



APR 17 1996

SERIAL: BSEP 96-0128
10CFR2.201

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D. C. 20555

BRUNSWICK STEAM ELECTRIC PLANT, UNITS 1 AND 2
DOCKET NOS. 50-325 AND 50-324/LICENSE NOS. DPR-71 AND DPR-62
REPLY TO A NOTICE OF VIOLATIONS

Gentlemen:

On March 18, 1996, the Nuclear Regulatory Commission (NRC) issued Notices of Violation for the Brunswick Steam Electric Plant, Units 1 and 2. The bases for the violations are provided in NRC Inspection Report 50-325/96-01 and 50-324/96-01.

Carolina Power & Light Company admits violations A. and B. occurred as described in NRC Inspection Report 50-325/96-01 and 50-324/96-01. The reasons for the violations, the corrective actions taken, and those further corrective actions necessary to prevent recurrence have been provided in Licensee Event Reports (LERs) 1-96-001 and 1-95-021. The corrective actions as committed in the referenced LERs are complete. Carolina Power & Light Company believes the company is in compliance with NRC regulations related to violations A. and B. and that no further actions are necessary.

Enclosure 1 provides Carolina Power & Light Company's response to the remaining violations in accordance with the provisions of 10 CFR 2.201.

Carolina Power & Light Company finds the inspection does not contain information of a proprietary nature. Please refer any questions regarding this submittal to Mr. G. D. Hicks at (910) 457-2163.

Sincerely,

William R. Campbell

SFT/sft
Enclosures

1. Reply to Notice of Violations
2. List of Commitments

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cc: Mr. S. D. Ebnetter, Regional Administrator, Region II
Mr. D. C. Trimble, Jr., NRR Project Manager - Brunswick Units 1 and 2
Mr. C. A. Patterson, Brunswick NRC Senior Resident Inspector
The Honorable H. Wells, Chairman - North Carolina Utilities Commission

ENCLOSURE 1

BRUNSWICK STEAM ELECTRIC PLANT, UNITS 1 and 2 NRC DOCKET NOS. 50-325 & 50-324 OPERATING LICENSE NOS. DPR-71 & DPR-62 REPLY TO NOTICE OF VIOLATIONS

VIOLATIONS:

During an NRC inspection conducted on January 7 - February 17, 1996, five violations of NRC requirements were identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," NUREG-1600, the violations are listed below:

- A. Technical Specification (TS) 4.11.2.1.2 requires a tritium sample from the Reactor Building Ventilation system be obtained and analyzed every 30 days.

Contrary to the above, on January 12, 1996, the licensee had not obtained the required tritium sample from the Reactor Building Ventilation system which was last sampled on December 6, 1995, a period which was in excess of 30 days.

This is a Severity Level IV Violation (Supplement 1). This is applicable to Unit 1 only.

- B. TS 3.3.5.3-1, requires that two channels be operable as the minimum number of operable channels for the Drywell Radiation Instrumentation. With the number of operable channels less than required the Action: 81 requires initiation of alternate monitoring within 72 hours and restoration of the required number of operable channels within seven days or submit a special report to the Commission.

Contrary to the above, between March 16 and November 16, 1995, one of two channels for the Drywell Radiation Instrumentation was not operable and no action was initiated to implement alternative monitoring and other actions required by Action 81. Specifically, post maintenance testing to restore the affected channel to an operable status had not been completed following work activities on March 16, 1995. Subsequent performance of the testing indicated a failed count rate monitor which failed to properly calibrate within tolerance.

This is a Severity Level IV violation (Supplement I). This is applicable to Unit 1 only.

- C. 10 CFR 50, Appendix B, Criterion V, requires that activities affecting quality be prescribed by documented instruction or procedures, and shall be accomplished in accordance with these instructions or procedures. Paragraph 3.2.4 of CP&L Plant Program procedure, PLP-04, Corrective Action Management, Revisions 8 through 12, requires managers to ensure that corrective actions to resolve adverse conditions are implemented. Paragraph 6.19.1 of PLP-04 also requires CP&L Regulatory Compliance personnel to verify corrective actions have been completed prior to closing an adverse condition report.

