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U.S. NUCLEAR REGULATORY COMMISSION
APPROVED OMB NO. 3150-0104
EXPIRES 8/31/85

## LICENSEE EVENT REPORT (LER)

|                                   |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             |                      |                            | 101              |                        |          | - 54    | GE (3) |
|-----------------------------------|-----------------|---------|------------------|------------------------|---------------------------|---------------------------------|-----------|------------------------|-----------|-----------|-----------------------------|----------------------|----------------------------|------------------|------------------------|----------|---------|--------|
| PACILITY NAME III                 |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             | OCKET NUMBER         | 1                          | 1                |                        |          |         |        |
|                                   |                 | . S     | umm              | er l                   | Nuclear                   | Stati                           | ion       |                        |           |           |                             | 10                   | 15   0   0                 | 0                | 1 31                   | 9 5      | 1 0     | F 0    |
| TITLE (4)                         |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
| Brea                              | ached           | Fi      | re               | Bar                    | rier                      |                                 |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
| EVENT DATE (5) LER NUMBER (8)     |                 |         |                  |                        |                           | REPORT DATE (7)                 |           |                        |           | OTHER F   | HER FACILITIES INVOLVED (8) |                      |                            |                  |                        |          |         |        |
| MONTH                             | DAY             | YEA     | RY               | YEAR SEQUENTIAL NUMBER |                           |                                 | REVISION  | MONTH                  | DAY       | YEAR      | FACILITY NAMES              |                      |                            | DOCKET NUMBER(S) |                        |          |         |        |
|                                   |                 |         | +                |                        | NUMBER                    | ++                              | YUMBER    |                        | -         |           |                             |                      |                            | 0                | 151                    | 0   0    | 101     | 1.1    |
|                                   |                 | 1.5     | 1                |                        |                           |                                 |           |                        |           |           | _                           |                      |                            |                  |                        |          | A       |        |
| 0 9                               | 2 0             | 8       | 4 8              | 14                     | 0 4                       | 01-10                           | 0 0       | 1 0                    | 16        | 8 4       |                             |                      |                            | 0                | 1510                   | 0 10     | 101     | 1.1    |
|                                   |                 | -       | -                |                        | ORT IS SUBMIT             | TED PUR                         | SUANT 1   | -                      |           | -         | CFR & 10                    | Check ons ar more of | the following) (11         | 3                | de sandas              | _        |         | -      |
| OPERATING<br>MODE (9) ] 20.402(b) |                 |         |                  | T                      | 20.405(c) 50.73(a)(2)(iv) |                                 |           |                        |           |           |                             | 73.7                 | 1(6)                       |                  |                        |          |         |        |
| POWE                              | T               |         | 1                | 20.408(a)(1)(i)        |                           |                                 | -         |                        |           |           | 50.73(c)(2)(v)              |                      |                            |                  | 73.71(c)               |          |         |        |
| LEVEL O . T. O                    |                 |         | 2                | 20.406(a)(1)(ii)       |                           |                                 |           |                        |           |           | 50 73(a)(2)(vii)            |                      | OTHER (Specify in Abstract |                  |                        |          |         |        |
| (10)                              | 10              | 1.1     | 4                | -                      |                           |                                 | -         |                        | - 100     |           |                             | 50.73(a)(2)(viii)(A) |                            | -                |                        | w and in | Text NA |        |
| 20.406(a)(1)(iii) XC              |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
|                                   |                 | -       | 20.405(a)(1)(iv) |                        |                           |                                 |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
|                                   | 20.405(a)(1)(v) |         |                  |                        |                           | 50.73(a)(2)(iii) 50.73(a)(2)(x) |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
|                                   |                 |         |                  |                        |                           |                                 | ,         | ICENSEE                | CONTACT   | FOR THIS  | LER (12)                    |                      |                            | 7.5.             | EBHON                  | E NUMB   | 150     |        |
| NAME                              |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             |                      | AREA CODE                  | TEL              | EPHUNI                 | ENUMB    | En      |        |
|                                   | n v             |         | 7-               | ė.d                    |                           | . Mar                           |           | D o                    |           | C.        | .m. 1 4 a                   |                      | 8,0,3                      | 2                | 4 ,5                   |          | 5 2     | ,0,    |
| A.                                | K. KC           | on,     | JI               | . ,                    | Associat                  | e mai                           | nagei     | r, Re                  | guiat     | ory Co    | ombirs                      | ince                 | 101013                     | 3                | 4 1                    |          | 1 2     | In I   |
|                                   |                 |         |                  |                        | COMPLET                   | E ONE L                         | INE FOR   | EACH C                 | OMPONEN   | T FAILURE | DESCRIBE                    | D IN THIS REPORT     | (13)                       | _                |                        |          |         |        |
| CAUSE                             | SYSTEM          | co      | MPON             | ENT                    | MANUFAC<br>TURER          | REFORTABLE<br>TO NPROS          |           |                        | CAU       |           | SYSTEM                      | COMPONENT            | MANUFAC<br>TURER           |                  | REPORTABLE<br>TO NPRDS |          |         |        |
| A                                 | KIP             | S       | EIA              | L                      | X 9 9                     | 9 1                             | N         |                        |           |           |                             | 111                  | 1.1-1                      | T                |                        |          |         |        |
| 1000                              |                 |         |                  |                        |                           |                                 |           |                        |           |           |                             |                      |                            |                  |                        |          |         |        |
|                                   | 1               | 1       | 1                | 1                      | 111                       |                                 |           |                        |           |           |                             | 1111                 | 111                        |                  |                        |          |         |        |
|                                   |                 |         |                  |                        | SUPPLE                    | MENTAL                          | REPORT    | EXPECT                 | ED (14)   |           | -                           |                      |                            |                  |                        | MONTH    | DAY     | YEAR   |
|                                   |                 |         |                  |                        |                           |                                 |           | EXPECTED<br>SUBMISSION |           |           |                             |                      |                            |                  |                        |          |         |        |
| YE                                | S Itt yes, o    | complet | * EXP            | ECTED                  | SUBMISSION DA             | TE)                             |           | X                      | X NO      |           |                             | 37.27.388            | DATE (15                   | 1                |                        | -        | 1       | 1      |
| ABSTRA                            | CT /Limit       | to 1400 | ) space          |                        | pproximately fifte        | en single-s                     | ipece typ | ewritten III           | nes/ (16) |           | -                           |                      |                            | -                |                        |          |         |        |

