



Duke Energy Corporation

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H. B. Barron  
Vice President

December 17, 1999

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

Subject: McGuire Nuclear Station, Unit 1  
Docket No. 50-369  
Licensee Event Report Number 369/99-02, Revision 0  
Problem Investigation Process No. M-99-5583

An abstract for Licensee Event Report 369/99-02, Revision 0 is attached. This abstract will be updated with a full report including cause evaluation and additional corrective actions by January 17, 2000. An abstract is being submitted because of a delay of approximately 11 days between event occurrence and discovery.

Licensee Event Report 369/99-02 will describe an occurrence where the Annulus Ventilation System was inoperable for a period of time in excess of the Technical Specification allowed outage time.

Technical Specifications require that the B Train of Annulus Ventilation be logged inoperable when the B Train Emergency Diesel Generator, coincident with the A Train of Annulus Ventilation, are inoperable. On 12/7/99 there was a failure to recognize that the A Train Annulus Ventilation was inoperable while the B Train Diesel Generator was inoperable. This resulted in a failure to log the B Train Annulus Ventilation as required. The B Train Annulus Ventilation remained functional during this entire time.

Very truly yours,

H. B. Barron, Jr.

Attachment

JE22

PIR ADOCK 05000369

cc: Mr. L. A. Reyes  
U.S. Nuclear Regulatory Commission  
Region II  
Atlanta Federal Center  
61 Forsyth St., SW, Suite 23T85  
Atlanta, GA 30323

F. Rinaldi  
U.S. Nuclear Regulatory Commission  
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Washington, D.C. 20555

INPO Records Center  
700 Galleria Parkway  
Atlanta, GA 30339

Mr. Scott Shaeffer  
NRC Resident Inspector  
McGuire Nuclear Station

# LICENSEE EVENT REPORT (LER)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST: 50.0 HRS. REPORTED LESSONS LEARNED ARE INCORPORATED INTO THE LICENSING PROCESS AND FED BACK TO INDUSTRY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-6 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

|                                               |                               |          |
|-----------------------------------------------|-------------------------------|----------|
| FACILITY NAME (1)<br>McGuire Nuclear Station, | DOCKET NUMBER (2)<br>05000369 | PAGE (3) |
|-----------------------------------------------|-------------------------------|----------|

TITLE (4). **Annulus Ventilation Inoperable in Excess of TS Allowed Time**

| 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 NAME                 | DOCKET NUMBER(S) |
| 11             | 30  | 99   | 99             | - 02              | - 0             | 12              | 16  | 99   |                               |                  |

|                          |                                                                                                           |                          |                                     |                          |                          |                      |                          |                                                              |  |  |
|--------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------------------------------------------|--|--|
| OPERATING MODE (9)<br>1  | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR (Check one or more of the following) (11) |                          |                                     |                          |                          |                      |                          |                                                              |  |  |
| POWER LEVEL (10)<br>91%  | <input type="checkbox"/>                                                                                  | 20.402(b)                | <input type="checkbox"/>            | 20.405(c)                | <input type="checkbox"/> | 50.73(a)(2)(iv)      | <input type="checkbox"/> | 73.71(b)                                                     |  |  |
|                          | <input type="checkbox"/>                                                                                  | 20.405(a)(1)(i)          | <input type="checkbox"/>            | 50.36(c)(1)              | <input type="checkbox"/> | 50.73(a)(2)(v)       | <input type="checkbox"/> | 73.71(c)                                                     |  |  |
|                          | <input type="checkbox"/>                                                                                  | 20.405(a)(1)(ii)         | <input type="checkbox"/>            | 50.36(c)(2)              | <input type="checkbox"/> | 50.73(a)(2)(vii)     | <input type="checkbox"/> | OTHER (Specify in Abstract below and in Text, NRC Form 366A) |  |  |
|                          | <input type="checkbox"/>                                                                                  | 20.405(a)(1)(iii)        | <input checked="" type="checkbox"/> | 50.73(a)(2)(i)           | <input type="checkbox"/> | 50.73(a)(2)(viii)(A) |                          |                                                              |  |  |
|                          | <input type="checkbox"/>                                                                                  | 20.405(a)(1)(iv)         | <input type="checkbox"/>            | 50.73(a)(2)(ii)          | <input type="checkbox"/> | 50.73(a)(2)(viii)(B) |                          |                                                              |  |  |
| <input type="checkbox"/> | 20.405(a)(1)(v)                                                                                           | <input type="checkbox"/> | 50.73(a)(2)(iii)                    | <input type="checkbox"/> | 50.73(a)(2)(x)           |                      |                          |                                                              |  |  |

|                                    |  |  |  |  |  |  |  |                  |  |          |  |
|------------------------------------|--|--|--|--|--|--|--|------------------|--|----------|--|
| LICENSEE CONTACT FOR THIS LER (12) |  |  |  |  |  |  |  | TELEPHONE NUMBER |  |          |  |
| NAME<br>M. T. Cash                 |  |  |  |  |  |  |  | AREA CODE        |  |          |  |
|                                    |  |  |  |  |  |  |  | (704)            |  | 875-4117 |  |

| COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13) |        |           |              |                     |       |        |           |              |                       |  |  |
|----------------------------------------------------------------------------|--------|-----------|--------------|---------------------|-------|--------|-----------|--------------|-----------------------|--|--|
| CAUSE                                                                      | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO NPRDS | CAUSE | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO NPRDS * |  |  |
|                                                                            |        |           |              |                     |       |        |           |              |                       |  |  |

|                                                |  |  |  |  |  |                               |  |         |     |      |
|------------------------------------------------|--|--|--|--|--|-------------------------------|--|---------|-----|------|
| SUPPLEMENTAL REPORT EXPECTED (14)              |  |  |  |  |  | EXPECTED SUBMISSION DATE (15) |  | MONTH   | DAY | YEAR |
| YES (f yes, complete EXPECTED SUBMISSION DATE) |  |  |  |  |  | Yes                           |  | January | 17  | 2000 |

**ABSTRACT** (Limit to 1400 spaces, i.e. approximately fifteen single-space typewritten lines) (16)  
**Unit Status:** On 11/30/99, Unit 1 was in Mode 1 (Power Operation) at 91 percent power.  
**Event Description:** On 11/30/99, an Operations Control Room Operator (RO) discovered the 1A Annulus pressure gage indicating low. The RO believed the indicator to be incorrect as a result of a failed gage and initiated a work request to repair the indication. On 12/9/99, Maintenance personnel determined the low scale indication was due to a failed instrument transmitter power supply. This failed power supply rendered the 1A Train of Annulus Ventilation (VE) inoperable from 11/30/99 until the power supply was replaced and tested on 12/10/99. On 12/7/99, the 1B Train of VE was inoperable but functional for approximately 15 hours due to the 1B Diesel Generator being inoperable for scheduled maintenance. These inoperability times exceeded the Technical Specification allowed outage times.  
**Event Cause:** The cause of this event will be provided in Revision 1 to this LER on January 17, 2000.  
**Corrective Action:** Operations Management communicated to all Operations personnel the expectation that a Senior Reactor Operator be notified of all work requests written during their shift and that these work requests be reviewed for Technical Specification applicability. Additional corrective actions will be identified in the final LER.