Contrary to these requirements, the responsible manager did not ensure the revisions were implemented to Design Guide II.1 necessary to resolve Adverse Condition Report

(ACR) No. 93-168. In addition Regulatory Compliance personnel; did not verify that the corrective actions were completed prior to close out of ACR 93-168 on June 30, 1994.

This is a Severity Level IV Violation (Supplement 1). This is applicable to both units.

- D. TS 6.12.2 requires locked doors be provided to prevent unauthorized entry into such areas in which the intensity of the radiation is greater than 1000 mrem/hr.

Contrary to the above requirements, on February 4, 1996, the licensee did not ensure locked doors were provided to prevent unauthorized entry into the access from the Unit 2 torus vent header to the Unit 2 drywell, an area in which the intensity of radiation is greater than 1000 mrem/hr.

This is a Severity Level IV violation (Supplement 1). This is applicable to Unit 2 only.

- E. TS 6.8.1.a requires that written procedures shall be established, implemented, and maintained covering the activities recommended in Regulatory Guide (RG) 1.33, November 1972. RG 1.33 requires procedures for control of radioactivity for limiting materials released to the environment and limiting personnel exposure.

Contrary to the above, on January 29, 1996, the licensee did not establish an adequate procedure for flushing resin from the spent fuel pool cooling system. Specifically, there was no procedure to address system operating pressure, operator face shield, or resin discharge path, which resulted in a radiological spill and contamination of personnel.

This is a Severity Level IV Violation (Supplement 1). This is applicable to both Units.

RESPONSE TO VIOLATION C:

Admission or Denial of Violation:

Carolina Power & Light admits this violation.

Reason for Violation:

Notice of Violation 93-25-02 was issued June 18, 1993, for using uncontrolled procedures in the design process. The Corrective Action Program investigation and the resulting Condition Report (CR) corrective actions were directed at the use and availability of uncontrolled or superseded procedures in the workplace. In parallel with the root cause investigation, Engineering performed a self-assessment of Engineering's controlled documents program. The self-assessment included evaluating the impact of using uncontrolled documents on past design products. In addition the self-assessment provided recommendations for correcting other deficiencies identified during the review of the design guides. While outside the scope of the self-assessment, it was documented that Design Guide (DG) II.1 "Baseplate Design Guide" needed to be revised due to what was characterized as minor typographical errors. The assessment response indicated that correction of the typographical errors had been included in a draft revision currently in review, that the typographical error had been evaluated as minor in nature, and consequently, a follow-up action item to track this revision was not required.

In February of 1996, while in the process of upgrading the design guides to the corporate Nuclear Generation Group Common (NGGC) procedure format, Engineering determined that DG II.1 had not been revised to correct the errors identified in 1993. Investigation into this issue determined that the failure to revise the design guide in a timely manner resulted from the characterization of the significance of the errors, changes in personnel, and the lack of a formal system for tracking minor procedural deficiencies identified with design guides.

Regulatory Affairs closure of the Condition Report (ACR 93-168) was based on documentation provided, and its characterization of this issue being a minor typographical error. Regulatory Affairs closure investigation was not intrusive enough to determine that the characterization of the issue was incorrect.

Corrective Actions Which Have Been Taken and Results Achieved:

An assessment was performed (re. CR 96-00468) on any outstanding discrepancies associated with DG II.1. It concluded there were no technical or safety concerns that warranted additional investigation. The discrepancies were considered minor in magnitude and scope.

DG II.1 has been converted to NGGC procedure EGR-NGGC-0352 and all outstanding discrepancies were addressed.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

This violation response will be provided in training to appropriate Engineering, Regulatory Affairs personnel and Corrective Action Program subprogram coordinators to ensure they are sensitized to the level of intrusiveness required for action item closure.

Date When Full Compliance Will Be Achieved:

Carolina Power and Light believes that it is in full compliance.

RESPONSE TO VIOLATION D:

Admission or Denial of Violation:

Carolina Power & Light admits this violation.

Reason for Violation:

The failure to maintain positive control over access to the Unit 2 torus vent header opening resulted from inadequate communication between a worker assigned responsibility for access control and the responsible Health Physics (HP) technician. The worker was initially briefed by the HP technician on his duties and responsibilities to provide a control function for the Unit 2 Torus vent header opening. The worker did not understand his responsibility to maintain continuous control of the opening. Additionally, when the HP technician was notified that the

worker was leaving the area, the HP technician did not verify that the opening was being controlled by another individual.

