

**NRC DISTRIBUTION FOR PART 50 DOCK MATERIAL  
(TEMPORARY FORM)**

CONTROL NO: 8639

FILE: INCIDENT REPORT FILE

*Environmental*

FROM: Niagara Mohawk Power Corp Syracuse, N.Y. R.R. Schneider			DATE OF DOC 8-4-75	DATE REC'D 8-14-75	LTR XXX	TWX	RPT	OTHER
TO: NRC			ORIG 1 Signed	CC	OTHER	SENT AEC PDR XXX SENT LOCAL PDR XXX		
CLASS	UNCLASS XXX	PROP INFO	INPUT	NO CYS REC'D 1		DOCKET NO: 50-220		

**DESCRIPTION:**

letter Trans the following

**ENCLOSURES:**

Abnormal Occurance #75-18 on 7-4-75, Concerning the failure component in the condenser vent radiation monitor.....  
A/O #75-19 on 7-22-75, Concerning a surveillance test on Torus Vacuum Relief to Atmosphere Switched was not completed, do to a change in testing requirements.....  
A/O #75-20 on 7-25-75, Advising of Analysis that won't be completed until 9 days following milk sample.

PLANT NAME: Nine Mile Pt. #1

**FOR ACTION/INFORMATION**

SAB 8-18-75

BUTLER (L) W/ Copies	SCHWENCER (L) W/ Copies	ZIEMANN (L) W/ Copies	REGAN (E) W/ Copies
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KNIEL (L) W/ Copies	PURPLE (L) W/ Copies	YOUNGBLOOD (E) W/ Copies	

**DO NOT REMOVE**

**ACKNOWLEDGED**

**INTERNAL DISTRIBUTION**

<b>REG FILE</b> NRC PDR OGC, ROOM P-506A GOSSICK/STAFF CASE GIAMBUSSO BOYD MOORE (L) DEYOUNG (L) SKOVHOLT (L) GOLLER (L) (Ltr) P. COLLINS DENISE REG OPR FILE & REGION (2) MIPC/PE {3} STEELE	<b>TECH REVIEW</b> SCHROEDER MACCARY KNIGHT PAWLICKI SHAO **STELLO **HOUSTON **NOVAK ROSS IPPOLITO TEDESCO J. COLLINS LAINAS BENAROYA VOLLMER	<b>DENTON</b> **GRIMES GAMMILL KASTNER BALLARD SPANGLER  <b>ENVIRO</b> MULLER DICKER KNIGHTON YOUNGBLOOD REGAN PROJECT LDR BEVAN HARLESS	<b>LIC ASST</b> R. DIGGS (L) H. GEARIN (L) E. GOULBOURNE (L) P. KREUTZER (E) J. LEE (L) M. RUSHBROOK (L) S. REED (E) M. SERVICE (L) S. SHEPPARD (L) M. SLATER (E) H. SMITH (L) S. TEETS (L) G. WILLIAMS (E) V. WILSON (L) R. INGRAM (L) M. DUNCAN (E)	<b>A/T IND.</b> BRAITMAN SALTZMAN MELTZ  <b>PLANS</b> MCDONALD CHAPMAN DUBE (Ltr) E. COUPE PETERSON HARTFIELD (2) KLECKER EISENHUT WIGGINTON F. WILLIAMS HANAUER
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**EXTERNAL DISTRIBUTION**

1 - LOCAL PDR Oswego, NY.	1 - NATIONAL LABS ALL	1 - PDR-SAN/LA/NY
1 - TIC (ABERNATHY) (1)(2)(10)	1 - W. PENNINGTON, Rm E-201 GT	1 - BROOKHAVEN NAT LAB
1 - NSIC (BUCHANAN)	1 - CONSULTANTS	1 - G. ULRIKSON, ORNL
1 - ASI	NEWMARK/BEUME/AGBABIAN	1 - AGMED (RUTH GUSSMAN) Rm B-127-GT
1 - Newton Anderson		1 - J. D. RUNKLES, Rm E-201 GT
1 - ACRS SENT TO LIC ASST Teets		
** SEND ONLY TEN DAY REPORTS		



