

LICENSEE EVENT REPORT

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

0 1 | L | L | D | R | S | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | [] [] [] [] (5)

CON'T
0 1 | REPORT SOURCE: L | 0 | 5 | 0 | 0 | 0 | 2 | 3 | 7 | 0 | 9 | 0 | 4 | 8 | 0 | 0 | 9 | 2 | 9 | 8 | 0 |

0 2 | During normal operations, the frequency of water addition to the torus increased. Leak
0 3 | rate tests indicated a leak in the 2B LPCI Heat Exchanger. The system was isolated, and
0 4 | the tube leaks were plugged. The health and safety of the general public was not en-
0 5 | dangered because redundant subsystems were operable. Similar events have occurred, the
0 6 | last being 50-249/80-26.

0 9 | SYSTEM CODE: S | F | CAUSE CODE: E | CAUSE SUBCODE: D | COMPONENT CODE: H | T | E | X | C | H | COMP. SUBCODE: C | VALVE SUBCODE: Z |

17 | LER/RO REPORT NUMBER: 8 | 0 | SEQUENTIAL REPORT NO.: 0 | 3 | 3 | OCCURRENCE CODE: 0 | 3 | REPORT TYPE: L | REVISION NO.: 0 |
ACTION TAKEN: X | FUTURE ACTION: X | EFFECT ON PLANT: Z | SHUTDOWN METHOD: Z | HOURS: 0 | 0 | 0 | ATTACHMENT SUBMITTED: N | NPRO-4 FORM SUB.: Y | PRIME COMP. SUPPLIER: N | COMPONENT MANUFACTURER: P | 1 | 6 | 0 |

1 0 | CAUSE DESCRIPTION AND CORRECTIVE ACTIONS: Forty-six tubes in the LPCI Heat Exchanger were leaking. The probable cause was corro-
1 1 | sion. The immediate corrective action was to plug these leaking tubes. The Heat Ex-
1 2 | changer was then retested to verify that leakage had been stopped. Monthly leak check
1 3 | surveillance to provide timely detection has been implemented. Alternatives to prevent
1 4 | further leaks are being investigated by Station Nuclear Engineering and the Station.

1 5 | FACILITY STATUS: E | % POWER: 0 | 6 | 6 | OTHER STATUS: NA | METHOD OF DISCOVERY: A | DISCOVERY DESCRIPTION: Operator Observation

1 6 | ACTIVITY: L | CONTENT: M | RELEASED OF RELEASE: .15 ci | AMOUNT OF ACTIVITY: .15 ci | LOCATION OF RELEASE: Reactor Building to Service Water

1 7 | PERSONNEL EXPOSURES: NUMBER: 0 | 0 | 0 | TYPE: Z | DESCRIPTION: NA

1 8 | PERSONNEL INJURIES: NUMBER: 0 | 0 | 0 | DESCRIPTION: NA

1 9 | LOSS OF OR DAMAGE TO FACILITY: TYPE: Z | DESCRIPTION: NA

2 0 | PUBLICITY ISSUED: N | DESCRIPTION: NA

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