

LICENSEE EVENT REPORT

CONTROL BLOCK:

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME: 01 ARARKI LICENSE NUMBER: 00-00000-00 LICENSE TYPE: 41111 EVENT TYPE: 03

CATEGORY: 01 CONT REPORT TYPE: L REPORT SOURCE: L DOCKET NUMBER: 050-0313 EVENT DATE: 082477 REPORT DATE: 09277

EVENT DESCRIPTION

02 AT STEADY-STATE (100% FP), A SMALL LEAK WAS DISCOVERED IN THE
03 CASING DRAIN LINE OF THE "B" PRIMARY MAKEUP PUMP. THE CRACKED
04 DRAIN LINE WAS REMOVED AND A NEW DRAIN LINE WAS INSTALLED.
05 A REDUNDANT SYSTEM WAS AVAILABLE. THIS IS A REPETITIVE
06 OCCURRENCE. (50-313/77-17)

SYSTEM CODE: CG CAUSE CODE: E COMPONENT CODE: ZZZZZZ PRIME COMPONENT SUPPLIER: Z COMPONENT MANUFACTURER: Zaaa VIOLATION: N

CAUSE DESCRIPTION

08 A CRACK OF AN UNKNOWN ORIGIN WAS DISCOVERED IN THE CASING
09 DRAIN LINE. THE LEAKING DRAIN LINE WAS REMOVED AND A NEW
10 ONE WAS INSTALLED.

FACILITY STATUS: E % POWER: 100 OTHER STATUS: NA METHOD OF DISCOVERY: b DISCOVERY DESCRIPTION: NA

FORM OF ACTIVITY RELEASED: Z CONTENT OF RELEASE: Z AMOUNT OF ACTIVITY: NA LOCATION OF RELEASE: NA

PERSONNEL EXPOSURES

NUMBER: 000 TYPE: Z DESCRIPTION: NA

PERSONNEL INJURIES

NUMBER: 000 DESCRIPTION: NA

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

TYPE: Z DESCRIPTION: NA

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19 NA

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Reportable Occurrence Report No. 50-313/77-17

8. Designation of Apparent Cause of Occurrence:

Design	_____	Procedure	_____
Manufacture	_____	Unusual Service Condition Including Environmental	_____
Installation/ Construction	_____	Component Failure (See Failure Data)	_____
Operator	_____		
Other (specify)	X		
	Unknown		

9. Analysis of Occurrence:

Since the makeup pump was still operable and the leakage was contained in a controlled area, there was no hazard to the health and safety of the public.

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10. Corrective Action:

The cracked drain line was removed and a new drain line was installed.

11. Failure Data:

A similar occurrence was a crack in the "C" makeup pump drain line as reported in Abnormal Occurrence Report 75-2.