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

LICENSEE EVENT REPORT (LER)

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Abstract: 87-048

On September 19, 1987 at 0910 hours, the Reactor Protection System initiated a reactor scram from 90% power and a recirculation pump trip, following a Main Turbine trip on low Electro-Hydraulic Control (EHC) system oil pressure. Following the turbine trip, operation of the turbine bypass valves was maintained until their EHC accumulator pressure bled down. Reactor pressure reached a peak value of 1093 psig and reactor vessel water level reached a minimum level of minus 2 inches during the event. There were no adverse consequences and there was no release of radioactive material resulting from this event. The root cause of the event was the failure of a tubing socket weld in the EHC fluid actuating supply (FAS) line to the #3 Main Turbine Control Valve (MTCV). The section of EHC pipe containing the failed weld was removed for inspection and a new section of pipe was welded into the line. Analysis of the measured piping movement and vibration levels indicates that a properly bonded weld would not have failed as a result of the vibrations present. As such, this event is considered an isolated incident.

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Limerick Generating Station		YEAR SEQUEN	TAL MEVISION	
Unit 1	0 15:010/013/5/2	817 - 14	18 - 010	012 000 0 15

Unit Conditions Prior to the Event:

Operating Mode 1 (Power Operation)

Reactor Power - 90%

Description of the Event:

On September 19, 1987 at 0910 hours, the Reactor Protection System (RFS) initiated an unplanned Reactor screw from 90% power and a recirculation pump trip, as a result of a turbine stop valve fas closure signal following a Main Turbine Trip. The Main Turbine tripped due to low Electro Hydraulic Control (EHC) system oil pressure following a failure of a tubing socket weld which joins the EHC fluid actuating supply (198) line to the #3 Main Turbine Control Valve (MTCV). Following the turbine trip, the turbine bypass valves opened as designed and were held open until their accumulator pressure tled down. An unusual event was declared at 0915 hours. Reactor pressure reached a peak value of 1093 psig and reactor vessel water level reached a minimum level of minus 2 inches following the foram! Nuclear Steam Supply Shutoff System (NSSSS) Groups IIA (Shardown Cooling) and IIB (Residual Heat Removal Sample and Drain Lines; isolation signals were received on Reactor low level 3 (13.5 irches) signal however, the affected valves did not reposition since a Group IIA isolation signal had already been received on high reactor pressure (75 psig), and the valves affected by the Group IIB signal are normally closed. At the time of the event, the operators were reducing reactor power in accordance with General Plant Procedure, GP-3 (Normal Plant Shuedown), following the identification of an EHC oil leak on the FAS line; however, they were unable to reduce reactor power to the capacity of the turbine pypass valves before the weld failed.

Following the scram, the operators started a second steam jet air ejector, opened the main steam line drains, and manually initiated the High Pressure Coolant Injection (HPC1) and Reactor Core isolation Coolant (ACIC) systems in the full flow test mode no control reactor pressure and level, in accordance with Trip Procedure, T-101. At 0959 hours, the scram was reset in accordance with General Plant Procedure GP-11 (Post Scram Control Rad Position Determination and Recording). HPC1 and RCIC systems were secured at 0,58 hours and 1102 hours, respectively, and the notice of an unusual event was terminated at 1443 hours. On

NRC Form 306A

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104 EXPIRES. 8/31/85

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			FAGE (3)			
Limerick Generating Station		YEAR		SEQUENTIAL NUMBER	REVISION NUMBER			
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September 20, 1987 at 1220 hours, the reactor was critical again and at 2330 hours the generator was resynchronized to the grid.

The EIIS codes for the effected systems are TG, BJ, BN for the EHC, HPCI and RCIC systems respectively.

Consequences of the Event:

There were no adverse consequences resulting from this event. There was no release of radioactive material as a result of this event. The Main Turbine tripped on low EHC system oil pressure and the reactor scrammed as designed in response to the turbine stop valve fast closure signal.

