

## LICENSEE EVENT REPORT (LER)

|  |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
|--|--------|-----------|--|--------------------|------------------|-------|----------------------|-----------|----------------|---|--|-------------------------------|-------------------|------------------------|-------|-------|
| FACILITY NAME (1)<br>Surry Power Station, Unit 1                           |        |           |  |                    |                  |       |                      |           |                | DOCKET NUMBER (2)<br>0   5   0   0   0   2   8   0   1   OF   0   3 |  |                               |                   | PAGE (3)<br>1 OF 0   3 |       |       |
| TITLE (4)<br>Degraded Containment Isolation Valves                         |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| 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)  |                        |       |       |
| 0   5  | 1   4  | 8   6     | 8   6  | 0   1              | 5                | 0   0 | 0   6                | 1   2     | 8   6          |   |  |                               | 0   5   0   0   0 |                        |       |       |
| OPERATING MODE (9)<br>N  |        |           | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11) |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| POWER LEVEL (10)<br>0   1   0   0  |        |           | 20.402(b)  |                    | 20.405(c)        |       | 50.73(a)(2)(iv)      |           |                |   | 73.71(b)   |                               |                   |                        |       |       |
|  |        |           | 20.406(a)(1)(i)  |                    | 50.36(e)(1)      |       | 50.73(a)(2)(v)       |           |                |   | 73.71(c)   |                               |                   |                        |       |       |
|  |        |           | 20.406(a)(1)(ii)   |                    | 50.36(e)(2)      |       | 50.73(a)(2)(vii)     |           |                |   | OTHER (Specify in Abstract below and in Text, NRC Form 366A) |                               |                   |                        |       |       |
|  |        |           | 20.406(a)(1)(iii)  |                    | 50.73(a)(2)(i)   |       | 50.73(a)(2)(viii)(A) |           |                |   |  |                               |                   |                        |       |       |
|  |        |           | 20.406(a)(1)(iv)   |                    | 50.73(a)(2)(iii) |       | 50.73(a)(2)(viii)(B) |           |                |   |  |                               |                   |                        |       |       |
|  |        |           | 20.406(a)(1)(v)  |                    | 50.73(a)(2)(iii) |       | 50.73(a)(2)(ix)      |           |                |   |  |                               |                   |                        |       |       |
| LICENSEE CONTACT FOR THIS LER (12)   |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| NAME<br>R. F. Saunders, Station Manager                                    |        |           |  |                    |                  |       |                      |           |                | TELEPHONE NUMBER<br>8   0   4   3   5   7   + 3   1   8   4         |  |                               |                   |                        |       |       |
| COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13) |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| CAUSE  | SYSTEM | COMPONENT | MANUFACTURER   | REPORTABLE TO NPDs |                  | CAUSE | SYSTEM               | COMPONENT | MANUFACTURER   | REPORTABLE TO NPDs  |  |                               |                   |                        |       |       |
| E  | BID    | 1   S   V | F   1   3   5  | Y                  |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| SUPPLEMENTAL REPORT EXPECTED (14)  |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   |                        |       |       |
| YES / If yes, complete EXPECTED SUBMISSION DATE /                          |        |           |  |                    |                  |       |                      |           |                | NO  |  | EXPECTED SUBMISSION DATE (15) |                   | MONTH                  | DAY   | YEAR  |
| X  |        |           |  |                    |                  |       |                      |           |                |   |  |                               |                   | 0   7                  | 3   1 | 8   6 |

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

On May 14, 1986, Unit 1 was at cold shutdown for refueling. During Type C containment leakage testing, it was discovered that the inside and outside containment sump trip valves (EIS ISV) would not hold air pressure and as found leakage of >300 SCFH was charged to each valve. This exceeds the acceptable, as found, leak rate required by 10CFR50 Appendix J. These globe type trip valves failed due to erosion of the plug and seat and from debris in the effluent stream. They will be replaced with ball type valves during the current outage.

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## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

APPROVED OMB NO. 3150-0104

EXPIRES: 8/31/88

| FACILITY NAME (1)           | DOCKET NUMBER (2)             | LER NUMBER (6) |                   |                 | PAGE (3) |    |       |
|-----------------------------|-------------------------------|----------------|-------------------|-----------------|----------|----|-------|
|                             |                               | YEAR           | SEQUENTIAL NUMBER | REVISION NUMBER |          |    |       |
| Surry Power Station, Unit 1 | 0   5   0   0   0   2   8   0 | 8   6          | -   0   1   5     | -   0   0       | 0   2    | OF | 0   3 |

TEXT (If more space is required, use additional NRC Form 366A's) (17)

DEGRADED CONTAINMENT ISOLATION VALVES1. Description of the Event

On 5/14/86, Unit 1 was at cold shutdown for refueling and Unit 2 was at 100% power. During Unit 1 Type C containment leakage testing, it was discovered that the inside and outside containment sump trip valves (1-DA-TV-100A & B) would not hold air pressure and as found leakage of >300 SCFH was charged to each valve. This exceeds the acceptable, as found leak rate required by 10CFR50 Appendix J.

2. Safety Consequences and Implications

An engineering evaluation is being conducted to determine the safety consequences and implications of this event. A supplemental report will be submitted by July 31, 1986.

3. Cause

The globe type trip valves failed due to erosion of the plug and seat from debris in the effluent stream. When removed the globe valves will be examined for failure due to erosion and debris.

4. Immediate Corrective Action

Failure analysis for corrective actions was initiated.

5. Additional Corrective Action

None.

6. Action Taken to Prevent Recurrence

The globe type valves are being replaced during the current refueling outage with ball type valves which should prove to be an improved design.

## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

APPROVED OMB NO. 3150-0104

EXPIRES: 5/31/92

| FACILITY NAME (1)           | DOCKET NUMBER (2) | LER NUMBER (6) |                      |                    | PAGE (3) |    |     |
|-----------------------------|-------------------|----------------|----------------------|--------------------|----------|----|-----|
|                             |                   | YEAR           | SEQUENTIAL<br>NUMBER | REVISION<br>NUMBER |          |    |     |
| Surry Power Station, Unit 1 | 0 5 0 0 0 2 8 0   | 8 6            | — 0 1 5              | — 0 0              | 0 3      | OF | 0 3 |

TEXT (If more space is required, use additional NRC Form 365A's) (17)

7. Generic Implications

The containment isolation valves for the containment sump on Unit 2 are also scheduled to be replaced during the next refueling outage with the ball type valves.



VIRGINIA ELECTRIC AND POWER COMPANY

Surry Power Station  
P. O. Box 315  
Surry, Virginia 23883

June 12, 1986

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

Serial No: 86-020  
Docket No: 50-280  
License No: DPR-32

Gentlemen:

Pursuant to Surry Power Station Technical Specifications, Virginia Electric and Power Company hereby submits the following Licensee Event Report for Surry Unit 1.

REPORT NUMBER

86-015-00

This report has been reviewed by the Station Nuclear Safety and Operating Committee and will be reviewed by Safety Evaluation and Control.

Very truly yours,

R. F. Saunders  
Station Manager

Enclosure

cc: Dr. J. Nelson Grace  
Regional Administrator  
Suite 2900  
101 Marietta Street, NW  
Atlanta, Georgia 30323

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