

Northeast
Utilities System

107 Selden Street, Berlin, CT 06037

Northeast Utilities Service Company
P.O. Box 270
Hartford, CT 06141-0270
(860) 665-5000

50-213

November 26, 1996

D10532

Mr. William D. Hegener
Oil and Chemical Spill Section
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Dear Mr. Hegener:

Connecticut Yankee Atomic Power Company
Oil Spill Report

On November 19, 1996 at 12:45 p.m., a spill of approximately one gallon of #2 fuel oil occurred into the discharge canal at Connecticut Yankee. A maintenance procedure was being performed on the fuel oil lines that supply the house heating boilers. Personnel pumped a portion of the oil and water waste from the boiler pipe trench into a nearby equipment drain. The worker assumed that the drain went to an oil/water separator. However, this particular drain discharges to the main discharge canal. The release of the oil was mitigated by quick discovery of the spill, and the very low discharge canal flow.

In addition to the permanent boom across the canal, plant spill personnel immediately deployed another boom to contain the spill. Absorbent pillows were immediately used to contain and remove floating oil. On the morning of November 20th, a vendor spill unit arrived on site to assist with the remaining clean-up.

Mr. Neil Torrez of the CT DEP, Mr. Finkbeiner of the National Response Center, the U.S. Coast Guard, and the U.S. Nuclear Regulatory Commission were all notified immediately after the spill was identified on November 19, 1996.

To prevent a similar event, the plant has clearly labeled the equipment drain as leading directly to the canal and to prohibiting any waste from being discharged into it.

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Mr. William D. Hegener
D10532/Page 2
November 26, 1996

Should you have any questions, please call Mr. Paul Jacobson, at (860) 665-3617.

Very truly yours,

CONNECTICUT YANKEE ATOMIC POWER COMPANY



S. E. Scace
Director-Nuclear Engineering Programs

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

Michael Harder
CT Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Michelle DiNoia
CT Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

NORTHEAST UTILITIES HAZARDOUS SUBSTANCE SPILL REPORT

OP4806-1 REV 1-94

REGION/AREA/PLANT <u>Haddam Neck</u>		COMPANY NAME <u>Connecticut Yankee</u>		SPILL OCCURRED OR DISCOVERED <u>11-19-96</u>	DATE <u>11-19-96</u>	TIME <u>12:45</u>
REPORT PREPARED BY <u>Paul Brindamour</u>		EMPLOYEE REPORTING ON SITE <u>J. Bower</u>		PHONE <u>(860) 665-3174</u>	EXT. <u>—</u>	
SUPERVISOR ON CALL <u>Scott Hard</u>		EMPLOYEE REPORTING ON SITE <u>J. Bower</u>		SPILL REPORTED TO DISPATCHER <u>11-19-96</u>	DATE <u>11-19-96</u>	TIME <u>13:45</u>

1. SPILL LOCATION	2. EQUIPMENT, NUMBER/SIZE EACH UNIT	3. QUANTITY AND TYPE
<input type="checkbox"/> STREET <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> PLANT <input type="checkbox"/> SUBSTATION <input type="checkbox"/> RIGHT OF WAY <input checked="" type="checkbox"/> OTHER TOXIN <u>Discharge Canal</u> STREET _____ NEAREST CROSS STREET _____ OTHER _____	<input type="checkbox"/> CONTAINER(S) _____ <input type="checkbox"/> VEHICLE(S) _____ <input type="checkbox"/> TANK _____ <input checked="" type="checkbox"/> OTHER <u>~ 1 gallon</u>	<u>~ 1</u> GALLONS <input checked="" type="checkbox"/> OIL (TYPE) <u>#2 Fuel</u> <input type="checkbox"/> CHEMICAL (NAME) _____ <input type="checkbox"/> OTHER (NAME) _____

4. MATERIAL HAS SPILLED ONTO	5. MATERIAL HAS SPILLED INTO
<input type="checkbox"/> PAVEMENT <input type="checkbox"/> TREES <input type="checkbox"/> STRUCTURES <input type="checkbox"/> EARTH <input type="checkbox"/> FARM CROPS <input type="checkbox"/> VEHICLES <input type="checkbox"/> LAWN <input type="checkbox"/> FARM ANIMALS <input type="checkbox"/> PERSONS <input type="checkbox"/> SHRUBS/BRUSH <input checked="" type="checkbox"/> OTHER <u>Discharge Canal</u>	<input type="checkbox"/> GUTTER, CATCH BASIN, OR STORM DRAIN <input type="checkbox"/> INLAND WETLANDS <input type="checkbox"/> POTABLE WATER SUPPLY OR RESERVOIR (NAME) _____ <input checked="" type="checkbox"/> STREAM, RIVER, POND, OR LAKE (NAME) <u>Discharge Canal</u> <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE

6. HAS SPILL BEEN CONTAINED? IF NO, DESCRIBE:
☒ YES ☐ NO

7. SPILL CAUSE	8. SPILL EVENT	9. WEATHER
<input type="checkbox"/> VEHICLE ACCIDENT <input type="checkbox"/> VANDALISM <input type="checkbox"/> STORM EVENT <input type="checkbox"/> CORROSION <input type="checkbox"/> EQUIP. FAILURE <input checked="" type="checkbox"/> HUMAN ERROR <input type="checkbox"/> OTHER _____	<input type="checkbox"/> TANK OR PIPING RUPTURE <input type="checkbox"/> GASKET/FITTING LEAK <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> GUNSHOT HOLE <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> FIRE <input type="checkbox"/> BURN OR CORROSION HOLE <input checked="" type="checkbox"/> OTHER <u>Human Error</u>	<input checked="" type="checkbox"/> FAIR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/SLEET <input type="checkbox"/> HIGH WIND

10. CLEAN-UP AND OTHER INFORMATION:

REPORTING REQUIREMENTS	DURING	CALL NO.	ORIGINAL CALL BY DISPATCHER	FOLLOW-UP CALL
C T Report all spills to: Department of Environmental Protection State Police	ALL HOURS ALL HOURS	(203) 566-3336 (203) 566-4240	DATE <u>11-19-96</u> TIME <u>13:45</u>	DATE _____ TIME _____
M A Report all spills to: Department of Environmental Protection State Police	OFFICE HOURS AFTER HOURS	(413) 784-1100 (617) 566-4500	DATE _____ TIME _____	DATE _____ TIME _____
N H Report all spills to: Department of Environmental Services State Police	OFFICE HOURS AFTER HOURS	(603) 271-2942 (800) 346-4009	DATE _____ TIME _____	DATE _____ TIME _____
R E G I O N A L S Report all spills meeting the federal or NU staff reporting criteria below to: 1. U.S.C.G. National Response Center 2. Brush Hill C.S.C. (after hours events) 3. Functional staff department on-call rep.	ALL HOURS AFTER HOURS	(800) 424-8802 (413) 785-5260	DATE <u>11-19-96</u> TIME <u>13:50</u>	DATE _____ TIME _____

Note: Reference ER5.1 - Oil & PCB Material: Use Form OP4808 (Attachment 9.3) or PSNH Form (Attachment 9.4)

ORIGINAL - FUNCTIONAL STAFF, RET: 3 YRS.

CANARY - AREA WORK CENTER, RET: LOCAL DISCRETION

PINK - REGIONAL DISPATCH CENTER, RET: 1 YR.