NRC FORM 366
(7-77)

U. S. NUCLEAR REGULATORY COMMISSION

LICENSEE EVENT REPORT
UPDATED REPORT

PREVIOUS REPORT DATE 12-21-79

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CONTROL BLOCK: (1)

Field	Value
01 Licensee Code (2)	VASPS1
License Number (3)	00-00000-00
License Type (4)	41111
CAT (5)	
CON'T 01 Report Source (6)	L
Docket Number (7)	05000280
Event Date (8)	112779
Report Date (9)	122179

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 During normal operation, routine surveillance revealed the failure of heat tracing
03 circuit 2B (Panel 8), Unit #1 suction piping to Boric Acid Transfer Pump, 1-CH-P-2A.
04 This is a degraded mode of operation permitted by T.S. 3.3.B.5, and is reportable as
05 per T.S. 6.6.2.b.(2). Since the temperature of the affected lines was maintained as
06 required, the redundant circuit was operable and two flow paths for boric acid to the
07 reactor were available, the health and safety of the public were not affected.
08

09	
System Code (11)	SH
Cause Code (12)	E
Cause Subcode (13)	A
Component Code (14)	HEATER
Comp. Subcode (15)	Z
Valve Subcode (16)	Z

LER/RO Report Number (17)	
Event Year	79
	—
Sequential Report No.	035
	/
Occurrence Code	03
Report Type	X
	—
Revision No.	1

Field	Value
Action Taken (18)	A
Future Action (19)	Z
Effect on Plant (20)	Z
Shutdown Method (21)	Z
Hours (22)	0000
Attachment Submitted (23)	Y
NPRD-4 Form Sub. (24)	N
Prime Comp. Supplier (25)	A
Component Manufacturer (26)	C268

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 A review of the heat tracing circuit showed that failure was caused by water damage to
11 the heat tracing circuit. The corrective action implemented was to replace the heat
12 tape and initiate a maintenance request to repair the water leak.
13
14

Field	Value
15 Facility Status (28)	E
% Power (29)	000
Other Status (30)	NA
Method of Discovery (31)	B
Discovery Description (32)	Operator Observation
16 Activity Released (33)	Z
Content of Release (34)	Z
Amount of Activity (35)	NA
Location of Release (36)	NA
17 Personnel Exposures Number (37)	000
Type (38)	Z
Description (39)	NA
18 Personnel Injuries Number (40)	000
Description (41)	NA
19 Loss of or Damage to Facility Type (42)	Z
Description (43)	NA
20 Publicity Issued (44)	N
Description (45)	NA

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NRC USE ONLY

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GPO 917-920

(UPDATE REPORT)

ATTACHMENT (PAGE 1 OF 1)
SURRY POWER STATION, UNIT 1
DOCKET NO: 50-280
REPORT NO: 79-035/03X-1
EVENT DATE: 11/27/79
TITLE OF REPORT: Low Current On Heat Tracing

1. DESCRIPTION OF EVENT:

With the unit in normal operation at rated power, operator surveillance found that Heat Tracing Circuit 2B (Panel 8) was operating at less than the current specified in the surveillance document. Low temperature alarms were indicated.

Investigation for faulty heat tracing tape was initiated on the affected circuit. Faults were found on Circuit 2B (Panel 8) "2A" Boric Acid Transfer Pump suction and were identified as being the result of water penetration of the tape. The tape was replaced. The circuit current was then verified to be within specs. of the surveillance document, and a maintenance report was submitted to repair the leak.

This is a degraded mode of operation permitted by T.S. 3.3.B.5 and is reportable in accordance with Technical Specification 6.6.2.b.(2).

2. PROBABLE CONSEQUENCES AND STATUTS OF REDUNDANT SYSTEMS:

At all times during the event, the temperature of the affected lines was maintained as required. The redundant circuit was operable. There were at all times two operable flow paths for boric acid to the reactor. Therefore, the health and safety of the general public were not affected.

3. CAUSE:

The reduced currents were due to water penetration damage to the heat tracing tape on the affected circuit.

4. IMMEDIATE CORRECTIVE ACTION:

The problem was corrected immediately and no further action is required.

6. ACTION TAKEN TO PREVENT RECURRENCE:

Continuous surveillance is maintained on the Heat Tracing System. No additional action is considered necessary. A task force has been assembled to investigate the replacement of existing tape with water resistant tape. This investigation is in progress.

7. GENERIC IMPLICATIONS:

In view of the number of failures of this heat tracing tape, a task force has been established to examine the heat tracing system and determine corrective action.