

50-263

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER

INCIDENT REPORT

DATE OF DOCUMENT
11/29/77DATE RECEIVED
12/9/77TO:
Mr. J. G. KepplerFROM:
Northern States Power Company
Minneapolis, Minnesota
L. O. Mayer☒ LETTER
☐ ORIGINAL
☒ COPY☐ NOTORIZED
☒ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

100

DESCRIPTION

ENCLOSURE

Licensee Event Report (RO 50-263/77-32) on
10/30/77 concerning Main Steam Line Low
Pressure Switch Setpoint Drift.....PLANT NAME: Monticello
RJL 12/9/77 (1-P)

(1-P)

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

1 ENCL

FOR ACTION/INFORMATION

BRANCH CHIEF: (4)
W/ 3 COYS FOR ACTION
LTC ASST:

DAVIS

INTERNAL DISTRIBUTION

REG FILE

NRC PDR

T S E (2)

MIPC

SCHROEDER/IPPOLITO

HOUSTON

NOVAK/CHECK

GRIMES

KNIGHT

BUTLER

HANAUER

TEDESCO

EISENHUT

BAER

SHAO

VOLLMER/RUNCH

KREGER/J. COLLINS

ROSA

L. CRACKER

EXTERNAL DISTRIBUTION

CONTROL NUMBER

L PDR: MINNEAPOLIS MAN.

TIC:

NSIC:

ACRS (16) SENT AS CAT. B

A64

773430033

NSP

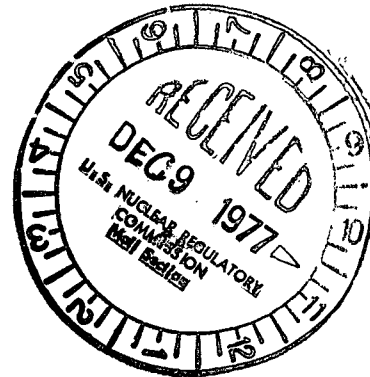
NORTHERN STATES POWER COMPANY

MINNEAPOLIS, MINNESOTA 55401

REGULATORY DOCKET FILE COPY

November 29, 1977

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

Main Steam Line Low Pressure
Switch Setpoint Drift

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 /for

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

DEC 1 1977

over

773430033

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME: 01 M N M N P 1 14 15 0 0 - 0 0 0 0 0 - 0 0 25 26 4 1 1 1 1 1 30 31 0 3 32

CATEGORY: 01 CON'T 57 56 REPORT TYPE: L 59 REPORT SOURCE: L 60 DOCKET NUMBER: 0 5 0 - 0 2 6 3 68 EVENT DATE: 1 0 3 0 7 7 74 REPORT DATE: 1 1 2 9 7 7 80

EVENT DESCRIPTION

02 DURING ROUTING SURVEILLANCE TEST, MAIN STEAM LINE LOW PRESSURE ISOLATION SWITCH 2-134C
03 TRIPPED AT 812 PSIG; THE TECH SPEC REQUIRES EQUAL TO OR GREATER THAN 825 PSIG WITH A
04 10 PSIG ALLOWABLE DEVIATION. REDUNDANT PRESSURE SWITCH WAS OPERABLE. PS 2-134C
05 RESET. ONE PREVIOUS OCCURRENCE. (M-RO-77-32)
06

SYSTEM CODE: S D 9 10 CAUSE CODE: E 11 COMPONENT CODE: I N S T R U 17 PRIME COMPONENT SUPPLIER: N 43 COMPONENT MANUFACTURER: B 0 7 0 44 47 VIOLATION: N 48

CAUSE DESCRIPTION

08 SETPOINT DRIFT. SWITCH WAS RESET. SUBSEQUENT SATISFACTORY SURVEILLANCE TEST CON-
09 DUCTED ON 11-16-77. PRESSURE SWITCH IS A BARKSDALE MODEL B2T-A12SS.
10

FACILITY STATUS: H 9 % POWER: 0 0 0 10 12 13 OTHER STATUS: NA 44 METHOD OF DISCOVERY: B 45 DISCOVERY DESCRIPTION: NA 46
FORM OF ACTIVITY RELEASED: Z 9 CONTENT OF RELEASE: Z 10 AMOUNT OF ACTIVITY: NA 11 44 LOCATION OF RELEASE: NA 45 80

PERSONNEL EXPOSURES

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

PERSONNEL INJURIES

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

OFFSITE CONSEQUENCES

15 NA 7 8 9 80

LOSS OR DAMAGE TO FACILITY

16 TYPE: Z 7 8 9 DESCRIPTION: NA 10 80

PUBLICITY

17 NA 7 8 9 80

ADDITIONAL FACTORS

18 NA 7 8 9 80

19 . 7 8 9 80

NAME: W. Hill

PHONE: 612-295-5151

DEC 8 1977

RECEIVED

LICENSEE EVENT REPORT

CONTROL BLOCK:

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME 01 M N M N P 1														LICENSE NUMBER 0 0 - 0 0 0 0 0 - 0 0										LICENSE TYPE 4 1 1 1 1					EVENT TYPE 0 3	
7		8		9		14		15		25		26		30		31		32												
01		CONT		CATEGORY		REPORT TYPE		REPORT SOURCE		DOCKET NUMBER					EVENT DATE					REPORT DATE										
7		8		57		58		59		60		61		68		69		74		75		80								
01						L		L		0 5 0 - 0 2 6 3					1 0 3 0 7 7					1 1 2 9 7 7										

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7 8 9										10										11										44										45										80									

PERSONNEL EXPOSURES

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

PERSONNEL INJURIES

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

OFFSITE CONSEQUENCES

15 NA																																																																															
7 8 9																																																																															

LOSS OR DAMAGE TO FACILITY

TYPE 16 Z										DESCRIPTION NA									
7 8 9										10									

PUBLICITY

17 NA																																																																															
7 8 9																																																																															

ADDITIONAL FACTORS

18 NA																																																																															
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NAME: W. Hill

PHONE: 612-295-5151