

NORTHEAST UTILITIES

THE CONNECTICUT LIGHT AND POWER COMPANY
WESTERN MASSACHUSETTS ELECTRIC COMPANY
HOLYoke WATER POWER COMPANY
NORTHEAST UTILITIES SERVICE COMPANY
NORTHEAST NUCLEAR ENERGY COMPANY

General Offices • Selden Street, Berlin, Connecticut

P.O. BOX 270
HARTFORD, CONNECTICUT 06141-0270
(203) 665-5000

October 16, 1991

D04992

Mr. W. D. Hegener
Oil and Chemical Spill Section
Department of Environmental Protection
165 Capitol Avenue
Hartford, CT 06106

Dear Mr. Hegener:

Millstone Nuclear Power Station, Unit No. 3
Oil Spill Report

Northeast Utilities Service Company (NUSCO), on behalf of Northeast Nuclear Energy Company (NNECO), hereby submits a report of an oil spill to the settling pond at NNECO's Millstone Nuclear Power Station, Unit No. 3. This spill was verbally reported to your office on October 10, 1991.

Seven to ten gallons of oil are estimated to have been released.


The clean-up is in progress. Mr. Neil Torres of DEP reviewed the clean-up procedure on October 15, 1991 and was in agreement with the work to date.

The compressor will be surrounded by a temporary berm until it is moved to a new location thereby eliminating the possibility of a future occurrence.

If you have any questions, please call Mr. Thomas P. Arcari, NUSCO Generation and Environmental Licensing, at 665-3713.

Very truly yours,

NORTHEAST UTILITIES SERVICE COMPANY
As Agent for Northeast Nuclear Energy
Company


R. A. Reckert
Vice President

Enclosure

cc/enc: U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

9110250214 911016
PDR ADOCK 05000423
S PDR

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Stephen J. Decker
FORM APPROVED BY DIRECTOR, MILLSTONE STATION

4/8/91
EFFECTIVE DATE

91-09
SORC MTG. NO.

PLANT INCIDENT REPORT - PART A Report Date: 10/10/91 No: 391-244

I. PIR INITIATION		INCIDENT DATE: <u>10/10/91</u>		INCIDENT TIME: <u>1115</u>	
Event Title: <u>Oil Spill To Wetlands</u>					
Description of Event: <u>An oil spill occurred when oil leaking from the Paint Shop compressor spilled to the settling pond via a drain pipe.</u>					
Description of Cause: (If known) <u>Oil leak from compressor in drainage system aligned to the wetlands</u>					
System Affected: <u>N/A</u>	System Number: <u>N/A</u>	PMMS ID Number: <u>N/A</u>	Name of Initiator: <u>Joseph A. Burton</u>	Signature: <u>[Signature]</u>	
II. PLANT INFORMATION					
Plant Conditions:	Mode: <u>5</u>	Power(%): <u>0%</u>	Temp.: <u>93°F</u>	Pressure: <u>Vented</u>	
Description of Initial Action: <u>Implemented EPIP 4503A</u>					
Safety Implications: <u>Oil leak to environment</u>					
Security Implications: <u>N/A</u>					
Incident Category:			Basis: <u>50.72 (W)(2)(C)</u>		
<input checked="" type="checkbox"/> A. Immediate			<input type="checkbox"/> B. 30-Day LER		
<input type="checkbox"/> C. Public Interest			<input type="checkbox"/> D. Fitness for Duty		
<input type="checkbox"/> D. Not reportable to NRC					
Operations Manager Notified (Normal Hours) of A B C Incidents:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>M. Pearson</u>	Date: <u>10/10/91</u>	Time: <u>1302</u>
Duty Officer Notified:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>K. Burton</u>	Date: <u>10/10/91</u>	Time: <u>1130</u>
SSSA Notified and EPIP 4112 Notifications Made:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name: <u>N. Williams</u>	Date: <u>10/10/91</u>	Time: <u>1145</u>
Security Shift Supervisor (Potential Security Threat):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name:	Date:	Time:
Procedures Used: <u>EP 4503A</u>		Shift Supervisor Signature: <u>[Signature]</u>		Date: <u>10/10/91</u>	
III. INVESTIGATION INFORMATION					
Personnel Questionnaires Attached:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List:		
Trouble Reports Submitted:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Procedure Changes:		
Photographs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Material Being Held: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Location:	
AWO Copy Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Safety Tag Sheet Copy Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Information Gathered By: <u>K. Burton D.O.</u>		Signature:		Date:	
IV. DUTY OFFICER REVIEW					
Immediate Investigation Necessary:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <u>[Signature]</u>		Date: <u>10/10/91</u>
V. UNIT DIRECTOR					
Assigned Incident Category:		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> PUSH			
Remarks:					
PORC Review: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NRB Review: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NEO 2.25 Initiated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Investigator Assigned:		Unit Director:		Date:	

