

Commonwealth Edison Company  
Byron Generating Station  
4450 North German Church Road  
Byron, IL 61010-9794  
Tel 815-234-5441

January 5, 1996



LTR: BYRON 96-0005  
FILE: 1.10.0101

U.S. Nuclear Regulatory Commission  
Washington, DC 20555

ATTENTION: Document Control Desk

SUBJECT: Byron Nuclear Power Station Units 1 and 2  
Response to Notice of Violation  
Inspection Report No. 50-454/95009; 50-455/95009  
NRC Docket Numbers 50-454, 50-455

REFERENCE: Martin J. Farber letter to Mr. Graesser dated  
December 7, 1995, transmitting NRC Inspection  
Report 50-454/95009; 50-455/95009

Enclosed is Commonwealth Edison Company's response to the Notice of Violation (NOV) which was transmitted with the referenced letter and Inspection Report. The NOV cited two (2) Severity Level IV violations requiring a written response. ComEd's response is provided in the attachment.

This letter contains the following commitments:

- 1) Revise current surveillance procedures or create new procedures, as required, to include quantitative leakage acceptance criteria for applicable systems, the steps to properly document the quantification of system leakage, and steps to calculate overall leakage from systems outside containment (NTS # 454/455-200-95-0021-02);
- 2) Update, as required, training certification guides for System Engineers and Inservice Inspection personnel to include appropriate training in system leakage testing (NTS # 454-200-95-0021-04);
- 3) Verify the quantification and documentation of system leakage is included in the appropriate training courses (NTS # 454-200-95-0021-05).
- 4) The Administrative Operating Engineer will counsel personnel associated with the Fire Marshall's Office to reinforce managements expectations with regard to procedural adherence (NTS # 454-100-95-00904.1).

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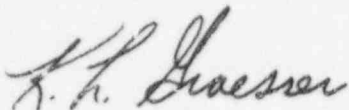
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If your staff has any questions or comments concerning this letter, please refer them to Don Brindle, Regulatory Assurance Supervisor, at (815)234-5441 ext.2280.

Respectfully,



K. L. Graesser  
Site Vice President  
Byron Nuclear Power Station

KLG/DB/rp

Attachment(s)

cc: H. J. Miller, NRC Regional Administrator - RIII  
G. F. Dick Jr., Byron Project Manager - NRR  
H. Peterson, Senior Resident Inspector, Byron  
L. F. Miller Jr., Reactor Projects Chief - RIII  
D. L. Farrar, Nuclear Regulatory Services Manager, Downers Grove  
Safety Review Dept, c/o Document Control Desk, 3rd Floor, Downers Grove

## ATTACHMENT I

### VIOLATION (454/455-95009-01)

Technical Specification 6.8.4.a.2 required a program including integrated leak test requirements for portions of systems outside containment that could contain highly radioactive fluids during a serious transient or accident.

Contrary to the above, for an indeterminate period of time prior to October 23, 1995, an integrated leak test for portions of systems outside containment that could contain highly radioactive fluids during a serious transient or accident did not exist for Unit 1 or Unit 2. (50-454/455-95009-01(DRP))

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

### REASON FOR THE VIOLATION

In response to NUREG 0737.III.D.1.1 and subsequently the requirements of UFSAR Appendix E.77 and administrative requirements of Plant Technical Specifications Section 6.8.4.a, Byron Station is required to implement a program to reduce leakage from portions of systems outside containment which could carry highly radioactive fluids during an accident or serious transient. As part of this program, Byron Station is required to perform quantification of leakage from these same systems.

It was concluded the Byron Station procedure, BVP 200-7, does not document the quantification of overall system leakage outside the containment as described in the UFSAR, although current Byron surveillance procedures (i.e., 1/2 BVS 4.10-4, 1/2 BVS XII-1, 1/2 BVS XII-2) are adequate to ensure leakage is identified and Work Requests are written to affect repairs.

Byron Updated Safety Analysis Report Table 15.6-13 lists the assumed maximum recirculation loop leakage external to containment as 3910 cc/hr. This would translate into slightly more than 1 gallon/hr. Byron Safety Evaluation Report #6, section 15.4.1.2, shows that the NRC Staff has evaluated that even with a 1 gpm leak, the radiological consequences are well below the dose limits at the exclusion area boundary and at the low population zone.

