

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

8 9 I L D R S 3 2 0 0 - 0 0 0 0 0 0 - 0 0 0 3 4 1 1 1 1 4 5
LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

REPORT SOURCE L 6 0 5 0 0 0 2 4 9 7 0 4 2 3 8 0 8 0 5 1 4 8 0 9
60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During refueling outage, 3B Core Spray relief valve found leaking. 3B Core Spray
0 3 | subsystem taken out of service and reactor mode switch placed in shutdown position
0 4 | (T.S. 3.5.A.7). When "jockey" pump isolated from 3B Core Spray header, system low
0 5 | pressure alarm occurred. No effect on health and safety of general public since
0 6 | all other safety systems operable and reactor already shutdown. Similar event:
0 7 | 80-3/03L-0.
0 8 | _____

0 9 | SYSTEM CODE S F 11 CAUSE CODE E 12 CAUSE SUBCODE B 13 COMPONENT CODE V A L V E X 14 COMP. SUBCODE P 15 VALVE SUBCODE B 16
17 | LER/RO REPORT NUMBER 8 0 23 | SHUTDOWN METHOD Z 21 24 | SEQUENTIAL REPORT NO. 0 2 0 27 | OCCURRENCE CODE 0 3 28 29 | REPORT TYPE L 30 31 | REVISION NO. 0 32
ACTION TAKEN B 18 FUTURE ACTION Z 19 EFFECT ON PLANT Z 20 HOURS 0 0 0 22 ATTACHMENT SUBMITTED N 23 NPRD-4 FORM SUB. Y 24 PRIME COMP. SUPPLIER N 25 COMPONENT MANUFACTURER C 5 6 7 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The valve was disassembled and noted to have a bad seat. Seat was lapped and valve
1 1 | reassembled, tested and placed back in system. Believe lifting of relief valve during
1 2 | primary system hydro test caused pitted seat. Valve is 0 to 300#, 3" angle pressure
1 3 | relief, manufactured by Consolidated Safety Relief Valves. No subsequent action
1 4 | necessary.

5 | FACILITY STATUS H 28 % POWER 0 0 0 29 OTHER STATUS NA 30 METHOD OF DISCOVERY A 31 DISCOVERY DESCRIPTION Operator Observation 32

6 | ACTIVITY CONTENT Z 33 Z 34 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36

7 | PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE Z 38 DESCRIPTION NA 39

8 | PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41

9 | LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43

0 | PUBLICITY ISSUED N 44 DESCRIPTION NA 45

8005230464

NRC USE ONLY



Commonwealth Edison

DEVIATION REPORT

DVR NO. _____
 STA UNIT YEAR NO.
 D - 12 - 3 - 80 - 35

PART 1 TITLE OF DEVIATION
 Failure of 3B Core Spray System Relief Valve

OCCURRED
 4/23/80 0400
 DATE TIME

SYSTEM AFFECTED 1400
 Core Spray

PLANT CONDITIONS
 MODE Refuel PWR (MWT) 0 LOAD (MWE) 0

TESTING
 YES NO

DESCRIPTION OF EVENT
 3B Core Spray system relief valve is leaking thru. Torus level is decreasing and RBEDT level is increasing. Isolated ECCS Jockey Pump from 3B Core spray system and got "Core Spray Header Low Pressure Alarm".

DESCRIPTION OF CAUSE
 Unknown at this time.

OTHER APPLICABLE INFORMATION
 Checked RBEDT chart and found increased input with torus level decreasing slowly.

EQUIPMENT YES
 FAILURE NO

DR NO. _____ WR NO. 6231

R. Sitts
 RESPONSIBLE SUPERVISOR

4/23/80
 DATE

PART 2 OPERATING ENGINEERS COMMENTS
 The Rx Mode Switch was subsequently placed in the shutdown position

TYPE OF DEVIATION REPORTABLE OCCURRENCE <input type="checkbox"/> 14 DAY <input type="checkbox"/> 10CFR21 <input checked="" type="checkbox"/> 30 DAY NOTIFICATION 6.6.B.2.b	EVENT OF POTENTIAL PUBLIC INTEREST <input type="checkbox"/>	TECH SPEC VIOLATION <input type="checkbox"/>	NON-REPORTABLE OCCURRENCE <input type="checkbox"/>	ANNUAL REPORTING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SAFETY-RELATED WR ISSUED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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REPORTABLE OCCURRENCE NUMBER 80 -80-20/03L-0	ACTION ITEM NO.	PROMPT ON-SITE NOTIFICATION R. M. Ragan 4/23/80 0800 TITLE DATE TIME _____ DATE TIME
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24-HOUR NRC NOTIFICATION <input checked="" type="checkbox"/> J. Barker 4/23/80 0800 REGION III DATE TIME <input type="checkbox"/> TGM REGION III & DOL DATE TIME	PROMPT OFF-SITE NOTIFICATION F. Palmer 4/23/80 11:39 TITLE DATE TIME J. Gilliom 4/23/80 11:39 TITLE DATE TIME
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RESPONSIBLE COMPANY OFFICER INFORMED OF 10CFR21 CONDITIONS AND THEIR REPORT TO NRC _____

Michael Wright 4/23/80
 OPERATING ENGINEER DATE

ACCEPTANCE BY STATION REVIEW AS REQUIRED
 DATE 5-15-80

RESOLUTION APPROVED AND AUTHORIZED FOR DISTRIBUTION
 DATE 5-19-80

STATION SUPERINTENDENT