



ARKANSAS POWER & LIGHT COMPANY
POST OFFICE BOX 551 LITTLE ROCK, ARKANSAS 72203 (501) 371-4000

July 22, 1983

ØCANØ783Ø9

Mr. W. C. Seidle, Chief
Reactor Project Branch #2
U. S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

SUBJECT: Arkansas Nuclear One - Units 1 & 2
Docket Nos. 50-313 and 50-368
License Nos. DPR-51 and NPF-6
Response to Inspection Reports
50-313/83-10 and 50-368/83-10

Gentlemen:

We have reviewed the subject inspection reports. Please find attached our response to the "Notice of Violation" included in the reports.

Very truly yours,

John R. Marshall
Manager, Licensing

JRM:RJS:s1

Attachment

cc: Mr. Richard C. DeYoung
Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission
Washington, DC 20555

Mr. Norman M. Haller, Director
Office of Management & Program Analysis
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

DESIGNATED ORIGINAL
Certified By

8401130339 830802
PDR ADOCK 05000313
Q PDR

NOTICE OF VIOLATION

Based on the results of an NRC inspection conducted during the period of May 1-31, 1983, and in accordance with the NRC Enforcement Policy (10 CFR Part 2, Appendix C), 47 FR 9987, dated March 9, 1982, the following violations were identified:

A. Failure to Follow Procedures for Proper Labeling of Radioactive Waste - Unit 1

Unit 1 Technical Specification 6.8.1 requires that, "Written procedures shall be established, implemented, and maintained covering... a. The applicable procedures recommended in Appendix 'A' of Regulatory Guide 1.33, November 1972."

Radiation Protection Procedure 1622.008, Rev. 3, "Marking and Handling of Radioactive Materials and Equipment," has been established in accordance with this Technical Specification.

Step 6.6.1 of Procedure 1622.008 requires that, "Radioactive material which may present a personnel safety hazard or require extra precautions prior to packaging for shipping offsite shall be labeled as follows... the... liquid nature (water, oil) should be clearly denoted on the outside of the container."

Step 6.7.1 of Procedure 1622.008 requires that, "Drums used as storage containers for radioactive material shall be surveyed and tagged for any of the following conditions: ...B. The drum at contact is 5 mr/hr or greater.... C. The drum is to be left unattended outside the work area."

Contrary to the above, on May 9, 1983, the NRC inspector identified six 55-gallon drums containing radioactive oil that had no markings on them indicating the liquid nature (oil) of their contents and that were not properly tagged (three had no tags on them; three had tags that were not filled out). These six 55-gallon drums were left unattended outside the Unit 1 reactor building equipment hatch, and two of the six drums had radiation levels at contact in excess of 5 mrem/hr.

This is a Severity Level V Violation. (Supplement IV) (313/8310-01)

Response:

After notification of Inspection Report Item 313/8310-01, Failure to Follow Procedures for Proper Labeling of Radioactive Waste - Unit 1, the drums identified were properly surveyed, tagged and transferred to the Radioactive Waste Facility on May 10, 1983. The oil was pumped to the oil collection liner for sampling and solidification. The drums were cut up, crushed and placed in a low specific activity container on May 18, 1983, for disposal.

The following requirements will be implemented to prevent recurrence of this type problem:

- a. ANO Procedure 1622.017, "Operation of a Control Point," will be issued by September 30, 1983, to specify that with the opening of the Reactor Building equipment hatch, a Health Physics technician will be required to be present to ensure radioactive material leaving containment through this access is properly surveyed, identified, tagged and controlled.
- b. ANO Procedure 1622.008, "Marking and Handling of Radioactive Material and Equipment," will be revised by September 30, 1983, to identify controls for temporary radioactive material storage locations to ensure radioactive material stored in these areas is properly identified, tagged and controlled.

Thus, full compliance will be achieved September 30, 1983.

B. Use of Inadequate Procedure to Perform Maintenance - Unit 1

Unit 1 Technical Specification 6.8.1 requires that, "Written procedures shall be established, implemented, and maintained covering... a. The applicable procedures recommended in Appendix 'A' of Regulatory Guide 1.33, November 1972."

Mechanical Maintenance Procedure 1402.09, Rev. 0, "Emergency Feedwater Pump Maintenance," has been established in accordance with this Technical Specification.