Corrective Actions Which Have Been Taken and Results Achieved:

Access to the Unit 2 Torus vent header opening was immediately manned and controlled by HP personnel once this event was discovered.

Interim standing instructions were issued to the Environmental & Radiation Control Shift Manager that control of locked high radiation areas (LHRAs) would not be delegated to non-HP personnel pending evaluation.

A stand-down was held with HP personnel to emphasize the need for clear communications in pre-job briefings.

E&RC-0040 "Locked High Radiation Area Key Control" and E&RC-0045 "ALARA/Radiation Control Pre-Job Briefings" were revised to clarify the use of personnel to guard those LHRAs other than self locking doors and define specific items which are to be discussed in briefings for locked high radiation area guards. Training was provided by March 19, 1996, to appropriate Radiation Control personnel on these revisions.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

Use of personnel to guard LHRAs will be included in Continuing Training for HP personnel and in the site specific HP contractor indoctrination program by September 30, 1996.

Date When Full Compliance Will Be Achieved:

Carolina Power and Light believes that it is in full compliance with the requirements of Technical Specification 6.12.2.

RESPONSE TO VIOLATION E:

Admission or Denial of Violation:

Carolina Power & Light admits this violation.

Reason for Violation:

Investigation into the cause of the spill that occurred during the flush of the Unit 2 2A fuel pool filter demineralizer chemical clean-out line determined the following:

The level of supervision provided during the work activity was not adequate for ensuring the activity was properly evaluated, briefed, and executed.

Personnel involved with the flushing activity did not adequately communicate critical information associated with the flushing process.

The procedural and programmatic guidance available for flushing and draining of contaminated systems was not adequate.

Corrective Actions Which Have Been Taken and Results Achieved:

Personnel and building areas contaminated during the event were successfully decontaminated.

Activities associated with the flushing of potentially contaminated systems requiring a system breach were secured pending plant management approval. This interim measure will remain effective until procedural controls for flushing "hot spots" are developed.

The individuals involved have been counseled regarding management expectations on the need for careful planning, pre-job briefing, and contingency planning for every evolution. In addition, Operations and Health Physics personnel were briefed on the importance of thorough communications, pre-job briefing standards, adequate supervision of evolutions, and potential problem analysis.

The Unit 2 Spent Fuel Pool Cooling system flush process was replanned and successfully implemented to lower dose rates in the area of the fuel pool filter demineralizers and restore normal system configuration.

Interim changes to the Operations organization have been implemented to provide enhanced planning and oversight of Radwaste activities, including flushing activities.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

Procedural controls for performing "hot spot" flushing when a system breach is required are under development and will be completed by May 15, 1996.

The effectiveness of the interim changes to the Operations organization will be assessed by October 30, 1996, to determine what permanent changes are needed.

Date When Full Compliance Will Be Achieved:

Carolina Power and Light believes that it is in full compliance with the requirements of Technical Specification 6.8.1.a.

Enclosure
List of Regulatory Commitments

The following table identifies those actions committed to by Carolina Power & Light Company in this document. Any other actions discussed in the submittal represent intended or planned actions by Carolina Power & Light Company. They are described to the NRC for the NRC's information and are not regulatory commitments. Please notify the Manager-Regulatory Affairs at the Brunswick Nuclear Plant of any questions regarding this document or any associated regulatory commitments.

Commitment	Committed date or outage
1. The response to violation C. will be provided in training to appropriate Engineering, Regulatory Affairs personnel and Corrective Action Program subprogram coordinators to ensure they are sensitized to the level of intrusiveness required for action item closure.	5/15/96
2. Use of personnel to guard LHRAs will be included in Continuing Training for HP personnel and in the site specific HP contractor indoctrination program.	9/30/96
3. Procedural controls for performing "hot spot" flushing when a system breach is required are under development and will be completed.	5/15/96
4. The effectiveness of the interim Operations organization will be assessed to determine what permanent changes are needed.	10/30/96