ <input type="checkbox"/> LAWN _____ <input type="checkbox"/> SHRUBS/BRUSH _____	<input type="checkbox"/> TREES _____ <input type="checkbox"/> CONCRETE _____ <input type="checkbox"/> PERSONS _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> STRUCTURE _____ <input type="checkbox"/> VEHICLES _____	5. MATERIAL HAS SPILLED INTO <input checked="" type="checkbox"/> CATCH BASIN OR STORM DRAIN <input type="checkbox"/> BODY OF WATER (NAME) _____ <input checked="" type="checkbox"/> OTHER <u>Settling Pond</u>
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4. HAS SPILL BEEN CONTAINED?  YES  NO

7. SPILL CAUSE <input type="checkbox"/> VEHICLE ACCIDENT <input type="checkbox"/> STORM EVENT <input checked="" type="checkbox"/> EQUIP FAILURE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> VALDALISM <input type="checkbox"/> CORROSION <input type="checkbox"/> HUMAN ERROR	8. SPILL EVENT <input type="checkbox"/> TANK OR PIPING RUPTURE <input checked="" type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> BURN OR CORROSION HOLE	<input type="checkbox"/> GASKET/FITTING LEAK <input type="checkbox"/> OVERFILL <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER _____	9. WEATHER <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/SLEET <input type="checkbox"/> HIGH WIND
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REPORTABLE QUANTITY (RQ) RELEASED  YES  NO IF YES, ALSO FILL OUT EPIP FORM 4112-2a AND ATTACH

DESCRIPTION OF SPILL EVENT  
From paint shop in compressor approx 7 to 10 gallons released to settling pond

REPORTING REQUIREMENTS AFTER CLASSIFYING THE TYPE OF SPILL EVENT (SEE EPIP 4101-4 OR EPIP 4112) MAKE THE SPECIFIC NOTIFICATIONS DESCRIBED BY APPROPRIATE FIGURES IN EPIP 4112. LOG ALL CALLS TO REGULATORY AGENCIES NOT COVERED UNDER PARAGRAPH NOTIFICATION.

AGENCY NOTIFIED	CONTACT NAME	TEL # (SF 110-2)	DATE	TIME
State DFP	J. Wilcox	566-4633	10-10-91	1235
N.H. 2-G	F. Bakely	442-4471	10-10-91	1220
National Response Center	Report# 91753	1-800-424-8802	10-10-91	1230
	D. Yusta			

(\*) RQ INFORMATION OBTAINED FROM CHEMISTRY DEPARTMENT