

LICENSEE EVENT REPORT

CONTROL BLOCK

(PLEASE PRINT ALL REQUIRED INFORMATION)

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

EVENT DESCRIPTION

02		During testing of the Emergency Ventilation System, the system failed to operate																				80	
03		due to a failure of the RPS solenoids to function thus not allowing AOV-202-36 to																				80	
04		open. The valve was immediately hand opened. SORC review indicated that further																				80	
05		inspection of this type of solenoid was in order. A further report will be made																				80	
06		on this item.																				80	
		AOR 75-5																				80	

07		SYSTEM CODE S H		CAUSE CODE E		COMPONENT CODE V A L V O P				PRIME COMPONENT SUPPLIER A		COMPONENT MANUFACTURER A 6 1 0				VIOLATION N					
7		8		9		10		11		12		17		43		44		47		48	

CAUSE DESCRIPTION

08		The solenoid valves (SN-831630) failed due to (1) broken stem and (2) metal oxide																				80	
09		not allowing the valve to open. The SOV's were repaired and the system test completed																				80	
10		No hazard was presented to the general public as indicated in FSAR Supplement 1 VI-II																				80	

11		FACILITY STATUS E		% POWER 0 9 2		OTHER STATUS				METHOD OF DISCOVERY b		DISCOVERY DESCRIPTION									
7		8		9		10		12		13		44		45		46				80	
12		FORM OF ACTIVITY RELEASED Z		CONTENT OF RELEASE Z		AMOUNT OF ACTIVITY N/A				LOCATION OF RELEASE N/A											
7		8		9		10		11		44		45		46						80	

PERSONNEL EXPOSURES

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

PERSONNEL INJURIES

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

CONSEQUENCES Probable

15		None																				80	
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LOSS OR DAMAGE TO FACILITY

16		TYPE Z		DESCRIPTION N/A										8303110437 750414 PDR ADDCK 05000220 S PDR									
7		8		9		10														80			

PUBLICITY

17		N/A																				80	
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ADDITIONAL FACTORS

18		SORC ordered a review of the system operation be conducted, however, due to the 14																				80	
19		day requirements on LER's, the review which is not ready, will be submitted as a supplement.																				80	

NAME: T.J. Dente

PHONE: (315) 343-2110

NIAGARA MOHAWK POWER CORPORATION

NIAGARA  MOHAWK

300 ERIE BOULEVARD WEST
SYRACUSE, N. Y. 13202

April 14, 1975



Mr. James P. O'Reilly
Directorate of Regulatory Operations
Region 1
United States Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, Pa. 19106

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 75-5 which documents the Abnormal Occurrence Report for April 1, 1975.

This report conforms to the requirements of Regulatory Guide 1.16, Revision 2 and was completed with the intent of the Licensee Event Report instruction booklet 00E-SS-001, dated October, 1974, revised December 24, 1974.

Very truly yours,

Original signed by R.R. Schneider

R.R. Schneider
Vice President
Electric Operations

TJD/nmm

Enc. (3 copies)

cc: 30 copies to Mr. K.R. Goller

REGISTERED MAIL
RETURN RECEIPT REQUEST

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