GPU Nuclear

GPU Nuclear
P.O. Box 388
Forked River, New Jersey 08731
609-693-6000
Writer's Direct Dial Number:

March 23, 1983

Mr. Ronald C. Haynes, Administrator
Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Dear Mr. Haynes:

Subject: Oyster Creek Nuclear Generating Station
Docket No. 50-219
Licensee Event Report
Reportable Occurrence No. 50-219/83-11/03L

This letter forwards three copies of a Licensee Event Report (LER) to report Reportable Occurrence No. 50-219/83-11/03L in compliance with paragraph 6.9.2.b.2 of the Technical Specifications.

Very truly yours,

Peter B. Fiedler
Vice President and Director
Oyster Creek

PBF:jal
Enclosures

cc: Director (40 copies)
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Director (3)
Office of Management Information and
Program Control
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

NRC Resident Inspector
Oyster Creek Nuclear Generating Station
Forked River, NJ 08731

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OYSTER CREEK NUCLEAR GENERATING STATION
Forked River, New Jersey 08731

Licensee Event Report
Reportable Occurrence No. 50-219/83-11/03L

Report Date

March 23, 1983

Occurrence Date

March 6, 1983

Identification of Occurrence

Operation in a degraded mode permitted by limiting condition for operation as specified in the Technical Specifications, paragraph 3.5.B.3, when the low flow switch for Standby Gas Treatment System fan 1-9 failed to sense flow in System II causing the inlet and outlet valves for fan 1-9 to shut. This item is reportable per paragraph 6.9.2.b.2 of the Technical Specifications.

Conditions Prior to Occurrence

The Plant was shutdown for refueling.

Mode Switch Position	Refuel
Reactor Coolant Temperature	90°F

Description of Occurrence

On Sunday, March 6, 1983 at 2012 hours, during the execution of the Standby Gas Treatment System ten hour operability test in the System II preferential mode, System II valves V-28-27 and V-28-30 shut with fan 1-9 running. System II was declared out of service. At 2140 hours System I was verified to be operable. On Monday, March 7, 1983 at 1500 hours System II was tested and returned to service.

Apparent Cause of Occurrence

The apparent cause of this occurrence was a damaged sensing line on fan 1-9 low flow switch. The sensing line, which is constructed of plastic, was postioned too close to a cabinet heater and subsequently melted from the high temperature.

During normal system operation, valves V-28-27 and V-28-30 would remain open with fan 1-9 low flow switch sensing flow in System II.

Analysis of Occurrence

The Standby Gas Treatment System filters and exhausts the reactor building atmosphere to the stack during secondary containment isolation condition with a minimum release of radioactive materials from the reactor bulding to the environs.

The safety significance of this event is minimized as the Standby Gas Treatment System was operational in the System I preferential mode in the event that a demand for system operation had occurred.

Corrective Action

The damaged sensing line for System II flow switch was repaired and positioned so it was an adequate distance from the cabinet heater. On Monday, March 7, 1983 at 1500 hours an operability and flow test was completed in the System II preferential mode and System II was returned to service.

As a preventive maintenance measure, the sensing lines for System I flow switch were checked for possible degradation and to ensure that they were not located near any heating elements.

An engineering evaluation will be performed to determine if the tubing material is correct.

Failure Data

Dwyer Instruments, Inc.

Catalog# 1637-.25

Michigan City, Indiana

Switch Sensing Lines were repaired. Switch was not replaced.