

LICENSEE EVENT REPORT

UPDATE REPORT Previous Report  
Date - 01/29/81

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

1 | I | L | D | R | S | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | \_\_\_\_\_ | 5  
9 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 37 CAT 38

1 | REPORT SOURCE | L | 0 | 5 | 0 | 0 | 0 | 2 | 3 | 7 | 0 | 1 | 1 | 7 | 8 | 1 | 0 | 6 | 1 | 5 | 8 | 1 | 9  
80 DOCKET NUMBER 88 89 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
During local leak rate testing of containment vent line, the measured leakage was 1715.55 SCFH which exceeds Tech. Spec. 4.7.A for single isolation (29.38 SCFH). Investigation showed leakage through AO-2-1601-23. No leakage was detected through any other valve. The safety significance was minimal since all leakage was contained in the vent line. Similar Events: 50-249/80-07. Health and safety of the public was not affected.

SYSTEM CODE: S D (11) CAUSE CODE: E (12) CAUSE SUBCODE: F (13) COMPONENT CODE: V A L V E X (14) COMP SUBCODE: B (15) VALVE SUBCODE: D (16)  
LER/RO REPORT NUMBER: 17 EVENT YEAR: 8 1 (21) SEQUENTIAL REPORT NO.: 0 0 5 (24) OCCURRENCE CODE: 0 3 (28) REPORT TYPE: X (30) REVISION NO.: 1 (32)  
ACTION TAKEN: C (18) FUTURE ACTION: Z (19) EFFECT ON PLANT: Z (20) SHUTDOWN METHOD: Z (21) HOURS: 0 0 0 0 (22) ATTACHMENT SUBMITTED: N (23) NPRO-4 FORM SUB: Y (24) PRIME COMP. SUPPLIER: N (25) COMPONENT MANUFACTURER: P 3 4 0 (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
Leakage was thru the seating surface of the valve due to normal deterioration. The valve was replaced and local leak rate tested satisfactorily. No further action required.

FACILITY STATUS: H (28) % POWER: 0 0 0 (29) OTHER STATUS: N/A (30) METHOD OF DISCOVERY: B (31) DISCOVERY DESCRIPTION: Local Leak Rate Testing (32)

ACTIVITY CONTENT RELEASED OF RELEASE: Z (33) Z (34) AMOUNT OF ACTIVITY: N/A (35) LOCATION OF RELEASE: N/A (36)

PERSONNEL EXPOSURES NUMBER: 0 0 0 (37) TYPE: Z (38) DESCRIPTION: N/A (39)

PERSONNEL INJURIES NUMBER: 0 0 0 (40) DESCRIPTION: N/A (41)

LOSS OF OR DAMAGE TO FACILITY TYPE: Z (42) DESCRIPTION: N/A (43)

PUBLICITY ISSUED: N (44) DESCRIPTION: N/A (45)

NAME OF OPERATOR: K. Zirwas  
PHONE: 942-2920 Ext. 422  
B107200232 810616  
PDR ADOCK 05000237  
S PDR

SUPPLEMENT TO DVR

DVR NO.	STA	UNIT.	YEAR	NO.
D - 12	-	2	-	81 - 6

PART 1	TITLE OF EVENT	OCCURRED	
	Failure of 2-1601-23 Valve to Pass LLRT	1-17-81	1100
		DATE	TIME
	REASON FOR SUPPLEMENTAL REPORT		
	Update Cause Description and Corrective Actions.		
PART 2	ACCEPTANCE BY STATION REVIEW		
	<u>J.A. Costa</u>	<u>John Wujcik</u>	_____
	DATE	<u>7-5-81</u>	<u>7/2/81</u>
	SUPPLEMENTAL REPORT APPROVED AND AUTHORIZED FOR DISTRIBUTION		<u>Douglas West</u>
		STATION SUPERINTENDENT	<u>7/9/81</u> DATE