

FORM TITLE:

**CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS REPORT MADE IN ACCORDANCE WITH
10CFR50.72, 10CFR73.71, 49 CFR, 10CFR20.403**

REACTOR PLANT EVENT NOTIFICATION WORKSHEET				EN# <u>11-11</u>	
NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694* [2nd] 301-415-0550 and [3rd] 301-415-0553 *Licensees who maintain their own ETS are provided these telephone numbers.					
NOTIFICATION TIME 17:40	FACILITY OR ORGANIZATION Plant Hatch	UNIT 1 & 2	NAME OF CALLER Kenny Hunter	CALL BACK # 912-537-5959	
EVENT TIME & ZONE Unknown Eastern	EVENT DATE 09/28/11	POWERMODE BEFORE 100% Mode 1 U1 & 91% Mode 1 U2		POWER MODE AFTER 100% Mode 1 U1 & 91% Mode 1 U2	
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72 (b)(1)	<input type="checkbox"/> (v)(A) Safe S/D Capability		
<input type="checkbox"/> GENERAL EMERGENCY 1 Hour		<input type="checkbox"/> TS DEVIATION	<input type="checkbox"/> (v)(B) RHR Capability		
<input type="checkbox"/> SITE AREA EMERGENCY 1 Hour		4-Hr. Non-Emergency 10 CFR 50.72 (b)(2)	<input type="checkbox"/> (v)(C) Control of Rad Release		
<input type="checkbox"/> ALERT 1 Hour		<input type="checkbox"/> (i) TS Required S/D	<input type="checkbox"/> (v)(D) Accident Mitigation		
<input type="checkbox"/> UNUSUAL EVENT 1 Hour		<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS	<input type="checkbox"/> (xii) Offsite Medical		
<input type="checkbox"/> 50.72 NON-EMERGENCY		<input type="checkbox"/> (iv)(B) RPS Actuation (scram)	<input type="checkbox"/> (xiii) Loss Comm/Asmt/Resp		
<input type="checkbox"/> PHYSICAL SECURITY (73.71)	<input checked="" type="checkbox"/>	<input type="checkbox"/> (xi) Offsite Notification	60-Day Optional 10 CFR 50.73 (a)(1)		
<input type="checkbox"/> MATERIAL/EXPOSURE		8-Hr. Non-Emergency 10 CFR 50.72 (b)(3)	<input type="checkbox"/> Invalid Specified System Actuation		
<input type="checkbox"/> FITNESS FOR DUTY		<input type="checkbox"/> (ii)(A) Degraded Condition	Other Unspecified Requirement (Identify)		
<input type="checkbox"/> OTHER UNSPECIFIED REQMT.		<input type="checkbox"/> (ii)(B) Unanalyzed Condition			
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> (iv)(A) Specified System Actuation			
NRC OFFICIAL NOTIFIED: Pete Snyder			NRC RESIDENT NOTIFIED Eddie Morris		
DESCRIPTION					
<p>On Sept. 28, 2011, results from routine monitoring of groundwater at Plant Hatch indicated tritium was detected above historical background levels at two sample points on site. Additional samples were taken from the same points and analysis confirmed that tritium was present at elevated levels in both samples and that tritium had not migrated out of the general area of initial discovery. Tritium concentrations up to 5.34 million picocuries per liter were observed. Immediate actions were taken to locate the source of the leak and actions are in progress to stop the leak. The tritium is confined to a small area on the plant site in the vicinity of the Unit 1 condensate storage tank, and there is no significant potential for off-site impact. Additionally, there is no impact to on-site personnel. No tritium levels above background have been detected or migrated outside the area where the two sample points are located.</p> <p>Southern Nuclear will continue to sample strategic locations in the ground water monitoring network to determine if there are changes in the impacted area and beyond. SNC is confident that these levels are of low safety significance and do not pose any issues to the public health and safety.</p> <p>In accordance with Southern Nuclear's groundwater protection procedures and the Nuclear Energy Institute (NEI)/Industry Groundwater Protection Initiative, Southern Nuclear contacted the Nuclear Regulatory Commission (NRC) Region II resident inspector and the Georgia Department of Natural Resources to inform them of this matter.</p> <p>NRC Event # 47306</p>					
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above) <input checked="" type="checkbox"/> NO
NRC RESIDENT	X				
STATE(s)	X			DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain above)
LOCAL		X			
OTHER GOV AGENCIES	X			MODE OF OPERATIONS UNTIL CORRECTED:	ESTIMATED RESTART:
MEDIA/PRESS RELEASE		X		Mode 1	N/a
				ADDITIONAL INFO ON PAGES 2 & 3 (If NO do not attach)	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

A/2