

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) **BYRON UNIT 1** DOCKET NUMBER (2) **050000454** PAGE 3
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TITLE (4)
MAIN STEAM SAFETY VALVES OUT OF TOLERANCE

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)			
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES	DOCKET NUMBER(S)		
01	31	85	85	015		00	02	1985		050000		

OPERATING MODE (9) **3** THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §. Check one or more of the following (11)

POWER LEVEL (10) 01010	<input type="checkbox"/> 20.402(b)	<input type="checkbox"/> 20.408(a)	<input type="checkbox"/> 50.73(a)(2)(iv)	<input type="checkbox"/> 73.71(b)
	<input type="checkbox"/> 20.408(a)(1)(i)	<input type="checkbox"/> 50.38(a)(1)	<input type="checkbox"/> 50.73(a)(2)(v)	<input type="checkbox"/> 73.71(a)
	<input type="checkbox"/> 20.408(a)(1)(B)	<input type="checkbox"/> 50.38(a)(2)	<input type="checkbox"/> 50.73(a)(2)(vi)	OTHER (Specify in Abstract below and in Text, NRC Form 308A)
	<input type="checkbox"/> 20.408(a)(1)(B)	<input type="checkbox"/> 50.73(a)(2)(i)	<input type="checkbox"/> 50.73(a)(2)(vii)(A)	
	<input type="checkbox"/> 20.408(a)(1)(iv)	<input checked="" type="checkbox"/> 50.73(a)(2)(ii)	<input type="checkbox"/> 50.73(a)(2)(vii)(B)	
<input type="checkbox"/> 20.408(a)(1)(v)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(viii)		

LICENSEE CONTACT FOR THIS LER (12)
NAME: **Leo Wehner, System Test Engineer (extension 384)** TELEPHONE NUMBER: **815 234 5441**

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NRC	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NRC
X	S	B R V	C 5 6 7	Y					

SUPPLEMENTAL REPORT EXPECTED (14) YES (If yes, complete EXPECTED SUBMISSION DATE: **X**) NO

EXPECTED SUBMISSION DATE (15) MONTH: **01** DAY: **01** YEAR: **85**

ABSTRACT (Limit to 1400 spaces or approximately fifteen single-space typewritten lines) (16)

During a surveillance on the Main Steam Safety valves, five valves were found to be outside of the acceptable lift setting range. The valves were immediately adjusted to the proper setting and returned to operable status.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
		8 5	- 0 1 5	- 0 0	0 1	OF 0 2

TEXT (If more space is required, use additional NRC Form 386A's) (17)

During the performance of the Main Steam Safety Valve surveillance on January 30 and 31 five safety valves were found to have a lift setting outside the +/- 1% acceptable tolerance. The plant was operating in Mode 3 at the time that the safety valves were being tested. The surveillance is performed every 18 months on each main steam safety valve.

The out of tolerance lift setting can be attributed to the construction activity which has been on going adjacent to the safety valves over the past 18 months. The safety valves were initially set on June 11, 1983.

There were no safety consequences or implications as a result of the out of tolerance lift settings. No more than two safety valves on any steam generator were in the out-of-tolerance. The safety valve lift settings were immediately reset within the required range.

The valves involved are Consolidated 3707R Safety Valves. This was the initial performance of the surveillance.



Commonwealth Edison
Byron Nuclear Station
4450 North German Church Road
Byron, Illinois 61010

DATE: February 19, 1985

LTR: BYRON 85-0262

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

Dear Sir:

The enclosed Licensee Event Report from Byron Generating Station is being transmitted to you in accordance with the requirements of 10CFR 50.73(a)(2)(iv) which requires a 30 day written report.

This report is number 85-015-00, Docket No. 50-454.

Very truly yours,

R. E. Querio
Station Superintendent
Byron Nuclear Power Station

Enclosure: Licensee Event Report No. 85-017-00

cc: J. G. Keppler, NRC Region III Administrator
J. Hinds, NRC Resident Inspector
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