Byron Station determined that the leaks, although not quantified numerically, during the leak tests, are all qualitatively described as minor, drips, wet boron only, or were identified as leaks that were not part of the code boundary. Furthermore; there were very few leaks identified. Also, Action Requests were written to affect repairs when leaks were identified that were practical to repair. Therefore, due to the low number of minor leaks that were found and the fact that Action Requests were generally written to repair identified leaks, no radiological consequences could have occurred as a result of the leakage.

The failure to implement the commitments made by Byron Station into procedures to incorporate our commitments to NUREG 0737.III.D.1.1 occurred in 1983 or 1984 and the personnel involved do not know why the omission was made. The particular omission made was the failure to quantify the results of leakage examinations.

As a result of Byron surveillance procedures (i.e., 1/2 BVS 4.10-4, 1/2 BVS XII-1, 1/2 BVS XII-2) being adequate to ensure leakage is identified and Work Requests are written to affect repairs, Byron Station takes exception to statements in NRC Inspection Report 50-454/455 95009 which claim that an integrated leak test as described in NUREG 0737 does not exist. Byron Station believes that an integrated leak test program did in fact exist, however it did not include quantification of identified leakage.

#### CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED

Results of the most recent leakage testing surveillances performed, on Unit 1/2, per BVP 200-7T2 on the applicable systems were reviewed to identify potential active system leaks. There were no active system leaks identified.

#### CORRECTIVE STEPS THAT WILL BE TAKEN TO AVOID FURTHER VIOLATION

- 1) Revise current surveillance procedures or create new procedures, as required, to include quantitative leakage acceptance criteria for applicable systems, the steps to properly document the quantification of system leakage, and steps to calculate overall leakage from systems outside containment (NTS # 454/455-200-95-0021-02);
- 2) Update, as required, training certification guides for System Engineers and Inservice Inspection personnel to include appropriate training in system leakage testing (NTS # 454-200-95-0021-04);
- 3) Verify the quantification and documentation of system leakage is included in the appropriate training courses (NTS # 454-200-95-0021-05).

#### DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

Full compliance for Unit 1/2 was achieved on 12/20/95 when the applicable systems reviewed for potential active system leaks were evaluated and leakage quantified.

ATTACHMENT II

VIOLATION (454/455-95009-04)

Byron Technical Specification 6.8.1 stated, in part, that "written procedures shall be established, implemented, and maintained covering the activities associated with Fire Protection Program implementation."

Byron Administrative Procedure, BAP 1100-3, "Fire Protection Systems, Fire Rated Assemblies, Ventilation Seals, and Flood Seal Impairments," stated, in part, that: "The following steps should be completed before a Barrier/Fire Protection System is taken Out-of-Service, impaired, or otherwise rendered inoperable. . . . A Barrier/Fire Protection Systems Impairment Permit, BAP 1100-3T1, shall be initiated by the department in charge of the work."

Contrary to the above, two doors were impaired and returned to service without initiating a Barrier/Fire Protection Systems Impairment Permit (50-454/455-95009-04 (DRP)).

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

REASON FOR THE VIOLATION

Over the past several years, a work practice had evolved in which the Fire Marshall's Office occasionally instructed the work group to remain in continuous attendance until the impaired doors were returned to normal instead of issuing a fire barrier impairment permit.

In reviewing this event, it has been determined that BAP 1100-3 did not specifically nor clearly allow deviations from the normal fire watch practice. Because it was believed that this practice was more conservative and placed accountability for closure of the fire barrier impairment on the work group, the Fire Marshall's Office focused on meeting the intent of the procedure rather than the requirements of the procedure.

CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED

The Fire Marshall's Office and associated personnel are ensuring that the requirements of BAP 1100-3 are strictly complied with.

CORRECTIVE STEPS THAT WILL BE TAKEN TO AVOID FURTHER VIOLATION

The Administrative Operating Engineer will counsel personnel associated with the Fire Marshall's Office to reinforce managements expectations with regard to procedural adherence (NTS # 454-100-95-00904.1).

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

Full compliance was achieved on 09/18/95 when the fire barrier impairment was returned to service or otherwise restored to operable status.