

REPORT OF ABNORMAL OCCURRENCE AND/OR INCIDENT

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL (TEMPORARY FORM)

CONTROL NO: 10147

FILE: INCIDENT REPORT FILE

FROM: Indiana & Michigan Pwr. Co. Bridgman, Mich. 49106 R.W. Jurgensen			DATE OF DOC 9-12-75	DATE REC'D 9-25-75	LTR XX	TWX	RPT	OTHER
TO: Mr. J.G. Keppler			ORIG 1 signed	CC	OTHER	SENT AEC PDR XX SENT LOCAL PDR XX		
CLASS	UNCLASS XXX	PROP INFO	INPUT	NO CYS REC'D 1		DOCKET NO: 50-315		

DESCRIPTION: Ltr trans the following:

ENCLOSURES: Licensee Event Report (AO-75-55)
on 8-16-75 re failure of valve IMO-325.....
Licensee Event Report (AO-75-56) on 8-14-75 re
failure of Channel 1 on the reactor pit floor...
Licensee Event Report (AO-75-62) on 8-23-75 re
failure of the containment air particulate
monitor pump.....
(1 cy endl rec'd)

PLANT NAME: Cook 1

Do Not Remove
ACKNOWLEDGED

FOR ACTION/INFORMATION DHL 9-27-75

BUTLER (L) W/ Copies	SCHWENCER (L) W/ Copies	ZIEMANN (L) W/ Copies	REGAN (E) W/ Copies
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INTERNAL DISTRIBUTION

REG FILE 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	TECH REVIEW SCHROEDER MACCARY KNIGHT PAWLICKI SHAO ** STELLO ** HOUSTON ** NOVAK ROSS IPPOLITO TEDESCO J. COLLINS LAINAS BENAROYA VOLLMER	DENTON ** GRIMES GAMMILL KASTNER BALLARD SPANGLER ENVIRO MULLER DICKER KNIGHTON YOUNGBLOOD REGAN PROJECT LDR HARLESS	LIC ASST 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)	A/T IND. BRAITMAN SALTZMAN MELTZ PLANS MCDONALD CHAPMAN DUBE (Ltr) E. COUPE PETERSON HARTFIELD (2) KLECKER EISENHUT WIGGINTON F. WILLIAMS HANAUER
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EXTERNAL DISTRIBUTION

1 - LOCAL PDR St. Joseph, Mich.	1 - NATIONAL LABS	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 - ASLB	NEWMARK/BLUME/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 M. Service 9-27-75		
** SEND ONLY TEN DAY REPORTS		

Regulatory Docket File



INDIANA & MICHIGAN POWER COMPANY

DONALD C. COOK NUCLEAR PLANT
P.O. Box 458, Bridgman, Michigan 49106

September 12, 1975



Mr. J.G. Keppler, Regional Director
Office of Inspection and Enforcement
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Ill. 60137

Operating License DPR-58
Docket No. 50-315

Dear Mr. Keppler:

Pursuant to the requirements of Appendix A Technical Specifications and the United States Nuclear Regulatory Commission Regulatory Guide 1.16, Revision 3, Section 2.b, the following Abnormal Occurrence Reports are submitted:

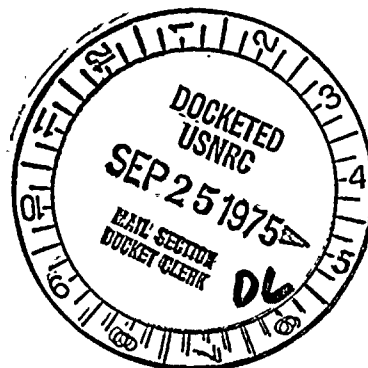
AO 50-315/75-55
AO 50-315/75-56
AO 50-315/75-62

Sincerely,

for R.W. Jurgensen
Plant Manager

/bab

cc: R.S. Hunter
J.E. Dolan
G.E. Lien
R.J. Vollen BPI
R. Kilburn
R.C. Callen MPSC
K.R. Baker RO: III
P.W. Steketee, Esq.
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Director, IE (30 copies)
Director, MIPC (3 copies)



