Wisconsin Electric POWER COMPANY
231 WEST MICHIGAN, MILWAUKEE, WISCONSIN 53201

June 5, 1981

Mr. J. G. Keppler, Regional Director
Office of Inspection and Enforcement,
Region III
U. S. NUCLEAR REGULATORY COMMISSION
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Mr. Keppler:

DOCKET NO. 50-266
POINT BEACH NUCLEAR PLANT, UNIT 1
LICENSEE EVENT REPORT NO. 81-005/03L-0

Enclosed is Licensee Event Report No. 81-005/03L-0 (a 30-day report) with an attachment which provides a description of an event reportable in accordance with Technical Specification 15.6.9.2.B.2, "Conditions leading to operation in a degraded mode permitted by a limiting condition for operation or plant shut-down required by a limiting condition for operation."

Very truly yours,

C. W. Fay, Director
Nuclear Power Department

Enclosure

Copy to NRC Resident Inspector

NRC FORM 366 (7-77)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSEE EVENT REPORT

CONTROL BLOCK: | | | | | | | (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

[0 1] LICENSEE CODE: W I P B H 1 (2) LICENSE NUMBER: 0 0 - 0 0 0 0 0 - 0 0 (3) LICENSE TYPE: 4 1 1 1 1 (4) CAT: (5)

CON'T [0 1] REPORT SOURCE: L (6) DOCKET NUMBER: 0 5 0 0 0 2 6 6 (7) EVENT DATE: 0 5 1 5 8 1 (8) REPORT DATE: 0 6 0 5 8 1 (9)

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

[0 2] On 5-15-81 annual TS testing revealed that the control room emergency
[0 3] filtration system, common to both units, was not operating within TS,
[0 4] Section 15.3.12.2.C, limits. Thus, the subject system was deemed in-
[0 5] operable by TS definition. This condition placed the plant in a degraded
[0 6] mode of operation allowed by the TS. The event had no effect on the
[0 7] public health and safety as the system would have operated, although at
[0 8] a lower than design flow rate, to filtrate the control room atmosphere.

[0 9]

SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP. SUBCODE	VALVE SUBCODE
S G (11)	E (12)	B (13)	V A L V E X (14)	L (15)	G (16)

(17) LER/RO REPORT NUMBER

EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE	REPORT TYPE		REVISION NO.
8 1	—	0 0 5	/	0 3	L	—	0

ACTION TAKEN	FUTURE ACTION	EFFECT ON PLANT	SHUTDOWN METHOD	HOURS (22)	ATTACHMENT SUBMITTED	NPRD-4 FORM SUB.	PRIME COMP. SUPPLIER	COMPONENT MANUFACTURER
E (18)	Z (19)	Z (20)	Z (21)	0 0 0 0	Y (23)	N (24)	A (25)	X 9 9 9 (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

[1 0] The low system flowrates were caused by an improperly balanced backdraft
[1 1] damper located at the W14A fan discharge and an improper setting of the
[1 2] balancing damper located just upstream of the systems roughing filters.
[1 3] The dampers were readjusted. The system was retested and found to per-
[1 4] form satisfactorily and was returned to service on 5-20-81.

[1 5] FACILITY STATUS: E (28) % POWER: 0 8 0 (29) OTHER STATUS (30): N/A METHOD OF DISCOVERY: B (31) DISCOVERY DESCRIPTION (32): Tech. Spec. Testing

[1 6] ACTIVITY RELEASED: Z (33) CONTENT OF RELEASE: Z (34) AMOUNT OF ACTIVITY (35): N/A LOCATION OF RELEASE (36): N/A

PERSONNEL EXPOSURES
[1 7] NUMBER: 0 0 0 (37) TYPE: Z (38) DESCRIPTION (39): N/A

PERSONNEL INJURIES
[1 8] NUMBER: 0 0 0 (40) DESCRIPTION (41): N/A

LOSS OF OR DAMAGE TO FACILITY (43)
[1 9] TYPE: Z (42) DESCRIPTION: N/A

PUBLICITY
[2 0] ISSUED: N (44) DESCRIPTION (45): N/A

NRC USE ONLY

DUP OF 8106160577

NAME OF PREPARER: C. W. Fay PHONE: 414/277-2811

GPO 917-929

ATTACHMENT TO LICENSEE EVENT REPORT NO. 81-005/03L-0

Wisconsin Electric Power Company
Point Beach Nuclear Plant Unit 1
Docket No. 50-266

On May 15, 1981, at 1100 hours, during Technical Specification ventilation system performance testing, it was discovered that the fans of the control room emergency filtration system, common to both units, were not operating within plus or minus 10 percent of their designed flow rates as required by Technical Specification, Section 15.3.12.2.C. Thus, the control room emergency filtration system was deemed inoperable by Technical Specification definition. This condition placed the plant in a degraded mode of operation allowed by the Technical Specifications.

The event had no effect on the public health and safety as the system would have operated to filter, although at a lower flowrate than originally designed, the control room atmosphere. In addition, the forced air breathing apparatus was available to the control room personnel to mitigate the consequences of airborne radioisotope contamination of the control room atmosphere.

The overall system flowrate was 3600 scfm while operating on fan W14A, and 4300 scfm while operating on fan W14B. The system design flowrate is 4950 scfm. The low system flowrate, while operating with fan W14A, was caused by an improperly balanced backdraft damper located just downstream of the fan discharge, and an improperly adjusted balancing damper located just upstream of the system's roughing filters. The low system flowrate, while operating with fan W14B, was caused by the improperly adjusted balancing damper located just upstream of the system's roughing filters.

The backdraft damper was rebalanced and the balancing damper was reset. The system was retested, and found to perform satisfactorily. The system was returned to service at 0700 hours on May 20, 1981.