

50-263

## NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER

INCIDENT REPORT

DATE OF DOCUMENT

7/11/77

DATE RECEIVED

7/15/77

TO: Mr. J. G. Keppler

FROM: Northern States Power Company  
Minneapolis, Minnesota  
L. O. Mayer☒ BETTER  
☒ ORIGINAL  
☐ COPY☐ NOTORIZED  
☒ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

1 CC

## DESCRIPTION

## ENCLOSURE

Licensee Event Report (RO 50-263/77-14) on  
6/27/77 concerning Air Ejector Radiation  
Monitors being found inoperable following a  
startup after an outage.....

DO NOT REMOVE

PLANT NAME:

Monticello

(1-P)

(1-P)

RJL 7/15/77

ACKNOWLEDGED

NOTE: IF PERSONNEL EXPOSURE IS INVOLVED  
SEND DIRECTLY TO KREGER/J. COLLINS

## FOR ACTION/INFORMATION

BRANCH CHIEF:  
W/ 3 CYS FOR ACTION  
LIC ASST.:

DAVIS (4)

## INTERNAL DISTRIBUTION

REG FILE  
NRC PDR  
I & E (2)  
MIPC  
SCHROEDER/IPPOLITO  
HOUSTON  
NOVAK/CHECK  
GRIMES  
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BUTLER  
HANAUER  
TEDESCO  
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BAER  
SHAO  
VOLLMER/RUNCH  
KREGER/ J. COLLINS  
ROSA

## EXTERNAL DISTRIBUTION

LPDR: Minneapolis, Mn  
TIC:  
NSIC:  
ACRS (16) SENT AS CAT. B

CONTROL NUMBER

771960245

# NSP

NORTHERN STATES POWER COMPANY

MINNEAPOLIS, MINNESOTA 55401

July 11, 1977

Regulatory

File CY



Mr J G Keppler, Director, Region III  
Office of Inspection & Enforcement  
U S Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Dear Mr Keppler:

MONTICELLO NUCLEAR GENERATING PLANT  
Docket No. 50-263 License No. DPR-22

Air Ejector Radiation Monitors Found Inoperable  
Following a Startup After an Outage

The Licensee Event Report for this occurrence is reproduced on the back of this letter. Enclosed are three copies.

Yours very truly,

*M O Mayer*

L O Mayer, PE  
Manager of Nuclear Support Services

LOM/MHV/deh

cc: Director, IE, USNRC (30)  
Director, MIPC, USNRC (3)  
G Charnoff  
MPCA  
Attn: J W Ferman

1977 JUL 15 AM 8 52

RECEIVED DOCUMENT  
PROCESSING UNIT

771960245

# LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER												LICENSE TYPE						EVENT TYPE			
01	M	N	M	N	P	1									0	0	-	0	0	0	0	-	0	0	4	1	1	1	1	0	1				
7	8	9				14	15																	26					30	31	32				

  

CATEGORY				REPORT TYPE		REPORT SOURCE		DOCKET NUMBER								EVENT DATE						REPORT DATE																
01	CON'T					T	L									0	5	0	-	0	2	6	3	0	6	2	7	7	7	0	7	1	1	7	7			
7	8			57	58	59	60	81																68	69							74	75					80

**EVENT DESCRIPTION**

02	DURING PLANT STARTUP, THE AIR EJECTOR SAMPLE MONITORING SYSTEM EXPERIENCED AIR																																80
03	IN-LEAKAGE CAUSED BY A VALVE BEING OPEN WHICH IS NORMALLY CLOSED. THIS CAUSED BOTH																																80
04	AIR EJECTOR MONITORS TO INDICATE LOWER THAN NORMAL. VALVE WAS CLOSED AND SYSTEM																																80
05	RETURNED TO NORMAL. NOT A REPETITIVE OCCURRENCE. (M-RO-77-14)																																80
06																																	80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE												PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER						VIOLATION			
07	M	C			D	V	A	L	V	E	X							N							G	0	8	0	Y
7	8	9	10		11	12											43	44									47	48	

**CAUSE DESCRIPTION**

08	IMPROPERLY TAGGED VALVE APPARENTLY CAUSED OPERATOR DURING STARTUP PROCEDURE TO OPEN THE																																80
09	WRONG VALVE. VALVE TAGGING ON ALL OFF-GAS SAMPLE SYSTEM VALVES TO BE REVIEWED AND																																80
10	CHECKED.																																80

FACILITY STATUS				% POWER				OTHER STATUS								METHOD OF DISCOVERY		DISCOVERY DESCRIPTION																	
11	C			0	4	0	NA								A	CONTROL ROOM OPERATOR																			
7	8	9		10	11	12	13									44	45	46																	80

  

FORM OF ACTIVITY RELEASED				CONTENT OF RELEASE				AMOUNT OF ACTIVITY														LOCATION OF RELEASE													
12	Z			Z			NA														NA														
7	8	9		10	11												44	45																80	

**PERSONNEL EXPOSURES**

NUMBER				TYPE		DESCRIPTION																													
13	0	0	0	Z	NA																														
7	8	9		11	12	13																													80

**PERSONNEL INJURIES**

NUMBER				DESCRIPTION																														
14	0	0	0	NA																														
7	8	9		11	12																													80

**OFFSITE CONSEQUENCES**

15	NA																																80
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**LOSS OR DAMAGE TO FACILITY**

TYPE				DESCRIPTION																															
16	Z			NA																															
7	8	9		10																															80

**PUBLICITY**

17	NA																																80
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**ADDITIONAL FACTORS**

18	NA																																80
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19																																	80
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NAME: R. D. JACOBSON

PHONE: 612/295-5151