

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1): EDWIN I HATCH, UNIT I	DOCKET NUMBER (2): 0 5 0 0 0 3 1 2 1 1	PAGE (3): 1 OF 0 1 1
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TITLE (4):
SPURIOUS REACTOR PROTECTION SYSTEM LOGIC ACTUATION

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		
01	15	86	86	006	00	02	14	86	DOCKET NUMBER(S): 0 5 0 0 0		

OPERATING MODE (9): 5	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR § (Check one or more of the following) (11):							
POWER LEVEL (10): 0100	20.402(b)	20.406(c)	<input checked="" type="checkbox"/>	90.73(a)(2)(iv)	73.71(b)	OTHER (Specify in Abstract below and in Text, NRC Form 368A)		
	20.406(a)(1)(i)	90.36(a)(1)		90.73(a)(2)(v)	73.71(c)			
	20.406(a)(1)(ii)	90.36(a)(2)		90.73(a)(2)(vi)				
	20.406(a)(1)(iii)	90.73(a)(2)(i)		90.73(a)(2)(viii)(A)				
	20.406(a)(1)(iv)	90.73(a)(2)(ii)		90.73(a)(2)(viii)(B)				
	20.406(a)(1)(v)	90.73(a)(2)(iii)		90.73(a)(2)(ix)				

LICENSEE CONTACT FOR THIS LER (12)		TELEPHONE NUMBER	
NAME	AREA CODE		
Raymond D. Baker, Nuclear Licensing Manager - Hatch	4 0 4 5 2 1 6 1	7 0 1 1 6	

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

CAUSE	SYSTEM	COMPONENT	MANUFAC. TURER	REPORTABLE TO NPROS	CAUSE	SYSTEM	COMPONENT	MANUFAC. TURER	REPORTABLE TO NPROS

SUPPLEMENTAL REPORT EXPECTED (14):	EXPECTED SUBMISSION DATE (15):	MONTH	DAY	YEAR
<input checked="" type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)	<input checked="" type="checkbox"/> NO			

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16):

On 01/15/86 at approximately 1320 CST with the Unit in a refueling outage and with no fuel in the vessel, a full reactor protection system logic actuation was received from a spurious logic actuation of the Reactor Low Water Level Instrumentation. An actual reactor scram did not occur because all control rods were already inserted at that time.

An investigation revealed that the most likely cause of this event was scheduled contract work activities being performed in the vicinity of the reactor water level and pressure instrumentation on the 158 foot elevation of the reactor building.

No corrective action to prevent recurrence of this type of event during refueling outages is planned because no specific cause was identified and there were no adverse effects on plant safety and operations.

There were no adverse safety consequences as a result of this event and the health and safety of the public was not affected.

Licensee Event Report No. 50-321/1984-012, Rev. 1 reported similar RPS logic actuations which occurred for reasons which could not be determined. No corrective actions to prevent recurrence were performed for those events for reasons similar to those presented above.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
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TEXT (If more space is required, use additional NRC Form 366A's (17))
 This 30 day LER is reportable per 10CFR 50.73(a)(2)(iv) because this event involved the unplanned actuation of engineered safety features (closure of primary containment isolation valves 2G31-F001 and 2G33-F004).

At approximately 1350 CST on 01/15/85, the Unit was in operation at 2055 MWT (approximately 84% rated power). At that time, operations personnel were placing the "2A" reactor water cleanup (RWCU) demineralizer in service when they noted that RWCU primary containment inboard and outboard suction isolation valves 2G31-F001 and 2G33-F004 had isolated on high system differential flow.

An immediate evaluation of this event by operations personnel showed that the RWCU system had isolated on high system differential flow because the RWCU system "A" loop resin strainer (2G31-D001A) drain valve 2G31-F126A had been leaking and drain valve 2G31-F127A (down stream of 2G31-F126A) had not been closed prior to placing the "A" loop of RWCU in service. Consequently, when RWCU system water flowed past the open/leaking drain valves (and into the radwaste cleanup phase separator tank), suction isolation valves 2G31-F001 and 2G31-F004 isolated on high RWCU system differential flow.

Immediate repair of drain valve 2G31-F126A is not necessary because drain valve 2G31-F127A is immediately downstream of it. When drain valve 2G31-F127A is properly closed it is sufficient to prevent RWCU flow to the radwaste cleanup phase separator tank. Repairs are planned to eliminate the leakage path through drain valve 2G31-F126A. An updated LER will be submitted when those repairs are completed.

A previous engineering evaluation has shown that the remote position indicators for drain valves 2G31-F126A and 2G31-F127A can not be relied upon to indicate true valve position. Therefore, written instructions have been posted near those strainer drain valves which require that their position be verified by physically checking their local position indicators (refer to LER 50-366/1985-033 submitted on 12/10/85). The personnel who placed the "A" loop of the RWCU demineralizer system in service at approximately 1350 CST on 01/15/85 did not physically verify (using those local indicators) that the strainer drain valves were closed prior to starting the "A" RWCU recirculation pump 2G31-C001A. Therefore, this event has been determined to be the result of non-licensed utility personnel error.

At approximately 1445 CST on 01/15/86 operations personnel reset the RWCU isolation signal and opened valves 2G31-F001 and 2G31-F004. Reactor water demineralization then resumed on "B" loop of the RWCU system.

The gravity of this event and the need to be aware of posted instructions has been discussed with the responsible personnel. This corrective action should be sufficient to prevent recurrence of the subject personnel error.

Past similar events where RWCU inboard (2G31-F001) and outboard (2G31-F004) suction isolation valves isolated on high system differential flow because strainer drain valves 2G31-F126A and 2G31-F127A were not properly closed prior to placing the "A" loop of the RWCU system in service occurred on 11/10/85 (refer to LER 50-366/1985-033). Previous corrective action taken (posting of position verification instructions) as a result of those earlier events did not prevent this RWCU system isolation from occurring because plant personnel did not verify that drain valve 2G31-F127A was in the closed position prior to placing the "A" loop of RWCU in service.

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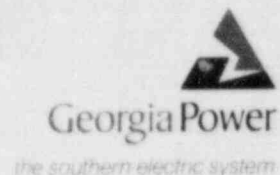
TEXT (If more space is required, use additional NRC Form 388A's/ (17):

The RWCU system "A" loop isolated on high differential flow as per design. Therefore, there were no plant safety consequences and the health and safety of the public were not affected by this event.

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L. T. Guwra
Manager Nuclear Safety and
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February 14, 1986

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

Attached is Licensee Event Report 50-321/1986-006. This report meets the reporting requirements of 10 CFR 50.73(a)(2)(iv).

Very truly yours,

L. T. Guwra

CBS/lc

Attachment

c: Mr. J. T. Beckham, Jr.
Mr. H. C. Nix, Jr.
NRC-Region II
GO-NORMS

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