

LICENSEE EVENT REPORT

[illegible]



Commonwealth Edison
Dresden Nuclear Power Station
R.H. #1
Morris, Illinois 60450
Telephone 815/942-2920

May 20, 1983

DJS Ltr #83-503

James G. Keppler, Regional Administrator
Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Reportable Occurrence Report #83-41/03L-0, Docket #050-237 is being submitted to your office in accordance with Dresden Nuclear Power Station Technical Specification 6.6.B.2.(b), conditions leading to operation in a degraded mode permitted by a limiting condition for operation or plant shutdown required by a limiting condition for operation.

D.J. Scott
Station Superintendent
Dresden Nuclear Power Station

DJS/kjl

Enclosure

cc: Director of Inspection & Enforcement
Director of Management Information & Program Control
U.S. NRC, Document Management Branch
File/NRC

MAY 26 1983

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Commonwealth Edison

DEVIATION REPORT

DVR NO. 12 - 2 - 83 - 78
STA UNIT YEAR NO.

ART 1	TITLE OF DEVIATION	OCCURRED
	Containment Spray Interlock Relay Failure	5/6/83 1300 DATE TIME
SYSTEM AFFECTED 1500	PLANT STATUS AT TIME OF EVENT	TESTING
MODE Run	PWR(MWT) 2232	LOAD(MWE) 720
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF EVENT While doing surveillance DIS 1500-4 and testing PS 1501-62D,
Relay 1530 - 299 failed to pick-up. PS 1501-62D tripped within
specified limits. (36" \pm 1").

EQUIPMENT FAILURE 27701	10 CFR50.72 NRC RED PHONE <input type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WORK REQUEST NO.	NOTIFICATION MADE YES NO
RESPONSIBLE SUPERVISOR R. Campbell	DATE 5/6/83

PART 2 OPERATING ENGINEER'S COMMENTS
Relay 1530-199 was operable, and would have allowed containment spray
initiation under accident conditions.

<input type="checkbox"/> EVENT OF PUBLIC INTEREST	<input type="checkbox"/> 24-HOUR NRC NOTIFICATION REQ'D (courtesy)
<input type="checkbox"/> TECH. SPEC. VIOLATION	TELEPH Tom Tongue 5/9/83 0900 REGION III DATE TIME
<input type="checkbox"/> NON REPORTABLE OCCURRENCE	TELEGM/TELECOPY N/A REGION III DATE TIME
<input type="checkbox"/> 14 DAY REPORTABLE/T.S.	<input type="checkbox"/> CECO CORPORATE NOTIFICATION MADE IF ABOVE NOTIFICATION IS PER 10CFR21
<input checked="" type="checkbox"/> 30 DAY REPORTABLE/T.S. 6.6.B.2.b	<input type="checkbox"/> 5-DAY WRITTEN REPORT REQ'D PER 10CFR21
<input type="checkbox"/> ANNUAL/SPECL REPORT REQ'D	Telecopy
A.I.R. #	XXXXXX Dennis P. Galle 5/11/83 1200 CECO CORPORATE OFFICER DATE TIME
L.E.R. # 83-41/03L-0	

PRELIMINARY REPORT
COMPLETED AND REVIEWED Michael Wright 5/9/83
OPERATING ENGINEER DATE

INVESTIGATED REPORT & RESOLUTION
ACCEPTED BY STATION REVIEW

RESOLUTION APPROVED AND
AUTHORIZED FOR DISTRIBUTION