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FROM: Metropolitan Edison Co. Reading, PA. W.M. Creitz	DATE OF DOC 10-7-75	DATE REC'D 10-9-75	LTR XXX	TWX	RPT	OTHER
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DESCRIPTION:
Letter trans the following....

ENCLOSURES:
Nonroutine 10-Day Report # 75-06, On 9-27-75 Concerning an unplanned release of Radioactive Material due to a Material Failure.....
(1 Copy Enclosure Received)

PLANT NAME: Three Mile Island

FOR ACTION/INFORMATION SAB 10-14-75

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METROPOLITAN EDISON COMPANY SUBSIDIARY OF GENERAL PUBLIC UTILITIES CORPORATION

POST OFFICE BOX 542 READING, PENNSYLVANIA 19603 TELEPHONE 215 – 929-3601

October 7, 1975
GQL 1586

Regulatory File Cy.

Director of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Sir:

Docket No. 50-289
Operating License DPR-50
Nonroutine 10-Day Report 75-06

In accordance with Section 6.7.2.A.2 of the Technical Specifications for our Three Mile Island Nuclear Station Unit 1, enclosed please find Nonroutine 10-Day Report 75-06 that deals with an unplanned release of radioactive material which occurred on September 27, 1975.

We would like to point out that no member of the public and no station or contractor personnel received a radiation dose in excess of the limits stated in 10 CFR 20 as a result of the release. Further, none of the limits given in the Technical Specifications were exceeded.

We trust that this satisfies the reporting requirements referenced above and adequately answers any concerns you may have.

Sincerely,

W. M. Creitz
President

WMC:JMC:ilm

File: 20.1.1/7.7.3.12.1

Enclosure: Nonroutine 10-Day Report 75-06

cc: Mr. J. P. O'Reilly (U.S. NRC - Region 1)
Ms. Margaret Reilly (PaDER)

NONROUTINE 10-DAY REPORT 75-06
REPORT OF AN UNPLANNED RELEASE OF RADIOACTIVE MATERIAL
OCCURRING ON SEPTEMBER 27, 1975

Description of Occurrence

On September 27, 1975, between the hours of 1523 and 1600 (thirty-seven (37) minutes) an inadvertent release of gaseous radioactive material occurred due to the lifting of relief valve DH-V-57A that resulted in leakage of primary coolant to the 281 foot elevation of the Auxiliary Building. The subsequent degassing of the coolant resulted in the gaseous radioactive material being released to the atmosphere via the Auxiliary Building Ventilation System. The initial indication of the problem occurred when at 1535, with the reactor subcritical and cooling down via the decay heat removal operating mode, an alert-level alarm was received on the Auxiliary Building Ventilation Exhaust Radiation Monitor (RM-A6) Gas Channel. Investigation determined the cause to be the lifting of relief valve DH-V-57A which was caused by leakage through check valve DH-V-14A. The Decay Heat Removal "A" System was secured and the release was terminated. Three individuals, one operator and two Radiation Protection Technicians, received slight contamination due to the spray from the relief valve DH-V-57A, however nose and mouth swabs indicated no internal contamination. Subsequent decontamination of the individuals effectively reduced the contamination levels of all personnel involved.

Apparent Cause of the Occurrence

Material failure was the apparent cause of the occurrence in that check valve DH-V-14A leaked by causing relief valve DH-V-57A to lift at its designed relief point.

Analysis of the Occurrence

For the following reasons it is believed that the release of gaseous radioactive material on the 27th of September did not endanger either the health or safety of the public.

a. None of the limits of the TMI-1 Technical Specifications were exceeded.

b. None of the maximum permissible concentration limits for non-radiation workers as given in 10 CFR 20 were exceeded at the site boundary.

c. No individual on site at the time of the release received a radiation dose in excess of the limits of radiation workers specified in 10 CFR 20.

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Corrective Actions

Immediate corrective action as described above was taken to terminate the release. Additionally, maintenance will be performed on check valve DH-V-14A during a future outage to prevent a recurrence of the incident.

Failure Data

Previous Failure Data: None

Equipment Identification: DH-V-14A. 14 inch check valve manufactured by Walworth Corp.

Release Data

NOTE: In no case did any member of the public or any station or contractor personnel receive a radiation dose near the applicable limits given in 10 CFR 20.

A total release consisted of .792 curies of predominantly (>99%) Xe-133 based on Radiation Monitoring System Strip Chart recordings and samples of the affected area during the release. The maximum instantaneous noble gas release rate during the thirty-seven minute period was 1.88×10^{3} M^3/sec. which is below the Technical Specification limit of 1.2×10^{5} M^3/sec. The average release rate during the period was 1.19×10^{3} M^3/sec. The 24 hour average concentration in the affected area was 4.85×10^{-6} µCi/cc (based on a measured air flow of 4000 CFM), which is reportable under Specification 6.7.2.A.2. Evaluation of the TLD's worn by the three individuals showed low exposures (<21 mRem). However it is believed that these exposures can be attributed to other work during the month. Negative results on nose and mouth swabs for the three individuals precluded the necessity of whole-body counting.