fire seal blockout # ELB-2037, trace # 687, an adjacent blockout (# ELB-2037, trace # 686) was found with foam removed. Both fire barriers are located in Control Building Room 36-11 (Relay Room). There was no Fire Barrier Removal Permit issued to breach trace # 686 and attempts to locate the person(s) who removed the barrier were unsuccessful. The fire barrier was declared INOPERABLE. The area smoke detectors were verified operable, an hourly fire watch patrol was established and a maintenance work request was generated to repair the barrier. All fire barriers in the area were inspected for degradation with no additional problems discovered. Fire barrier (trace # 686) was operable when inspected June 18, 1984, during

On September 20, 1984, at 1430 hours, while repairing silicone foam

normal surveillances. The breached barrier was repaired, satisfactorily inspected and declared OPERABLE on September 21, 1984, at 1515 hours.

Continued emphasis is being stressed in the Station Orientation Training classes on the importance of station fire barriers. Additionally, the monthly Safety Lectures for October 1984 have been formatted to further increase personnel awareness in this area.

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## SOUTH CAROLINA ELECTRIC & GAS COMPANY

POST OFFICE 764

COLUMBIA. SOUTH CAROLINA 29218

O. W. DIXON JR VICE PRESIDENT NUCLEAR OPERATIONS

October 16, 1984

U.S. Nuclear Regulatory Commission Document Control Desk Washington, DC 20555

SUBJECT: Virgil C. Summer Nuclear Station

Docket No. 50/395

Operating License No. NPF-12

LER 84-040

Dear Sir:

Attached is Licensee Event Report #84-040 for the Virgil C. Summer Nuclear Station. This Report is submitted pursuant to the requirements of 10CFR50.73(a)(2)(i).

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

Very truly yours,

O. W. Dixon, Jr.

LEK:OWD/lcd Attachment

cc: V. C. Summer

T. C. Nichols, Jr./O. W. Dixon, Jr.

E. H. Crews, Jr.

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