

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)
Turkey Point Unit 4DOCKET NUMBER (2)
0 5 0 0 0 2 5 1 1 OF 0 2TITLE (4)
Engineered Safety Feature Actuation - Containment and Control Room Ventilation Isolation

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)		
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES		DOCKET NUMBER(S)
0	6	0	8	8	5	0	1	4	N/A		0 5 0 0 0
0	6	0	8	8	5	0	0	7	N/A		0 5 0 0 0

OPERATING MODE (9)		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)									
POWER LEVEL (10)	1 0 0	20.402(b)		20.405(c)	X	50.73(a)(2)(iv)		73.71(b)			
		20.405(a)(1)(i)		50.36(c)(1)		50.73(a)(2)(v)		73.71(c)			
		20.405(a)(1)(ii)		50.36(c)(2)		50.73(a)(2)(vii)		OTHER (Specify in Abstract below and in Text, NRC Form 366A)			
		20.405(a)(1)(iii)		50.73(a)(2)(i)		50.73(a)(2)(viii)(A)					
		20.405(a)(1)(iv)		50.73(a)(2)(ii)		50.73(a)(2)(viii)(B)					
		20.405(a)(1)(v)		50.73(a)(2)(iii)		50.73(a)(2)(ix)					

LICENSEE CONTACT FOR THIS LER (12)
NAME: R. D. Hart, Licensing Engineer
TELEPHONE NUMBER: 3 0 5 2 4 5 - 2 9 1 0

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)										
CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	

SUPPLEMENTAL REPORT EXPECTED (14)
☐ YES (If yes, complete EXPECTED SUBMISSION DATE) ☒ NO
EXPECTED SUBMISSION DATE (15)
MONTH: DAY: YEAR:

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

Event:

On June 8, 1985, while Unit 4 was at 100% power, containment and control room ventilation isolation occurred. The pressurizer relief tank (PRT) was drained to the containment sump to lower the pressure and temperature in the PRT. As expected, an increase in containment airborne activity was observed on process radiation monitoring instruments R-11 (particulate) and R-12 (gaseous). The activity on R-11 continued to increase until it reached its high activity alarm setpoint of 100,000 counts per minute (CPM). This caused containment ventilation to isolate and control room ventilation to isolate and switch to the recirculation mode as designed.

Cause of Event:

Investigations into the source of the leakage to the PRT revealed that the main source of leakage was from pressure control valve PCV-4-456. This is believed to be the reason for the increasing levels in the PRT and when drained, it caused containment activity to reach the R-11 setpoint.

Corrective Actions:

The following corrective actions were taken:

- 1) Off-Normal Operating Procedure (ONOP) 11108.1, "Process Radiation Monitor - Off-Normal Condition Operation", was entered and the required actions were performed.
- 2) Health Physics took a containment air sample to determine the airborne activity levels. The particulate levels were higher than normal and the gaseous levels were normal.
- 3) Upon discovery that PCV-4-456 was leaking, the associated block valve, MOV-4-535, was closed to reduce the leakage. An operator information tag was placed on MOV-4-535 to maintain the valve closed unless it was needed during an emergency situation.
- 4) PCV-4-456 will be inspected and repaired during the next Unit 4 outage of sufficient duration.
- 5) After sufficient time had elapsed to allow the activity to decay off, containment and control room ventilation was returned to its normal configuration.

The health and safety of the public were not affected. Similar occurrences: LER 251-84-004.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
Turkey Point Unit 4	05000251	85	014	00	02	OF	02

TEXT (If more space is required, use additional NRC Form 366A's) (17)

Event:

On June 8, 1985, at 12:25 p.m., while Unit 4 was at 100% power, containment and control room ventilation isolation occurred. At 11:00 a.m., the pressurizer relief tank (PRT) was drained to the containment sump to lower the pressure and temperature in the PRT. Normally the PRT is drained via the reactor coolant drain tank (RCDT) pumps but because the waste gas processing system was out of service (OOS), an on-the-spot change (OTSC) was written to Operating Procedure 4-OP-041.3, "Pressurizer Relief Tank", to allow for draining the PRT to the sump. Both waste gas compressors had been previously taken OOS for maintenance, thus rendering the waste gas processing system OOS. The drain down of the PRT was completed around 11:50 a.m. As expected, an increase in containment airborne activity was observed on process radiation monitoring instruments R-11 (particulate) and R-12 (gaseous). The activity on R-11 continued to increase until it reached its high activity alarm setpoint of 100,000 counts per minute (CPM). This caused containment ventilation to isolate and control room ventilation to isolate and switch to the recirculation mode as designed.

Cause of Event:

Investigations into the source of leakage into the PRT revealed that the main source of leakage was from pressure control valve PCV-4-456. This is believed to be the reason for increasing levels in the PRT and when drained it caused containment activity to reach the R-11 setpoint.

Analysis of Event:

The containment purge valves were closed prior to this event. The containment ventilation system isolated as designed upon receiving the signal from R-11. Containment integrity was maintained throughout the event. The control room ventilation isolated and switched over to the recirculation mode as designed upon receiving the signal from the R-11. No significant increase in activity was recorded on the plant vent effluent monitoring system. Therefore, no release path to outside containment was available. Based on the above, the health and safety of the public were not affected.

Corrective Actions:

The following corrective actions were taken:

- 1) Off-Normal Operating Procedure (ONOP) 11108.1, "Process Radiation Monitor - Off-Normal Condition Operation", was entered and the required actions were performed.
- 2) Health Physics took a containment air sample to determine the airborne activity levels. The particulate levels were higher than normal and the gaseous levels were normal.
- 3) Upon discovery that PCV-4-456 was leaking, the associated block valve, MOV-4-535, was closed to reduce the leakage. An operator information tag was placed on MOV-4-535 to maintain the valve closed unless it was needed during an emergency situation.
- 4) PCV-4-456 will be inspected and repaired during the next Unit 4 outage of sufficient duration.
- 5) After sufficient time had elapsed to allow the activity to decay off, containment and control room ventilation was returned to its normal configuration.



JUL 8 1985

L-85-263

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

Gentlemen:

Re: Reportable Event 85-14
Turkey Point Unit 4
Date of Event: June 8, 1985
Engineered Safety Feature Actuation
Containment and Control Room Ventilation Isolation

The attached Licensee Event Report is being submitted pursuant to the requirements of 10 CFR to provide notification of the subject event.

Very truly yours,

A handwritten signature in dark ink, appearing to read "J. W. Williams, Jr.", is written over a horizontal line.

J. W. Williams, Jr.
Group Vice President
Nuclear Energy

JWW/SAV/cas

Attachment

cc: Dr. J. Nelson Grace, Region II, USNRC
Harold F. Reis,, Esquire

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PEOPLE...SERVING PEOPLE