NIAGARA MOHAWK POWER CORPORATION

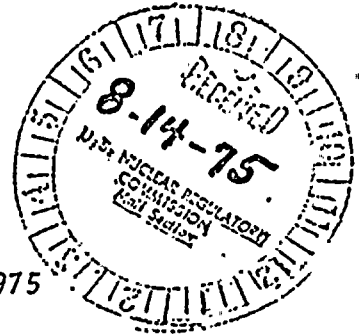
NIAGARA  MOHAWK

300 ERIE BOULEVARD, WEST  
SYRACUSE, N. Y. 13202

Regulatory

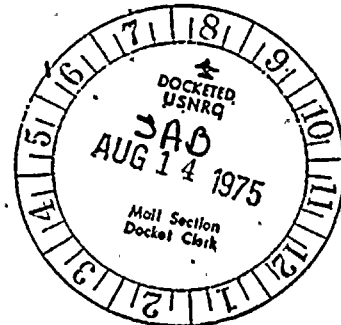
File Cy

August 4, 1975



Mr. James P. O'Reilly  
Directorate of Regulatory Operations  
Region I  
United States Nuclear Regulatory Commission  
631 Park Avenue  
King of Prussia, Pa. 19406

RE: Docket No. 50-220



Dear Mr. O'Reilly:

In accordance with Nine Mile Point Nuclear Station Unit #1 Technical Specification 6.9, we hereby submit Licensee Event Reports 75-18 thru 75-20 which document the Abnormal Occurrences for July 1975.

These reports conform to the requirements of Regulatory Guide 1.16, Revision 2 and were completed within the intent of the Licensee Event Report Instruction Booklet 00E-SS-001, dated October, 1974, revised December 24, 1974. Due to the minimal significance category of the reports, no supplemental report is included.

Very truly yours,



R.R. Schneider  
Vice President  
Electric Operations

TJD/mm

Enc. 3 copies

cc: K.R. Goller (30 copies)

8639



# LICENSEE EVENT REPORT

CONTROL BLOCK: 1         6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME														LICENSE NUMBER										LICENSE TYPE					EVENT TYPE	
01	N	Y	N	M	P	1									4	1	1	1	1	0	1									
7	8	9				14	15							25	26				30	31	32									

CONT		CATEGORY		REPORT TYPE		REPORT SOURCE		DOCKET NUMBER								EVENT DATE					REPORT DATE				
01	CONT	M	I	L	L	0 5 0 - 0 2 2 0								0 7 0 4 7 5					0 8 0 4 7 5						
7	8	57	58	59	60	61									68	69				74	75				80

**EVENT DESCRIPTION**

02 During routine operations, the emergency condenser vent radiation monitor went

03 upscale isolating the system as designed. Investigation revealed no high radiation

04 zone and a failed component in the monitor.

05

06

AOR 75-18

SYSTEM CODE		CAUSE CODE		COMPONENT CODE								PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION			
07	S	H	E	I N S T R U								N	G 0 8 0				N				
7	8	9	10									43					44	45	46	47	48

**CAUSE DESCRIPTION**

08 Apparently the high temperature environment caused the failure of a component in

09 the monitor. The monitor was replaced. Redundant loop verified operational.

10

FACILITY STATUS		% POWER		OTHER STATUS										METHOD OF DISCOVERY		DISCOVERY DESCRIPTION									
11	E	0 8 0												a											
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		N/A																			
7	8	9	10	11							44	45							80				

**PERSONNEL EXPOSURES**

NUMBER			TYPE		DESCRIPTION											
13	0	0	0	Z		N/A										
7	8	9	11	12	13											80

**PERSONNEL INJURIES**

NUMBER			DESCRIPTION												
14	0	0	0	N/A											
7	8	9	11	12											80

**OFFENSE CONSEQUENCES Probable**

15 None

**LOSS OR DAMAGE TO FACILITY**

TYPE		DESCRIPTION												
16	Z	N/A												
7	8	9	10											80

**PUBLICITY**

17 None

**ADDITIONAL FACTORS**

18 None

19

NAME: T.J. Dente

PHONE: (315) 343-2110



# LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME 01 N Y N M P 1														LICENSE NUMBER 15 25 26 30										LICENSE TYPE 4 1 1 1 1				EVENT TYPE 0 1							
CATEGORY 01 CONT M I														REPORT TYPE L		REPORT SOURCE L		DOCKET NUMBER 0 5 0 0 2 2 0										EVENT DATE 0 7 2 2 7 5				REPORT DATE 0 8 0 4 7 5			

