Public Service

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January 31, 1985
Fort St. Vrain
Unit No. 1
P-85038

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Regional Administrator
Region IV
Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

Attention: Mr. E. H. Johnson

Docket No. 50-267

SUBJECT: Visual Inspection of Top Longitudinal Tendons

Dear Mr. Johnson:

As per your request at the January 15, 1985 meeting, 30% of the longitudinal tendons have been visually inspected for raised buttonheads. It was noted that some inconsistencies existed between the last mapping of raised buttonheads and the current inspection. In the Spring of 1984, liftoff testing was performed on all accessible top longitudinal tendons. Subsequent to liftoff testing, the tendons were mapped for raised buttonheads. A short period later, all raised buttonheads were to be removed for metallurgical examination. During this wire removal program the removed wires were not mapped since mapping had just been completed as part of the liftoff testing.

The current surveillance identified that a few wires were removed and not previously reported. Therefore, the surveillance was expanded to map all accessible top longitudinal tendons (89 out of 90). The results are as follows:

1.) Six wires were removed just after the Spring of 1984 liftoff testing without being reported. Four out of VM10, one out of VM30 and one out of VI35 were removed.

2.) One tendon wire out of VM29 was mapped as missing/failed on both the current surveillance and the previous surveillance but was not reported in the metallurgical report as being failed.

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3.) Five new raised buttonheads were reported to you per telecon. In actuality, only two new failed wires were found. The confusion existed because three of the failed wires that were to be removed in the Spring of 1984 for metallurgical examination were not removed. The two new wire failures are one in VM8 and one in VM42. The total number of failed wires in these tendons are four in VM8 and two in VM42. These two new raised buttonheads bring the total number of failed wires under the top longitudinal tendon caps to 58, which is 0.38% of the total longitudinal tendon wire population.

Considering the extent of work which has been completed and is being pursued, PSC will submit a report by March 18, 1985 which will summarize our work to date and future plans regarding the tendon prestressing system at Fort St. Vrain.

If you have any questions, please contact M. H. Holmes at (303) 571-8409.

Very truly yours,

D. W. Warembourg

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Nuclear Engineering Division

DWW/MJF/ldr