NRC FORM 366
(7-77)

U. S. NUCLEAR REGULATORY COMMISSION

LICENSEE EVENT REPORT

CONTROL BLOCK: (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1	LICENSEE CODE: N J O C P 1 (2)	LICENSE NUMBER: 0 0 - 0 0 0 0 0 - 0 0 (3)	LICENSE TYPE: 4 1 1 1 1 (4)	CAT (5)

CON'T

0 1	REPORT SOURCE: L (6)	DOCKET NUMBER: 0 5 0 0 0 2 1 9 (7)	EVENT DATE: 0 4 1 8 8 3 (8)	REPORT DATE: 0 5 2 0 8 3 (9)

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 During the monthly 10 hours operability test of Standby Gas Treatment
0 3 System (SGTS) II, a high differential pressure across both HEPA filters
0 4 was observed. SGTS II was declared inoperable and SGTS I was tested
0 5 satisfactorily. Safety significance is minimal as the redundant system
0 6 remained fully operable. Operation in degraded mode per LCO in Tech
0 7 Spec section 3.5.B.3.b. Reportable per Tech Spec 6.9.2.b.2.
0 8

0 9	SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP SUBCODE	VALVE SUBCODE
	S C (11)	D (12)	Z (13)	F I L T E R (14)	Z (15)	Z (16)

(17) LER/RO REPORT NUMBER	EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE	REPORT TYPE		REVISION NO.
	8 3	—	0 0 7	/	0 3	L	—	0

ACTION TAKEN	FUTURE ACTION	EFFECT ON PLANT	SHUTDOWN METHOD	HOURS (22)	ATTACHMENT SUBMITTED	NPRD-4 FORM SUB	PRIME COMP. SUPPLIER	COMPONENT MANUFACTURER
A (18)	G (19)	Z (20)	Z (21)	0 0 0 0	Y (23)	N (24)	A (25)	C 0 4 5 (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 Cause was due to plugging of the HEPA filters. SGTS II HEPA filters
1 1 and prefilter were replaced. SGTS II has been returned to service
1 2 following successful completion of the DOP test. SGTS surveillance
1 3 procedures will be reviewed to verify correctness of flow calibration
1 4 curves.

1 5	FACILITY STATUS: H (28)	% POWER: 0 0 0 (29)	OTHER STATUS (30): NA	METHOD OF DISCOVERY: B (31)	DISCOVERY DESCRIPTION (32): Surveillance Test

1 6	ACTIVITY RELEASED: Z (33)	CONTENT OF RELEASE: Z (34)	AMOUNT OF ACTIVITY (35): NA	LOCATION OF RELEASE (36): NA

PERSONNEL EXPOSURES

1 7	NUMBER: 0 0 0 (37)	TYPE: Z (38)	DESCRIPTION (39): NA

PERSONNEL INJURIES

1 8	NUMBER: 0 0 0 (40)	DESCRIPTION (41): NA

LOSS OF OR DAMAGE TO FACILITY (43)

1 9	TYPE: Z (42)	DESCRIPTION: NA

PUBLICITY

2 0	ISSUED: N (44)	DESCRIPTION (45): NA	NRC USE ONLY

NAME OF PREPARER Carl Hager PHONE: (609) 971-4897

GPU Nuclear

GPU Nuclear
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609-693-6000
Writer's Direct Dial Number:

May 20, 1983

Regional Administrator
Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Dear Sir:

Subject: Oyster Creek Nuclear Generating Station
Docket No. 50-219
Licensee Event Report
Reportable Occurrence No. 50-219/83-07/03L

This letter forwards three copies of a Licensee Event Report Update to report Reportable Occurrence No. 50-219/83-07/03L 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. 50-219/83-07/03L

Report Date

May 20, 1983

Occurrence Date

April 18, 1983

Identification of Occurrence

Operation in a degraded mode permitted by a limiting condition for operation as specified in the Technical Specifications, paragraph 3.5.B.3.b when Standby Gas Treatment System II was declared inoperable during surveillance testing.

This event is considered to be a reportable occurrence as defined in the Technical Specifications, paragraph 6.9.2.b.2.

Conditions Prior to Occurrence

The plant was in the refuel mode with the core completely off-loaded and all fuel stored in the Spent Fuel Pool.

Description of Occurrence

On Monday, April 18, 1983, during a 10 hour operability test of Standby Gas Treatment System (SGTS) II, a high differential pressure across both HEPA filters was observed.

Apparent Cause of Occurrence

The high differential pressure was caused by HEPA filter plugging.

In addition, a contributing cause was an error in the surveillance procedure. April 18, 1983, was the first date on which Revision 13 to Procedure 651.4.001 was used. Revision 13 was subsequently found to have an error in the flowmeter calibration curve. The error caused the system to fail the test and be declared inoperable when, in fact, the system actually met the Technical Specification operability requirements. The filters were found to have an accumulation of dirt and required replacement as preventive maintenance.

Analysis of Occurrence

The function of the SGTS is to filter and exhaust the reactor building atmosphere to the stack in the event of certain accident situations which could potentially release large quantities of radioactive material to either the secondary or primary containments. The SGTS consists of two separate filter trains, each capable of providing 100% treatment capacity, each initiating automatically during containment isolation.

SGTS I was tested immediately following the failure of SGTS II and was found to be fully capable of performing its intended function. Therefore, the safety significance of this event is considered minimal.

Corrective Action

The prefilter and both HEPA filters for SGTS II were replaced. The subsequent test on SGTS II verified acceptable flow and differential pressure across the HEPA filters.

SGTS II has been returned to an operable status after satisfactory completion of the required DOP test.

All Standby Gas Treatment System surveillance procedures will be reviewed to verify that the flow calibration curves are correct. In addition, the procedures will be revised to specify action levels for filter replacement prior to exceeding the Technical Specification differential pressure limit.