

# LICENSEE EVENT REPORT

CONTROL BLOCK: 

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[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME: 

01	A	R	A	R	K	I	I
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 LICENSE NUMBER: 

15	0	0	-	0	0	0	0	0	0	0	0
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 LICENSE TYPE: 

28	4	1	1	1	1	1	1
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 EVENT TYPE: 

31	0	1	1
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CATEGORY: 

7	0	1
---	---	---

 REPORT TYPE: 

39	T
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 REPORT SOURCE: 

60	L
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 DOCKET NUMBER: 

81	0	5	0	-	0	3	1	3
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 EVENT DATE: 

69	0	8	2	6	7	7
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 REPORT DATE: 

75	0	9	0	8	7	7
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## EVENT DESCRIPTION

02 | AT STEADY-STATE POWER (100% FP), A SURVEILLANCE TEST REVEALED THAT THE  
03 | REACTOR FLOW RATE COULD NOT BE ESTABLISHED ON THE HYDROGEN PURGE SYSTEM. IT WAS  
04 | DISCOVERED THAT THE PROBLEM WAS CAUSED BY THE FILTERS BEING FULL OF WATER. THIS  
05 | IS NOT A RECURRENT OCCURRENCE. THE FILTERS WERE REPLACED AND CERTIFIED BY  
06 | A VENDOR REPRESENTATIVE. (50-313/77-18)

SYSTEM CODE: 

7	8	9	S	I	E
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 CAUSE CODE: 

11	A
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 COMPONENT CODE: 

12	F	I	L	T	E	R
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 PRIME COMPONENT SUPPLIER: 

43	A
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 COMPONENT MANUFACTURER: 

44	Z	a	a	a	a
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 VIOLATION: 

48	N
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## CAUSE DESCRIPTION

08 | THE PROBABLE CAUSE WAS AN INCORRECT SEQUENCE OF VALVE OPERATION  
09 | WHEN PLACING THE SYSTEM IN SERVICE. THE FILTERS WERE REPLACED  
10 | AND HAVE BEEN CERTIFIED.

FACILITY STATUS: 

7	8	9	E
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 % POWER: 

10	1	0	0
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 OTHER STATUS: 

12	13	NA
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 METHOD OF DISCOVERY: 

44	45	6
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 DISCOVERY DESCRIPTION: 

46	NA
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FORM OF ACTIVITY RELEASED: 

7	8	9	Z
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 CONTENT OF RELEASE: 

10	11	NA
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 AMOUNT OF ACTIVITY: 

44	45	NA
----	----	----

 LOCATION OF RELEASE: 

46	NA
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## PERSONNEL EXPOSURES

13 | NUMBER: 

7	8	9	0	0	0
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 TYPE: 

11	12	Z
----	----	---

 DESCRIPTION: 

13	NA
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## PERSONNEL INJURIES

14 | NUMBER: 

7	8	9	0	0	0
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 DESCRIPTION: 

11	12	NA
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## OFFSITE CONSEQUENCES

15 | 

7	8	9	NA
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## LOSS OR DAMAGE TO FACILITY

16 | TYPE: 

7	8	9	Z
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 DESCRIPTION: 

10	NA
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## PUBLICITY

17 | 

7	8	9	NA
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## ADDITIONAL FACTORS

18 | 

7	8	9	
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19 | 

7	8	9	
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NAME: DAVID G. MARDIS

PHONE: 501/311-4496

8004110704

1. Reportable Occurrence Report No. 50-313/77-18  
2. Report Date: 9/8/77 3. Occurrence Date: 8/26/77  
4. Facility: Arkansas Nuclear One - Unit 1  
Russellville, AR 72801  
5. Identification of Occurrence:

The inoperability of the Hydrogen Purge System

6. Conditions Prior to Occurrence:

Steady-State Power	<u> X </u>	Reactor Power	<u> 2568 </u>	MWth
Hot Standby	<u> </u>	Net Output	<u> 778 </u>	MWe
Cold Shutdown	<u> </u>	Percent of Full Power	<u> 100 </u>	%
Refueling Shutdown	<u> </u>	Load Changes During Routine Power Operation	<u> </u>	
Routine Startup Operation	<u> </u>			
Routine Shutdown Operation	<u> </u>			
Other (specify)				

7. Description of Occurrence:

At 1120 hours on 8/26/77 while conducting surveillance testing on the Hydrogen Purge System, it was discovered that the proper flow rate could not be established. An investigation revealed that the problem was caused by the filters being full of water.

8. Designation of Apparent Cause of Occurrence:

Design	_____	Procedure	_____
Manufacture	_____	Unusual Service Condition Including Environmental	_____
Installation/ Construction	_____	Component Failure (See Failure Data)	_____
Operator	<u>    X    </u>		

Other (specify)

The probable cause was an incorrect sequence of valve operation when placing the system in service.

9. Analysis of Occurrence:

Since the Hydrogen Purge System is not required until 11.5 days following a LOCA, there was no hazard to the health and safety of the public.

10. Corrective Action:

The correct sequence of valve operation has been reemphasized to the Operations personnel. The filters have been replaced and a vendor representative has tested and certified the filters to be acceptable. A Technical Specification revision changed the required action when both systems are inoperable from being in a cold shutdown condition within 36 hours to allowing reactor operation for 30 days with an additional 6 hours to be in a hot shutdown condition.

11. Failure Data:

None