Stephen J. Trace
FORM APPROVED BY DIRECTOR, MILLSTONE STATION

3-26-91
EFFECTIVE DATE

91-02
SORC MTG. NO.

REPORT OF PETROLEUM OR CHEMICAL PRODUCT DISCHARGE, SPILLAGE
SEEPAGE, FILTRATION TO THE ENVIRONMENT

UNIT <u>Millsboro 3</u>	COMPANY NAME	SPILL OCCURRED OR DISCOVERED	DATE <u>10/10/91</u>	TIME <u>1200</u>	
REPORT PREPARED BY <u>Kenneth L. Burton</u>	DEPT <u>4-3 Admin</u>	PHONE <u>(203) 4444322</u>			
SUPERVISOR IN CHARGE <u>Kenneth L. Burton</u>	EMPLOYEE REPORTING SPILL				
1. SPILL LOCATION UNIT <u>3</u> ON SITE LOCATION <u>the settling pond outside of the area</u> TOWN STREET		2. EQUIPMENT, NUMBER, SIZE EACH UNIT [] CONTAINER(S) [] VEHICLE(S) TANK <u>2 7 to 10 gallons</u> [] OTHER			3. SPILL QUANTITY AND MATERIAL GALLONS [] OIL (TYPE) <u>Lubricating</u> [] CHEMICAL (NAME) [] OTHER (NAME)

4. MATERIAL HAS SPILLED ONTO [X] PAVEMENT [] TREES [] STRUCTURE [] EARTH [] CONCRETE [] VEHICLES [] LAWN [] PERSONS [] SHRUBS/BRUSH [] OTHER		5. MATERIAL HAS SPILLED INTO [X] CATCH BASIN OR STORM DRAIN [] BODY OF WATER (NAME) [X] OTHER <u>Settling Pond</u>
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4. HAS SPILL BEEN CONTAINED? [X] YES [] NO		9. WEATHER [X] FAIR [] RAIN [] SNOW/SLEET [] HIGH WIND
7. SPILL CAUSE [] VEHICLE ACCIDENT [] VALDALISM [] STORM EVENT [] CORROSION [X] EQUIP. FAILURE [] HUMAN ERROR [] OTHER	8. SPILL EVENT [] TANK OR PIPING RUPTURE [] GASKET/FITTING LEAK [X] ABOVE GROUND [] OVERFILL [] BELOW GROUND [] FIRE [] BURN OR CORROSION HOLE [] OTHER	

REPORTABLE QUANTITY (RQ) RELEASED [X] YES [X] NO IF YES, ALSO FILL OUT EPIP FORM 4112-2a AND ATTACH

DESCRIPTION OF SPILL EVENT <u>From paint shop is compressor approx 7 to 10 gallons released to settling pond</u>

REPORTING REQUIREMENTS AFTER CLASSIFYING THE TYPE OF SPILL EVENT (SEE EPIP 4701-4 OR EPIP 4112) MAKE THE SPECIFIC NOTIFICATIONS DESCRIBED BY APPROPRIATE FIGURES IN EPIP 4112. LOG ALL CALLS TO REGULATORY AGENCIES NOT COVERED UNDER *4210 PAGER NOTIFICATION.				
AGENCY NOTIFIED	CONTACT NAME	TEL. # (SF 110-2)	DATE	TIME
State DFP	J. Wilcox	566-4633	10-10-91	1235
N.H. 2-G.	F. Baskely	442-4471	10-10-91	1220
National Response Center	1-800-424-8802		10-10-91	1230
Report# 91753 RD. Yusta				