

Exelon Generation Company, LLC  
LaSalle County Station  
2601 North 21<sup>st</sup> Road  
Marseilles, IL 61341-9757

www.exeloncorp.com

May 4, 2005

10 CFR 50.73

United States Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, D.C. 20555

LaSalle County Station, Units 1 and 2  
Facility Operating License No. NPF 18  
NRC Docket No. 50-374

Subject: Licensee Event Report

In accordance with 10 CFR 50.73 (a)(2)(i)(B), (a)(2)(ii)(A), Exelon Generation Company, (EGC), LLC, is submitting Licensee Event Report Number 05-002-00, Docket No. 050-374.

Should you have any questions concerning this letter, please contact Mr. Terrence W. Simpkin, Regulatory Assurance Manager, at (815) 415-2800.

Respectfully,



Daniel Enright  
Plant Manager  
LaSalle County Station

Attachment: Licensee Event Report

cc: Regional Administrator - NRC Region III  
NRC Senior Resident Inspector - LaSalle County Station

JE22

**LICENSEE EVENT REPORT (LER)**  
(See reverse for required number of  
digits/characters for each block)

Estimated burden per response to comply with this mandatory collection request: 50 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Records and FOIA/Privacy Service Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. FACILITY NAME LaSalle County Station, Unit 2	2. DOCKET NUMBER 05000374	3. PAGE 1 of 3
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4. TITLE Pressure Boundary Leakage Discovered in 2D MSIV Drain Line Weld During Refueling Outage VT-2 Examination

5. EVENT DATE			6. LER NUMBER			7. REPORT DATE			8. OTHER FACILITIES INVOLVED	
MO	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO	MO	DAY	YEAR	FACILITY NAME	DOCKET NUMBER
03	12	2005	2005	002	00	05	04	2005	FACILITY NAME	DOCKET NUMBER

9. OPERATING MODE: 4  
10. POWER LEVEL: 00  
11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)

<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)
<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(x)
<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 73.71(a)(4)
<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(5)
<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> OTHER
<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	Specify in Abstract below or in NRC Form 366A
<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	
<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(vii)	
<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	
<input type="checkbox"/> 20.2203(a)(3)(i)	<input checked="" type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	

12. LICENSEE CONTACT FOR THIS LER  
NAME: Eric Ballou, Design Engineering  
TELEPHONE NUMBER (Include Area Code): (815) 415-3239

13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX

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

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

On March 12, 2005, during a scheduled refueling outage on Unit 2, a pinhole leak in a Class 1 weld on the outboard Main Steam Isolation Valve drain line (2B21-F028D) was discovered during a hydrostatic test of the reactor coolant pressure boundary. The apparent cause of the leak was a weld inclusion or defect from a Class 1 weld made in 1995.

The weld was repaired, non-destructive surface examination performed, and the hydrostatic test was re-performed successfully within acceptance criteria. The subject weld will receive another VT-2 examination during the next refueling outage on Unit 2.



**LICENSEE EVENT REPORT (LER)**

1. FACILITY NAME	2. DOCKET NUMBER	6. LER NUMBER			3. PAGE
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		05	- 002	- 00	

17. NARRATIVE (If more space is required, use additional copies of NRC Form 366A)

**E. CORRECTIVE ACTIONS**

- The weld was repaired and inspected using liquid dye penetrant testing. The hydrostatic test was re-performed in accordance with LaSalle County Station procedure LOP-NB-01, and the VT-2 examination was successful within acceptance criteria. (Complete)
- The subject weld will receive another VT-2 examination during the next refueling outage on Unit 2 that will provide further confidence that the repair was successful. (AT# 311917-10).

**F. PREVIOUS OCCURRENCES**

A search of LaSalle Licensee Event Reports from the last 10 years found no similar occurrences.

**G. COMPONENT FAILURE DATA**

No components failed in this event.