

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 8706190043 DOC. DATE: 87/06/12 NOTARIZED: NO DOCKET #
 FACIL: 50-397 WPPSS Nuclear Project, Unit 2, Washington Public Powe 05000397
 AUTH. NAME AUTHOR AFFILIATION
 ARBUCKLE, J. D. Washington Public Power Supply System
 POWERS, C. M. Washington Public Power Supply System
 RECIP. NAME RECIPIENT AFFILIATION

SUBJECT: LER 87-012-00: on 870517, failure to monitor certain turbine
 bldg gaseous effluents per Tech Specs discovered. Caused by
 inadequate procedure. Plant Procedure 7.1.2 re acceptable
 flow conditions will be revised. W/870612 ltr.

DISTRIBUTION CODE: IE22D COPIES RECEIVED: LTR 1 ENCL 1 SIZE: 4
 TITLE: 50.73 Licensee Event Report (LER), Incident Rpt, etc.

NOTES:

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INTERNAL:	ACRS MICHELSON		1	1		ACRS MOELLER		2	2
	AEOD/DOA		1	1		AEOD/DSP/ROAB		2	2
	AEOD/DSP/TPAB		1	1		DEDRO		1	1
	NRR/DEST/ADE		1	0		NRR/DEST/ADS		1	0
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	NRR/DOEA/EAB		1	1		NRR/DREP/RAB		1	1
	NRR/DREP/RPB		2	2		NRR/PMAS/ILRB		1	1
	NRR/PMAS/PTSB		1	1		REQ FILE 02		1	1
	RES DEPY GI		1	1		RGN5 FILE 01		1	1
EXTERNAL:	EG&G GROH, M		5	5		H ST LOBBY WARD		1	1
	LPDR		1	1		NRC PDR		1	1
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FACILITY NAME (1) Washington Nuclear Plant - Unit 2										DOCKET NUMBER (2) 0 5 0 0 0 3 9 17 1										PAGE (3) OF 0 3																																				
TITLE (4) Certain Turbine Building Gaseous Effluents Not Monitored as Required by Plant Technical Specifications Due to Inadequate Procedure																																																								
EVENT DATE (6)									LER NUMBER (6)									REPORT DATE (7)									OTHER FACILITIES INVOLVED (8)																													
MONTH			DAY			YEAR			YEAR			SEQUENTIAL NUMBER			REVISION NUMBER			MONTH			DAY			YEAR			FACILITY NAMES												DOCKET NUMBER(S)																	
0 5			1 7			8 7			7 8			7			0 1			2			0 0			0 6			1 2			8 7															0 5 0 0 0 0											
OPERATING MODE (8) 5									THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)																																															
POWER LEVEL (10) 0 0 0									20.402(b)									20.408(e)									80.73(a)(2)(iv)									73.71(b)																				
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									20.408(a)(1)(ii)									80.38(a)(2)									80.73(a)(2)(vi)									OTHER (Specify in Abstract below and in Text, NRC Form 355A)																				
									20.408(a)(1)(iii)									80.73(a)(2)(i)									80.73(a)(2)(vii)(A)																													
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LICENSEE CONTACT FOR THIS LER (12)																																																								
NAME J. D. Arbuckle, Compliance Engineer																					TELEPHONE NUMBER 5 0 1 9 3 1 7 1 7 1 - 1 2 1 1 1 5																																			
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)																																																								
CAUSE			SYSTEM			COMPONENT			MANUFACTURER			REPORTABLE TO NRC			CAUSE			SYSTEM			COMPONENT			MANUFACTURER			REPORTABLE TO NRC																													
SUPPLEMENTAL REPORT EXPECTED (14)																					EXPECTED SUBMISSION DATE (15)									MONTH			DAY			YEAR																				
YES (If yes, complete EXPECTED SUBMISSION DATE)																					NO																																			
ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)																																																								
<p>On May 17, 1987 at 0730 hours, it was discovered that certain Turbine Building Gaseous Effluents had not been monitored as required by the Plant Technical Specifications since 0745 hours on May 16, 1987. The effluents were not monitored due to the failure of a Plant Chemistry Technician to recognize a total flow/sample flow ratio mismatch in the Turbine Building Exhaust Air Monitoring System. The mismatch was caused by a sticking Sample Flow Control Valve on Sample Rack TEA-SR-38 (Turbine Building Ventilation Exhaust Total Flow).</p> <p>The System was declared inoperable and a sampling cart was installed at Sample Rack TEA-SR-38, with flows adjusted to ensure that representative samples of particulates, iodines and noble gases were obtained. As required by the Plant Technical Specifications, flows were checked every four hours until TEA-SR-38 was returned to service.</p> <p>The cause of the event has been determined to be procedure-related in that the procedure did not provide guidance regarding proper flow ratios and actions to be taken when conditions are not within allowable flow ranges.</p> <p>There is no safety significance associated with this event in that 1) the Plant had been shutdown for a maintenance and refueling outage, and 2) analyses of this effluent sample point showed all isotopic releases to be at Minimum Detectable Activity (MDA) levels, except tritium which was analyzed and results were at the normal reporting level.</p>																																																								
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FACILITY NAME (1)

DOCKET NUMBER (2)

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Washington Nuclear Plant - Unit 2

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TEXT (If more space is required, use additional NRC Form 368A's) (17)

Plant Conditions

- a) Power Level - 0%
- b) Plant Mode - 5 (Refueling)

Event Description

On May 17, 1987 at 0730 hours, it was discovered that certain Turbine Building Gaseous Effluents had not been monitored as required by the Plant Technical Specifications since 0745 hours on May 16, 1987. The effluents were not monitored due to the failure of a Plant Chemistry Technician to recognize a total flow/sample flow ratio mismatch in the Turbine Building Exhaust Air Monitoring System. The mismatch was caused by a sticking Sample Flow Control Valve on Sample Rack TEA-SR-38 (Turbine Building Ventilation Exhaust Total Flow).

