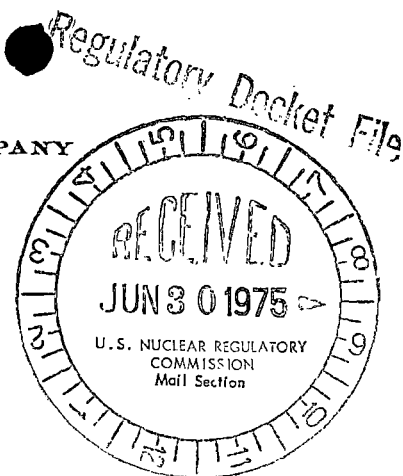


VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

June 20, 1975



Mr. Norman C. Moseley, Director
Office of Inspection and Enforcement
United States Nuclear Regulatory Commission
Region II - Suite 818
230 Peachtree Street, Northwest
Atlanta, Georgia 30303

Serial No. 573
PO&M/JTB:clw

Docket No. 50-281
License No. DPR-37

Dear Mr. Moseley:

Pursuant to Surry Power Station Technical Specification 6.6.B.1, the Virginia Electric and Power Company hereby submits forty (40) copies of Abnormal Occurrence Report No. AO-S2-75-09.

The substance of this report has been reviewed by the Station Nuclear Safety and Operating Committee and will be placed on the agenda for the next meeting of the System Nuclear Safety and Operating Committee.

Very truly yours,

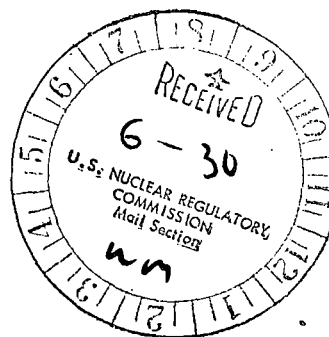
C. M. Stallings

C. M. Stallings
Vice President-Power Supply
and Production Operations

Enclosures

40 copies of AO-S2-75-09

cc: Mr. K. R. Goller



6946

LICENSEE EVENT REPORT

AO-S2-75-09

CONTROL BLOCK: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME: V A S P S 2; LICENSE NUMBER: 00-000000-00; LICENSE TYPE: 41110; EVENT TYPE: 01; CATEGORY: MI; REPORT TYPE: T; REPORT SOURCE: L; DOCKET NUMBER: 050-0281; EVENT DATE: 061375; REPORT DATE: 061975

EVENT DESCRIPTION

02 During reactor heatup it was found that the above ground emergency condensate storage tank contained less than the required 60,000 gallons of water. The tank level was deficient for approximately nine (9) hours. Corrective action consisted of filling the tank to a level greater than 60,000 gallons. The unit's assigned 100,000 gallon underground emergency condensate storage tank was full throughout the startup.

AO-S2-75-09; SYSTEM CODE: WF; CAUSE CODE: D; COMPONENT CODE: ZZZZZZ; PRIME COMPONENT SUPPLIER: Z; COMPONENT MANUFACTURER: ZZZZ; VIOLATION: Y

CAUSE DESCRIPTION

08 An investigation revealed that the occurrence was caused by inconsistencies in Operating Procedure 31.2. Steps are being taken to correct the procedure.

11 FACILITY STATUS: G; % POWER: 000; OTHER STATUS: N/A; METHOD OF DISCOVERY: A; DISCOVERY DESCRIPTION: N/A; 12 FORM OF ACTIVITY RELEASED: Z; CONTENT OF RELEASE: Z; AMOUNT OF ACTIVITY: N/A; LOCATION OF RELEASE: N/A

PERSONNEL EXPOSURES

13 NUMBER: 000; TYPE: Z; DESCRIPTION: N/A

PERSONNEL INJURIES

14 NUMBER: 000; DESCRIPTION: N/A

OFFSITE CONSEQUENCES

15 N/A

LOSS OR DAMAGE TO FACILITY

16 TYPE: Z; DESCRIPTION: N/A

PUBLICITY

17 N/A

ADDITIONAL FACTORS

18 N/A

19

NAME: T. L. Baucom PHONE: (804) 357-3184