

# LICENSEE EVENT REPORT

CONTROL BLOCK: 1         6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME										LICENSE NUMBER										LICENSE TYPE					EVENT TYPE	
01	N	Y	N	M	P	1											4	1	1	1	1	0	1			
7	8	9				14	15										25	26				30	31	32		

CATEGORY			REPORT TYPE		REPORT SOURCE		DOCKET NUMBER					EVENT DATE					REPORT DATE												
01	CONT	M	I	L	L		0	5	0		0	2	2	0		0	8	0	2	7	5		0	9	0	3	7	5	
7	8		57	58	59	60	61							68	69							74	75						80

EVENT DESCRIPTION

02	During routine surveillance testing, RV-30A, Core Spray Sparger ΔP tripped at																								
7	8	9																							80
03	6.4 psid instead of required 5 psid.																								
7	8	9																							90
04																									
7	8	9																							80
05																									
7	8	9																							80
06	AOR 75-21																								
7	8	9																							80

SYSTEM CODE			CAUSE CODE		COMPONENT CODE					PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER			VIOLATION		
07	I	E	E		I	N	S	T	R	U	N		B	0	8	0	N
7	8	9	10	11	12					17	43		44			47	48

CAUSE DESCRIPTION

08	Set point drift. Redundant component operable. Recalibrated instrument to																								
7	8	9																							80
09	required value.																								
7	8	9																							80
10																									
7	8	9																							80

FACILITY STATUS			% POWER			OTHER STATUS			METHOD OF DISCOVERY		DISCOVERY DESCRIPTION												
11	E		0	8	4					b													
7	8	9	10	11	12	13				44	45	46											80

FORM OF ACTIVITY RELEASED			CONTENT OF RELEASE			AMOUNT OF ACTIVITY			LOCATION OF RELEASE													
12	Z		Z			N/A																
7	8	9	10	11					44	45											80	

PERSONNEL EXPOSURES

NUMBER			TYPE		DESCRIPTION											
13	0	0	0	Z	N/A											
7	8	9	11	12	13											80

PERSONNEL INJURIES

NUMBER			DESCRIPTION												
14	0	0	0		N/A										
7	8	9	11	12											80

DESIRED CONSEQUENCES Probable

15	None																								
7	8	9																							80

LOSS OR DAMAGE TO FACILITY

TYPE			DESCRIPTION											
16	Z		N/A											
7	8	9	10											80

PUBLICITY

17	None																								
7	8	9																							80

8307110178 750903  
PDR ADOCK 05000220  
S PDR

ADDITIONAL FACTORS

18	None																								
7	8	9																							80

19																									
7	8	9																							80

NAME: T.J. Dente PHONE: (315) 343-2110

58-220

NIAGARA MOHAWK POWER CORPORATION

NIAGARA  MOHAWK

300 ERIE BOULEVARD, WEST  
SYRACUSE, N. Y. 13202

September 3, 1975

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

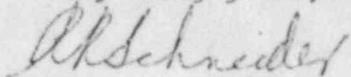
RE: Docket No. 50-220

Dear Mr. O'Reilly:

In accordance with Nine Mile Point Nuclear Station Unit #1 Technical Specification 6.9, we hereby submit Licensee Event Report 75-21, 75-22 and 75-23 which document the Abnormal Occurrences for August, 1975.

These reports conform to the requirements of Regulatory Guide 1.16, Revision 2 and were completed within the intent of the Licensee Event Report instruction booklet 00E-SS-001, dated October, 1974, revised December 24, 1974.

Very truly yours,



R.R. Schneider  
Vice President  
Electric Operations

TJD/mm

Enc. 3 copies

cc: 30 copies to K.R. Goller



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