## EVENT DESCRIPTION

02 Due to a recent revision in the Technical Specifications, a change in testing re-																																																																															
03 quirements went unnoted and a surveillance test on Torus Vacuum Relief to Atmosphere																																																																															
04 Switches was not completed. The review of the specifications was in progress at																																																																															
05 that time and since has been completed.																																																																															
06 AOR 75-19																																																																															

SYSTEM CODE Z Z				CAUSE CODE d		COMPONENT CODE Z Z Z Z Z Z												PRIME COMPONENT SUPPLIER --		COMPONENT MANUFACTURER Z 9 9 9						VIOLATION N	
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## CAUSE DESCRIPTION

08 Upon review completion of the Technical Specifications, the requirement was noted.																																																																															
09																																																																															
10																																																																															

FACILITY STATUS F				% POWER 0 8 0				OTHER STATUS												METHOD OF DISCOVERY b		DISCOVERY DESCRIPTION Review of revision to Tech. Spec.																																							
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FORM OF ACTIVITY RELEASED Z				CONTENT OF RELEASE Z				AMOUNT OF ACTIVITY N/A												LOCATION OF RELEASE																																							
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## PERSONNEL EXPOSURES

NUMBER 0 0 0				TYPE Z		DESCRIPTION N/A																																																																									
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## PERSONNEL INJURIES

NUMBER 0 0 0				DESCRIPTION N/A																																																																											
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## OFFSITE CONSEQUENCES Probable

15 None																																																																															
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## LOSS OR DAMAGE TO FACILITY

TYPE Z				DESCRIPTION N/A																																																																											
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## PUBLICITY

17 None																																																																															
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## ADDITIONAL FACTORS

18 The test performed met all required limits for operation.																																																																															
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19																																																																															
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NAME: T.J. Dente

PHONE: (315) 343-2110



# LICENSEE EVENT REPORT

CONTROL BLOCK: 1 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME										LICENSE NUMBER										LICENSE TYPE										EVENT TYPE									
01	N	Y	N	M	P	1			-				-				4	1	1	1	1	0	1																
7	8	9				14	15							25	26							30	31	32															

CATEGORY										REPORT TYPE										REPORT SOURCE										DOCKET NUMBER										EVENT DATE										REPORT DATE									
01	CON'T	M	I	L	L	0	5	0	-	0	2	2	0	0	7	2	5	7	5	0	8	0	4	7	5																																		
7	8		57	58	59	60	61						68	69							74	75			80																																		

EVENT DESCRIPTION

02	Environmental Technical Specifications requires an Environmental Sample (Milk Sample)																							80
03	be collected and analysed within 8 days of collection. Analysis was not completed																							80
04	until 9 days following collection.																							80
05																								80
06	AOR 75-20																							80

SYSTEM CODE										CAUSE CODE										COMPONENT CODE										PRIME COMPONENT SUPPLIER										COMPONENT MANUFACTURER										VIOLATION									
07	Z	Z	d	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	9	9	9	N																																						
7	8	9	10		11	12				17				43	44						47	48																																					

CAUSE DESCRIPTION

08	The sample was sent to the lab via ground transportation. In the future, it will																							80
09	be sent by air. Eberline Corporation contacted and told of speed requirements.																							80
10																								80

FACILITY STATUS										% POWER										OTHER STATUS										METHOD OF DISCOVERY										DISCOVERY DESCRIPTION									
11	E	0	8	0						a	Review by Supervisor																																						
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	N/A																																				
7	8	9	10	11						44	45									80																			

PERSONNEL EXPOSURES

NUMBER										TYPE										DESCRIPTION									
13	0	0	0	Z	N/A																								
7	8	9	11	12	13	80																							

PERSONNEL INJURIES

NUMBER										DESCRIPTION									
14	0	0	0	N/A															
7	8	9	11	12	80														

OFF SITE CONSEQUENCES Probable

15	None																							80
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LOSS OR DAMAGE TO FACILITY

TYPE										DESCRIPTION									
16	Z	N/A																	
7	8	9	10	80															

PUBLICITY

17	None																							80
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ADDITIONAL FACTORS

18	The results of the analysis indicated I-131 well below limits.																							80
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19																								80
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NAME: T.J. Dente

PHONE: (315) 343-2110

