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VIRGINIA ELECTRIC AND POWER COMPANY
NORTH ANNA POWER STATION
P.O. BOX 402
MINERAL, VIRGINIA 23117

May 3, 1982

Mr. James P. O'Reilly, Regional Administrator
Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission
Region II
101 Marietta Street, Suite 3100
Atlanta, Georgia 30303

Serial No. N-82-039
NO/SBE:11
Docket No. 50-338

License No. NPF-4

Dear Mr. O'Reilly:

Pursuant to North Anna Power Station Technical Specifications, the Virginia Electric and Power Company hereby submits the following Licensee Event Report for North Anna Unit No. 1.

Report No.	Applicable Technical Specifications
LER 82-018/03L-0	T.S. 6.9.1.9.b

This report has been reviewed by the Station Nuclear Safety and Operating Committee and will be forwarded to Safety Evaluation and Control for their review.

Very Truly Yours,

W. R. Cartwright
Station Manager

Enclosures (3 copies)

cc: Mr. Richard C. DeYoung, Director (30 copies)
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, D. C. 20555

Mr. Norman M. Haller, Director (3 copies)
Office of Management and Program Analysis

Virginia Electric and Power Company
North Anna Power Station, Unit No. 1
Docket No. 50-338
Report No. LER 82-018/03L-0

Description of Event

On April 8, 1982, the containment personnel access hatch failed to pass the periodic surveillance test. The inner door seals were lubricated and retested satisfactorily. The outer door was closed and when tested failed to meet the Acceptance Criteria of the surveillance test. The outer door seals were replaced and retested satisfactorily. This event is contrary to T.S. 3.6.1.3 and reportable pursuant to T.S. 6.9.1.9.b.

Probable Consequences of Occurrence

Periodic surveillance of the containment personnel access hatch is performed to assure that the overall hatch leakage does not become excessive during the interval between air leakage tests. The slight leakage encountered was into the containment. Seal repair on the hatch doors is considered a routine maintenance item. Since the leakage was minimal and the seals were repaired or replaced within the Action Statement time frame, the health and safety of the public were not affected.

Cause of Event

This event was caused by excessive drying of the seal material on the personnel hatch doors. This leads to cracking and improper mating of seal surfaces.

Immediate Corrective Action

The inner door seal was lubricated and retested. The outer door seal was replaced.

Scheduled Corrective Action

No further action required.

Actions Taken to Prevent Recurrence

This is considered a routine failure, therefore no further actions are necessary.

Generic Implications

These door seals are generic to North Anna Units 1 and 2.