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CONTROL BLOCK:

DO NOT ALL REQUIRED INFORMATION

LICENSEE NAME 01 M I O C C I														LICENSE NUMBER 00-00000-00										LICENSE TYPE 41111						EVENT TYPE 01	
7		8		9		14		15		25		26		30		31		32													
01		CONT		CATEGORY P0		REPORT TYPE L		REPORT SOURCE L		DOCKET NUMBER 050-0315						EVENT DATE 081675						REPORT DATE 091275									
7		8		57		58		59		60		61		68		69		74		75		80									

EVENT DESCRIPTION

02		While performing routine surveillance per plant procedure OHP 4030 STP.003, valve																				7		8		9	
03		IM0-325 (West residual heat removal pump to loop 2 and 3 hot legs) was unlocked																				7		8		9	
04		for cycling. Valve IM0-325 opened but could not be shut by remote operation.																				7		8		9	
05		The valve was closed normally using the manual handwheel. Reference Appendix A																				7		8		9	
06		Technical Specifications Section 4.5.2.a. (AO 50-315/75-55)																				7		8		9	

SYSTEM CODE 07 C F		CAUSE CODE E		COMPONENT CODE V A L V O P				PRIME COMPONENT SUPPLIER N		COMPONENT MANUFACTURER L 2 0 0				VIOLATION Y							
7		8		9		10		11		12		17		43		44		47		48	

CAUSE DESCRIPTION

08		The limitorque switch setting had been at its minimum possible setting. The																				7		8		9	
09		switch was reset from 2.0 to 2.75 and the valve was cycled successfully both																				7		8		9	
10		manually and remotely.																				7		8		9	

FACILITY STATUS 11 B		% POWER 081		OTHER STATUS NA		METHOD OF DISCOVERY B		DISCOVERY DESCRIPTION Surveillance Test											
7		8		9		10		12		13		44		45		46		80	
FORM OF ACTIVITY RELEASED 12 Z		CONTENT OF RELEASE Z		AMOUNT OF ACTIVITY NA		LOCATION OF RELEASE NA													
7		8		9		10		11		44		45		80					

PERSONNEL EXPOSURES

NUMBER 13 000		TYPE Z		DESCRIPTION NA																					
7		8		9		11		12		13		80													

PERSONNEL INJURIES

NUMBER 14 000		DESCRIPTION NA																					
7		8		9		11		12		80													

PROBABLE CONSEQUENCES

15		NA																				7		8		9	
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LOSS OR DAMAGE TO FACILITY

TYPE 16 Z		DESCRIPTION NA																			
7		8		9		10		80													

PUBLICITY

17		NA																				7		8		9	
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ADDITIONAL FACTORS

18		NA																				7		8		9	
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19																						7		8		9	
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NAME: James Bencivenga PHONE: 465-5901 (Ext. 352)

LICENSEE EVENT REPORT

Regulatory Docket File

CONTROL BLOCK:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PRINT ALL REQUIRED INFORMATION

LICENSEE NAME 01 MIDICCI														LICENSE NUMBER 00-000000-00												LICENSE TYPE 41111						EVENT TYPE 01	
7		8		9		14		15		25		26		30		31		32															
01		CONT		P10		L		L		DOCKET NUMBER 050-0315						EVENT DATE 081475						REPORT DATE 091175											
7		8		57		58		59		60		61		68		69		74		75		80											

EVENT DESCRIPTION

02 WHILE IN MODE 3, CONDUCT OF THE SEISMIC MONITORING SYSTEM																																																																															
03 FUNCTIONAL TEST FOUND CHANNEL 1 ON THE REACTOR PIT FLOOR																																																																															
04 INCAPABLE OF PRODUCING AN ACCEPTABLE TEST-CALIBRATE PATTERN																																																																															
05 THE AMPLIFIER BOARD WAS REPLACED WITH A SPARE AND THE UNIT																																																																															
06 RETESTED SATISFACTORILY (AO-50-315/75-56)																																																																															