Contrary to the above, Procedure 1402.09 was not adequately maintained as demonstrated by the following:

- a. On May 24, 1983, Section 8.8 of Procedure 1402.09 was issued and performed on the motor-driven emergency feedwater pump, P7B, although that section of the procedure had been previously determined by the licensee to be inadequate. Section 8.8 provides instructions for the proper adjustment of the balance drum and replacement of the thrust bearing for the emergency feedwater pumps. The licensee had reported on May 2, 1983, in Unit 1 Licensee Event Report (LER) 83-10 that on April 5, 1983, the steam-driven emergency feedwater pump, P7A, had been rendered inoperable due to the improper performance of the balance drum adjustments, which, in turn, was attributed to the fact that "... the procedure did not contain detail (sic) instructions for performing this activity." The licensee's indicated corrective action in LER 83-10 was to revise the applicable sections of Procedure 1402.09; however, the revision had not been implemented prior to the use of the procedure on May 24, 1983.
- b. On April 7, 1983, a change (Permanent Change 6) to Procedure 1402.09 was inadequately implemented. Permanent Change (PC) 6 was implemented after receiving the required approvals and reviews, but it contained a technical error that rendered Procedure 1402.09 inadequate. The purpose of PC 6 was to change the critical gap clearance for the emergency feedwater pump balance drum setting from 0.002" - 0.005" to 0.0005" - 0.002". However, PC-6 made the

change in only one of two procedural steps requiring it, thereby providing the potential for the incorrect adjustment of the balance drum.

This is a Severity Level IV Violation. (Supplement I)
(313/8310-03)

Response:

Subsequent to notification of this violation, the Procedure 1402.09, "Emergency Feedwater Pump Maintenance," was revised to provide adequate instructions for maintenance of the Unit 1 emergency feedwater pumps.

In order to assure violations of this type do not recur, Procedure 1000.07, "Deviations, Failures and Nonconformances," is also being revised. The scope of Procedure 1000.07 will be revised to specifically address nonconforming documents, including procedures. This will assure that identified deficiencies in procedures are corrected via the Nonconformance Report (NCR) program. Previously this program was applicable only to nonconforming materials, parts, components, services, etc. Inclusion of procedures within the scope of the NCR program will provide management control to assure adequate corrective action is accomplished when inadequate procedures are identified.

Full compliance will be achieved pending approval of Revision 2 to Procedure 1000.07 which is scheduled for September 1, 1983.

C. Failure to Maintain Fire Barrier Operable - Unit 2

Unit 2 Technical Specification 3.7.11 requires that all penetration fire barriers protecting safety-related areas be functional or a continuous fire watch must be established on at least one side of the affected penetration within one hour.

The Unit 2 penetration fire barrier between the emergency feedwater pump (2P7A) room and the spent fuel pool pump (2P40B) room (identified on drawing F2300 as wall 23-S-7) was discovered to be nonfunctional by the NRC inspector on May 11, 1983, due to the fact that a 4-1/2 inch penetration through the wall was not sealed.

Contrary to the above, on May 11, 1983, although the penetration through wall 23-S-7 had not been sealed for at least one hour, the NRC inspector found that no fire watch was stationed.

This is a Severity Level IV Violation. (Supplement I) (368/8310-01)

Response:

The walls, floor, and ceiling of Fire Zone 2024-JJ, the emergency feedwater pump room, were designated to be upgraded to a three-hour rating per AP&L's July 1, 1982, Appendix R compliance submittal (ØCANØ783Ø2). Necessary work was to have been completed to assure the subject three-hour rating by April 1, 1983.

A Design Change Package (DCP) was issued to upgrade the room based on field information obtained during a walkdown inspection performed by a contractor. The DCP was processed to document upgrading of the walls, floor, and ceiling based on inspections, drawing updates, etc., and was judged to require no physical modifications. This approach was selected based on our understanding of the information relayed by the inspection crew. This, however, was in conflict with the written report later prepared by the contractor which recommended some physical modifications in the room. The discrepancy was not noted during our review of the report and the wall was erroneously considered as upgraded on April 1, 1983.

Upon notification of the open penetration in wall 23-S-7 by the NRC inspector on May 11, 1983, a fire watch was established within one hour and a job order was issued for the repair of the nonfunctional penetration fire barrier. The repair of the penetration fire barrier was completed on May 12, 1983. After the NRC inspector's findings indicated the discrepancy, AP&L reinspected all of the walls, floor, and ceiling in Fire Zone 2024-JJ, and discovered other nonfunctional penetration fire barriers in the room. This was reported in LER 368/83-21/01T on June 7, 1983 (2CAN068302). Repair of the penetration fire barriers was completed May 24, 1983, resulting in full compliance. All of this repair work was documented in field changes to the original DCP.

In order to prevent recurrence of this incident, AP&L will inspect in detail any fire barriers which are to be upgraded prior to completing a Design Change Package to accomplish that upgrade whether physical modifications are involved in the upgrade or not.

In a related incident (LER 368/83-020/01T-0), the original fire watch established at wall 23-S-7 was improperly relieved and the new fire watch was stationed in an incorrect location. This problem was corrected on May 12, 1983. To prevent recurrence of this type of problem, a formal Fire Watch Policy has been put into effect which describes in detail the proper relief procedures. Full compliance has been achieved.