

LICENSEE EVENT REPORT

CONTROL BLOCK

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME 01 N Y N M P 1										LICENSE NUMBER 15 - - - - -										LICENSE TYPE 4 1 1 1 1					EVENT TYPE 0 1	
7		8		9		14		15		25		26		30		31		32								
01		CONT		CATEGORY - -		REPORT TYPE T		REPORT SOURCE L		DOCKET NUMBER 0 5 0 - 0 2 2 0					EVENT DATE 0 4 2 7 7 7					REPORT DATE 0 5 1 0 7 7						
7		8		57		58		59		60		61		68		69		74		75		80				

EVENT DESCRIPTION

02		During routine Type C isolation valve leak rate tests, two containment oxygen sampling																				80	
03		system check valves indicated leakage in excess of the single valve criteria in																				80	
04		Technical Specifications of 12.9 SCFH @ 22 psig. Leakages were 64.3 SCFH and 14.1																				80	
05		SCFH respectively.																				80	
06		LER 77-19, 77-20																				80	

SYSTEM CODE 07 S D		CAUSE CODE E		COMPONENT CODE V A L V E X					PRIME COMPONENT SUPPLIER A		COMPONENT MANUFACTURER X 9 9 9					VIOLATION N							
7		8		9		10		11		12		13		17		43		44		47		48	

CAUSE DESCRIPTION

08		"O" rings were replaced and the valves were retested to indicate leak rates of																				80	
09		.018 SCFH and .004 SCFH respectively.																				80	
10																						80	

FACILITY STATUS 11 G		% POWER 0 0 0		OTHER STATUS NA					METHOD OF DISCOVERY B		DISCOVERY DESCRIPTION NA								
7		8		9		10		12		13		44		45		46		80	
FORM OF ACTIVITY RELEASED 12 Z		CONTENT OF RELEASE Z		AMOUNT OF ACTIVITY NA					LOCATION OF RELEASE NA										
7		8		9		10		11		44		45		80					

PERSONNEL EXPOSURES

NUMBER 13 0 0 0		TYPE Z		DESCRIPTION NA	
7		8		9	

PERSONNEL INJURIES

NUMBER 14 0 0 0		DESCRIPTION NA	
7		8	

CONSEQUENCES PROBABLE

15		NA																				80	
----	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--

LOSS OR DAMAGE TO FACILITY

TYPE 13 Z		DESCRIPTION NA	
7		8	

PUBLICITY

17		NA																				80	
----	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--

ADDITIONAL FACTORS

18		NA																				80	
----	--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--

19																						80	
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--

NAME: _____ PHONE: _____

NIAGARA MOHAWK POWER CORPORATION

NIAGARA  MOHAWK300 ERIE BOULEVARD, WEST
SYRACUSE N. Y. 13202

IE FILE COPY

May 10, 1977

Mr. James P. O'Reilly
Director
United States Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA. 19406

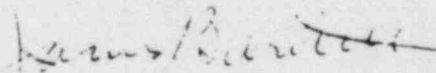
RE: Docket No. 50-220

Dear Mr. O'Reilly:

In accordance with Nine Mile Point Nuclear Station Unit #1 Technical Specification, we hereby submit Licensee Event Reports, LER 77-19 and LER 77-20.

These reports were completed in the format designated in the Licensee Event Report Instruction Booklet 00E-SS-001, dated October 2974, revised December 8, 1975.

Very truly yours,



J. Bartlett
Executive Vice President
for R.R. Schneider
Vice President -
Electric Production

MAS/mtm

Enc.