Peactor pressure was maintained below the Safety Relief Valve (SRV) setpoints; however, if reactor pressure had increased above 1130 psig, the SRVs would have operated as designed to maintain reactor pressure below the reactor coolant pressure boundary transient pressure limit (1375 psig). This event is evaluated in the Final Safety Analysis Report Section 15.2 as a Turbine Trip with Failure of the Bypass system. The analysis indicates that a scram from 100% power with the bypass system inoperable would raise reactor pressure to a peak value of 1223 psig.

If reactor vessel level had decreased below minus 38 inches, HPCI and RCIC would have automatically initiated and injected to the reactor.

Cause of the Event:

The root cause of the event was failure of a tubing socket weld in the EHC FAS line to the #3 Main Turbine Control Valve Control System operation of the Main Turbine Control Valves produced oscillations along the EHC tubing which induced failure of a defective weld. Loss of EHC oil pressure initiated a Main Turbine trip, closing all control valves, stop valves and combined intermediate valves on the Main Steam Line. Reactor Protection System initiated a full reactor scram when the turbine stop valves were less than 95% full open. At the time of the event, the operators were reducing reactor power in accordance with General Plant Procedure GP-3 (Normal Plant Shutdown), tollowing the identification of an EHC oil leak on the FAS line;

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Unit 1

however, they were unable to reduce reactor power to the capacity of the turbine bypass valves before the weld failed.

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Corrective Actions:

Following the scram and closure of the turbine bypass valves, the operators placed a second steam jet air ejector in service, opened the main steam line drains, and manually initiated HPCI and RCIC systems in full flow test mode to control reactor pressure and reactor vessel water level, in accordance Trip Procedure (T101). At 0959 hours, the scram was reset in accordance with GP 11 (Post Scram Control Rod Position Determination and Recording). HPCI and RCIC systems were secured at 0958 hours and 1102 hours, respectively. The notice of unusual event was terminated at 1443 hours.

The section of EHC tubing at the failed weld site was removed for inspection and replaced with a section of new tubing. The EHC reservoir was filled, the system vented, and the generator was returned to the grid at 2330 hours on September 20, 1987.

Visual and dye penetrant inspections of other welds in the EHC lines revealed no evidence of cracking. As such, the failure of the weld on the EHC supply line to the #3 Main Turbine Control Valve is considered an isolated event resulting from a poor weld. It has been determined that a properly bonded weld would not have failed as a result of the vibrations present.

Actions Taken to Prevent Recurrence:

Subsequent investigative testing, revealed that the EHC control system was responding to a steam line resonance signal. The oscillating signal which has been present since initial startup is now being amplified by higher control valve gains (above approximately 85% power). The high gains were introduced with the conversion of the turbine control valves from full are admission to partial are admission during the recent refuel outage. Even though evaluations indicate that the pipe vibration is within acceptable limits for good quality welds, actions which will reduce or filter out the steam line resonance excitation, such as adjusting the steam line resonance compensator, are being evaluated. Special procedures and tests have been developed for the adjustment of these devices and verification of the

NAC Form 386A (9-83)

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104 EXPIRES: 8/31/86

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effectiveness of the change. Power operation will be restricted to 83% until the adjustments are complete.

Previous Similar Occurrences:

Cause Code: B (construction/Installation)

There have been no similar events involving the EHC system to date.

PHILADELPHIA ELECTRIC COMPANY

2301 MARKET STREET

P.O. BOX 8699

PHILADELPHIA, PA. 19101

(215) 841-4000

October 19, 1987

Docket No. 50-352

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

SUBJECT:

Licensee Event Report

Limerick Generating Station - Unit 1

This LER concerns a Reactor Scram resulting from a Main Turbine trip due to low Electro-Hydraulic Control pressure.

Reference:

Docket No. 50-352

Report Number:

87-048

Revision Number: Event Date:

September 19, 1987 October 19, 1987

Report Date: Facility:

Limerick Generating Station

P.O. Box A, Sanatoga, PA 19464

This LER is being submitted pursuant to the requirements of 10 CFR 50.73(a)(2)(iv).

Very truly yours,

R. H. Loque

Assistant to the Manager Nuclear Support Department

cc: W. T. Russell, Administrator, Region I, USNRC E. M. Kelly, Senior Resident Site Inspector

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