

LICENSEE EVENT REPORT

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

01 M I T P A L L 1 2 0 0 0 0 0 0 0 0 0 0 0 3 4 1 1 1 1 4 _____ 5
7 8 9 14 15 25 28 30 37 40 47 50 57 60

CON'T
01 REPORT SOURCE L 6 9 5 0 0 0 2 5 5 7 1 0 2 5 7 8 9 1 1 0 3 7 8 9
7 8 9 60 61 66 69 74 75 80

02 During the period 9-26-78 to 10-10-78, waste gas decay tank T-68B was
03 isolated to accomplish a 15-day holdup of its contents as required by
04 TS 3.9.17. During that period, 2.06 STERES of the tanks contents leaked
05 out, and were released w/o being heldup for the required 15-day decay
06 period. Total activity released was 0.0135 curies, with Xe-133 being the
07 predominant nuclide. Refer to LER 77-023 for similar occurrence. Event
08 had no adverse effect on public health or safety.

09 SYSTEM CODE M B 11 CAUSE CODE X 12 CAUSE SUBCODE Z 13 COMPONENT CODE A C C U M U 14 COMP SUBCODE Z 15 VALVE SUBCODE Z 16
17 LER/RO REPORT NUMBER 7 8 21 EVENT YEAR 7 8 22 SEQUENTIAL REPORT NO. 0 3 3 24 OCCURRENCE CODE 1 27 REPORT TYPE T 30 REVISION NO 0 32
ACTION TAKEN X 18 FUTURE ACTION Z 19 EFFECT ON PLANT Z 20 SHUTDOWN METHOD Z 21 HOURS 0 0 0 22 ATTACHMENT SUBMITTED N 23 NPRO-4 FORM SUB N 24 PRIME COMP SUPPLIER A 25 COMPONENT MANUFACTURER M 1 3 0 26

10 CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
10 Leakage path is postulated to have been through the tank relief valve.
11 During filling of the tank, it was pressurized to approx 119 psig, due
12 to faulty pressure instrumentation. It is believed the elevated pressure
13 caused leakage through the relief valve which normally lifts at 130 psig.
14 The instrumentation has been recalibrated.

15 FACILITY STATUS D 28 % POWER 1 0 0 29 OTHER STATUS N/A 30 METHOD OF DISCOVERY A 31 DISCOVERY DESCRIPTION Review of records 32

16 RELEASED OF RELEASE G 33 M 34 0.0135 curies total 35 LOCATION OF RELEASE Cannot be positively determined 36

17 PERSONNEL EXPOSURES NUMBER 0 37 TYPE 0 38 DESCRIPTION N/A 39 990072

18 PERSONNEL INJURIES NUMBER 0 40 DESCRIPTION N/A 41 7909210457

19 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION N/A 43 7909210457

20 PUBLICITY ISSUED N 44 DESCRIPTION N/A 45

POOR ORIGINAL

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