

LICENSEE EVENT REPORT

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

01 | C O F S V I | 2 | 0 0 - 0 0 0 0 0 - 0 0 | 3 | 4 1 1 2 0 | 4 | _____ | 5

CON'T
01 | REPORT SOURCE | L | 6 | 0 5 0 0 0 2 6 7 | 7 | 0 3 1 0 8 1 | 8 | 0 4 0 9 8 1 | 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | It was determined on March 10, 1981, that on February 24, 1981, the total dissolved
03 | solids (TDS) in the plant non-radioactive liquid waste effluent exceeded 2300 parts
04 | per million limit of LCO NR 1.1. This is reportable per Fort St. Vrain Technical
05 | Specification AC 7.5.2(b)2. There was no effect on public health or safety. No ac-
06 | companying occurrences. Similar reports RO 79-61, 80-38, and 81-004.

08 | _____ | 80

09 | SYSTEM CODE | U F | 11 | CAUSE CODE | A | 12 | CAUSE SUBCODE | B | 13 | COMPONENT CODE | V A L V E X | 14 | COMP. SUBCODE | B | 15 | VALVE SUBCODE | G | 16 |
LEH/RO REPORT NUMBER | 17 | EVENT YEAR | 8 1 | 21 22 | SEQUENTIAL REPORT NO. | 0 2 2 | 24 26 | OCCURRENCE CODE | / | 27 | REPORT TYPE | L | 30 | REVISION NO. | 0 | 32 |
ACTION TAKEN | X | 18 | FUTURE ACTION | 7 | 19 | EFFECT ON PLANT | Z | 20 | SHUTDOWN METHOD | Z | 21 | HOURS | 0 0 0 0 | 22 | ATTACHMENT SUBMITTED | Y | 23 | NRPD-4 FORM SUB. | N | 24 | PRIME COMP SUPPLIER | N | 25 | COMPONENT MANUFACTURER | Z 9 9 9 | 26 |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | High TDS resulted from the circulating water system being shut off over the weekend
11 | and the subsequent restoration of blowdown at a high rate. The blowdown rate was re-
12 | duced, and the TDS level of the plant effluent was within limits by the next shift.
13 | Occurrence will be reviewed by Plant Review Panel to determine the need for further
14 | corrective action in terms of procedures and individuals involved.

15 | FACILITY STATUS | E | 28 | % POWER | 0 6 3 | 29 30 | OTHER STATUS | N/A | 31 | METHOD OF DISCOVERY | A | 32 | DISCOVERY DESCRIPTION | Regular Chemical Analysis | 33

16 | ACTIVITY CONTENT RELEASED OF RELEASE | Z | 33 | Z | 34 | AMOUNT OF ACTIVITY | N/A | 35 | LOCATION OF RELEASE | N/A | 36

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

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

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

20 | PUBLICITY ISSUED | N | 44 | DESCRIPTION | N/A | 45

NAME OF PREPARER _____

PHONE: (303) 785-2224