

P. O. Box 361, Platteville, Colorado 80651



November 18, 1975
Fort St. Vrain
Unit No. 1
P-75008

Mr. E. Morris Howard, Director
Nuclear Regulatory Commission
Region IV
Office of Inspection and Enforcement
Suite 1000
Arlington, Texas 76012

Ref: Facility Operating License
No. DPR-34

Docket No. 50-267

Dear Mr. Howard:

Enclosed please find a copy of Abnormal Occurrence Report No. 50-267/75/24, Preliminary, submitted per the requirements of the Technical Specifications.

Very truly yours,

Frederic E. Swart
Superintendent, Nuclear Production
Fort St. Vrain Nuclear
Generating Station

FES/alk

cc: Mr. Roger S. Boyd

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REPORT DATE: November 18, 1975

ABNORMAL OCCURRENCE 75/24

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OCCURRENCE DATE: November 8, 1975

FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO
P. O. BOX 361
PLATTEVILLE, COLORADO 80651

REPORT NO. 50-267/75/24

Preliminary

IDENTIFICATION OF
OCCURRENCE:

On November 8, 1975, the static seal on "B" helium circulator was apparently inadvertently released, which is one of the primary coolant boundaries when the helium circulator is shutdown.

This is identified as an abnormal occurrence per section 2.1.c of the Fort St. Vrain Technical Specifications.

CONDITIONS PRIOR
TO OCCURRENCE:

_____	Steady State Power	_____	Routine Shutdown
_____	Hot Shutdown	_____	Routine Load Change
<u>X</u>	Cold Shutdown	_____	Other (specify)
_____	Refueling Shutdown	_____	
_____	Routine Startup	_____	

The major plant parameters at the time of the event were as follows:

Power	RTR	<u>0</u>	MWth
	ELECT	<u>0</u>	MWe
Secondary Coolant	Pressure	<u>210</u>	psig
	Temperature	<u>70</u>	°F
	Flow	<u>80,000</u>	#/hr.
Primary Coolant	Pressure	<u>46</u>	psia
	Temperature	<u>N/A</u>	°F Core Inlet
		<u>84</u>	°F Core Outlet
	Flow	<u>1 circulator at 4,000 rpm</u>	#/hr.

DESCRIPTION OF
OCCURRENCE:

During reactor shutdown, "B" helium circulator was shutdown to reroute cables for segregation reasons. At 2030 hours, while PCRV was approximately 35 psig during pressurization, the reactor operator noticed a positive increase of buffer/mid buffer ΔP , which indicates flow down the circulator shaft. The brake and seal set position indicating lights were inoperable due to a construction work authorization, so an operator was sent to the local location and the brake and seal were set manually.

APPARENT CAUSE
OF OCCURRENCE:

<u> </u> Design	<u> </u> Unusual Service Cond. Including Environ.
<u> </u> Manufacture	<u> </u> Component Failure
<u> </u> Installation/Const.	<u> X </u> Other (specify)
<u> </u> Operator	<u> </u> Undetermined at this time.
<u> </u> Procedure	<u> </u>

With the cable reroutes in progress, one of the redundant circuits which had a holding circuit that was relied on to set the brake and seal, was apparently interrupted. This appears to have released the static seal on "B" circulator.

ANALYSIS OF
OCCURRENCE:

The following conditions existed when the buffer/mid buffer increasing differential pressure was observed:

1. One cable reroute work authorization removed the "X" circuit on circulator auxiliary isolation valves. It also included position indication on the brake and seal valves.
2. A second cable reroute work authorization removed the channel "A" input of "B" circulator buffer/mid buffer (seal malfunction) module. This module removal also nullified the channel "A" input of "B" circulator loss of bearing water.
3. A third cable reroute work authorization removed the channel "B" input of "B" circulator loss of bearing water module. Removal of this module also removed the "B" channel of "B" circulator buffer/mid buffer (seal malfunction) input.

These conditions in themselves should not have released the brake and seal because the "B" circulator trip should not have reset. The brake and seal should have remained set by the holding circuit.

ANALYSIS OF
OCCURRENCE (continued):

Investigation into the cause of the release is still in progress.

CORRECTIVE
ACTION:

The "B" circulator brake and seal was manually set as a follow up to the increase of the buffer/mid buffer differential pressure. This action closed the static seal, which returned the primary coolant boundary to normal.

Investigation into the cause and any possible further corrective action is in progress.

FAILURE DATA/SIMILAR REPORTED OCCURRENCES:

Abnormal Occurrence 50-267/74/24A - similar, but not the same.
Abnormal Occurrence 50-267/74/10 - related, but not similar.
Abnormal Occurrence 50-267/74/13A - related, but not similar.
Abnormal Occurrence 50-267/75/9 - related, but not similar.

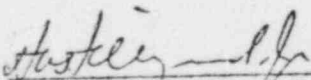
PROGRAMMATIC IMPACT:

None

CODE IMPACT:

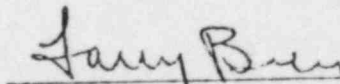
None

Submitted by:



Harvey W. Hillyard, Jr.
Technical Services Supervisor

Reviewed by:



H. Larry Brey
Superintendent, Operations

Approved by:



Frederic E. Swart
Superintendent, Nuclear Production