SYSTEM CODE 07 IF										CAUSE CODE E										COMPONENT CODE INSTRU										PRIME COMPONENT SUPPLIER L										COMPONENT MANUFACTURER K1130										VIOLATION N									
7 8 9 10										11 12										17										43										44 47										48									

CAUSE DESCRIPTION

08 THE CAUSE OF FAILURE WAS A SEVERE AMPLIFIER BALANCE																																																																															
09 SHIFT																																																																															
10																																																																															

FACILITY STATUS 11 G										% POWER 000										OTHER STATUS NA										METHOD OF DISCOVERY B										DISCOVERY DESCRIPTION SURVEILLANCE TESTING									
7 8 9										10 12 13										44										45 46										80									

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

PERSONNEL EXPOSURES

NUMBER 13 000										TYPE Z										DESCRIPTION NA									
7 8 9										11 12										13 80									

PERSONNEL INJURIES

NUMBER 14 000										DESCRIPTION NA									
7 8 9										11 12 80									

OFFSITE CONSEQUENCES

15 NONE- SYSTEM RETURNED TO NORMAL WITHIN 2 HOURS																																																																															
7 8 9 80																																																																															

LOSS OR DAMAGE TO FACILITY

TYPE 16 Z										DESCRIPTION NA									
7 8 9										10 80									

PUBLICITY

17 NA																																																																															
7 8 9 80																																																																															

ADDITIONAL FACTORS

18 NA																																																																															
7 8 9 80																																																																															

19 NA																																																																															
7 8 9 80																																																																															

NAME: G. SWAN

PHONE: 465-5901 (368)

LICENSEE EVENT REPORT

Regulatory Docket File

CONTROL BLOCK:

(PLEASE PRINT ALL REQUIRED INFORMATION)

Revised 11/14/80 Date 9-12-75

LICENSEE NAME: MIDCIC1 LICENSE NUMBER: 000-000000-000 LICENSE TYPE: 41111 EVENT TYPE: 01

CATEGORY: P0 REPORT TYPE: L REPORT SOURCE: L DOCKET NUMBER: 050-0315 EVENT DATE: 082375 REPORT DATE: 091275

EVENT DESCRIPTION

02 WHILE IN MODE 1, AT 80 PERCENT POWER, THE CONTAINMENT
03 AIR PARTICULATE MONITOR PUMP SEIZED (TECHNICAL SPECIFICA-
04 TIONS PARAGRAPH 3.3.3.1). ACTION 20 (PAGE 3/4 3-36) WAS CAR-
05 RIED OUT; THE PUMP WAS REPLACED WITH A NEW ONE FROM SPARES.
06 AND THE SYSTEM RETURNED TO NORMAL (AO-50-315/75-62)

SYSTEM CODE: BB CAUSE CODE: B COMPONENT CODE: PUMPIXX PRIME COMPONENT SUPPLIER: N COMPONENT MANUFACTURER: ZZZZZ VIOLATION: N

CAUSE DESCRIPTION

08 PUMP SEIZED DUE TO FAILURE OF BEARINGS. A PUMP WITH BEARINGS
09 OF IMPROVED DESIGN IS ON ORDER TO REPLACE THE PRESENT
10 PUMPS IN THE SYSTEM (INCLUDING UNIT 2).

FACILITY STATUS: E % POWER: 080 OTHER STATUS: NA METHOD OF DISCOVERY: A DISCOVERY DESCRIPTION: OPERATIONAL EVENT

FORM OF ACTIVITY RELEASED: Z CONTENT OF RELEASE: Z AMOUNT OF ACTIVITY: NA LOCATION OF RELEASE: NA

PERSONNEL EXPOSURES

13 NUMBER: 000 TYPE: Z DESCRIPTION: NA

PERSONNEL INJURIES

14 NUMBER: 000 DESCRIPTION: NA

OFFSITE CONSEQUENCES

15 NONE. GRAB SAMPLES TAKEN AT 8 HOUR INTERVALS

LOSS OR DAMAGE TO FACILITY

16 TYPE: Z DESCRIPTION: NA

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19 NA

NAME: G. SWAN

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