

LICENSEE EVENT REPORT

Regulatory Docket File

CONTROL BLOCK: _____

(PLEASE PRINT ALL REQUIRED INFORMATION)

026017/12 Docket 9-26-75

LICENSEE NAME														LICENSE NUMBER											LICENSE TYPE					EVENT TYPE	
01	N	Y	I	P	S	2	0	0	-	0	0	0	0	-	0	0	4	1	1	1	1	0	1								
7	8	9	14	15	25	26	30	31	32																						

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER					EVENT DATE					REPORT DATE											
01	CON'T	P	O	L	L	0	5	0	-	0	2	4	7	0	8	2	7	7	5	0	9	2	6	7	5
7	8	57	58	59	60	61	68	69	74	75	80														

EVENT DESCRIPTION

02 During normal operation two charging pumps became inoperable due to
 03 excessive plunger seal leakage. The remaining charging pump was
 04 operable. As required by Tech.Specs. two charging pumps were operable
 05 within 24 hours. The affected plungers of both charging pumps were
 06 replaced. On July 22, 1975 the same event occurred. (AO-75-2-19(B))

SYSTEM CODE		CAUSE CODE		COMPONENT CODE					PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER			VIOLATION	
07	P	C	E	P	U	M	P	X	X	N	U	O	5	5	N
7	8	9	10	11	12	17	43	44	47	48					

CAUSE DESCRIPTION

08 The variable speed positive displacement 98gpm pumps became
 09 inoperable due to excessive plunger seal leakage. Possible
 10 design modifications are being investigated.

FACILITY STATUS		% POWER			OTHER STATUS			METHOD OF DISCOVERY		DISCOVERY DESCRIPTION				
11	E	1	0	0	NA	A	NA							
7	8	9	10	12	13	44	45	46						

FORM OF ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY					LOCATION OF RELEASE					
12	Z	Z	NA	NA						NA				
7	8	9	10	11	44	45								

PERSONNEL EXPOSURES

NUMBER			TYPE		DESCRIPTION					
13	0	0	0	Z	NA					
7	8	9	11	12	13					

PERSONNEL INJURIES

NUMBER			DESCRIPTION						
14	0	0	0	NA					
7	8	9	11	12					

OFFSITE CONSEQUENCES

15	NA												
7	8	9											

LOSS OR DAMAGE TO FACILITY

TYPE		DESCRIPTION											
16	Z	NA											
7	8	9	10										

PUBLICITY

17	NA												
7	8	9											

ADDITIONAL FACTORS

18	NA												
7	8	9											

19	8111070397 750926 PDR ADOCK 05000247 G PDR												
7	8	9											

NAME: Michael Shatkouski

PHONE: (914) 739-8823

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7	8	9	10	11	44	45								

PERSONNEL EXPOSURES

NUMBER		TYPE		DESCRIPTION	
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7	8	9	11	12	13

PERSONNEL INJURIES

NUMBER		DESCRIPTION		
14	0	0	0	NA
7	8	9	11	12

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

TYPE		DESCRIPTION	
16	Z	NA	
7	8	9	10

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

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