Turbine Building exhaust air is monitored through Sample Rack TEA-SR-38, which provides for a representative sampling of particulates, iodines and noble gases in the exhaust air duct prior to being considered an effluent discharge. The sample rack also provides reduced air flow to a separate noble gas sampling rack (TEA-SR-26: Turbine Building Exhaust Sampler Flow and Differential Pressure).

On May 16, 1987 a Plant Chemistry Technician, while performing Plant Procedure 7.1.2, "HP/Chemistry Daily Channel and Source Checks," noted that there was flow (1.3E+5cfm) in the exhaust air duct, but no flow in Sample Rack TEA-SR-26 (the noble gas chamber indicated approximately one inch of mercury vacuum, which implied flow). The Technician then noted there was a 0.4cfm particulate flow indication in Sample Rack TEA-SR-38. With 1.3E+5cfm flow in the exhaust air duct, the TEA-SR-38 flow indication value should have been 1.20cfm. However, the Technician apparently did not understand the total flow/sample flow relationship and, as a result, this abnormal condition was not reported.

On May 17, 1987 another Plant Chemistry Technician, while performing the same procedure, noted zero flow and zero inches of mercury on TEA-SR-26, and a 0.4cfm particulate flow indication on TEA-SR-38. Exhaust air duct flow remained unchanged from the previous day. The Technician recognized this total flow/sample flow ratio mismatch and contacted the Shift Manager. At 0730 hours, the system was declared inoperable and a sampling cart was installed at Sample Rack TEA-SR-38 to ensure that flows through the particulate, iodine and noble gas samplers were proper with respect to exhaust air duct flow. On May 19, 1987 at approximately 0830 hours, TEA-SR-38 was returned to service.

The cause of the event has been determined to be procedure-related in that Plant Procedure 7.1.2 did not provide guidance regarding proper flow ratios and actions to be taken when conditions are not within allowable flow ranges.



LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (8)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
Washington Nuclear Plant - Unit 2	0500039787	—	012	—	0003	OF	03

TEXT (If more space is required, use additional NRC Form 366A's) (17)

Immediate Corrective Action

The System was declared inoperable and a sampling cart was installed at Sample Rack TEA-SR-38, with flows adjusted to ensure that representative samples were obtained. As required by the Plant Technical Specifications, flows were checked every four hours and the system remained in this configuration until TEA-SR-38 was repaired and returned to service.

Further Corrective Action

- Plant Procedure 7.1.2 will be revised to provide guidance regarding acceptable flow conditions and actions to be taken when such conditions are not within expected flow limitations.
- A review of previous weekly analyses of the effluent sample point described in this event demonstrated no measurable isotopic release (other than tritium). All isotopes were at Minimum Detectable Activity (MDA) levels, except tritium which was analyzed and results were at the normal reporting level.

Safety Significance

There is no safety significance associated with this event in that 1) the Plant had been shutdown five weeks, and 2) previous analyses of the effluent sample point showed no measurable isotopic release (all isotopes were at MDA levels). In addition, during the time the sampling cart was installed, all isotopes were at MDA levels. Tritium was analyzed and was at the normal reporting level. This event posed no threat to the health and safety of either the public or Plant personnel.

Similar Events

None

EIIS InformationText Reference

Turbine Building HVAC

TEA-SR-26

TEA-SR-38

EIIS Reference

System	Component
VK	-----
IL	Sample Rack
IL	Sample Rack

WASHINGTON PUBLIC POWER SUPPLY SYSTEM

P.O. Box 968 • 3000 George Washington Way • Richland, Washington 99352

Docket No. 50-397

June 12, 1987

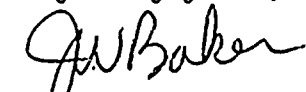
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Washington, D.C. 20555

Subject: NUCLEAR PLANT NO. 2
LICENSEE EVENT REPORT NO. 87-012

Dear Sir:

Transmitted herewith is Licensee Event Report No. 87-012 for WNP-2 Plant. This report is submitted in response to the report requirements of 10CFR50.73 and discusses the item of reportability, corrective action taken, and action taken to preclude recurrence.

Very truly yours,



C.W. Powers (M/D 927M)
WNP-2 Plant Manager

CMP:ac

Enclosure:
Licensee Event Report No. 87-012

cc: Mr. John B. Martin, NRC - Region V
Mr. R. T. Dodds, NRC - Site (901A)
INPO Records Center - Atlanta, GA
Ms. Dottie Sherman, ANI
Mr. D. L. Williams, BPA (M/D 399)

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