

LICENSEE EVENT REPORT

EXHIBIT A

CONTROL BLOCK:										(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)																																																																					
[S][C][N][E][E] 1 [2] 0 0 - 0 0 0 0 0 0 - 0 0 3 4 1 1 1 1 1 1 4 5																																																																															
LICENSEE CODE										LICENSE NUMBER										LICENSE TYPE JO CAT 58																																																											
COMT										REPORT SOURCE										DOCKET NUMBER										EVENT DATE										REPORT DATE																																							
[0] 1										[L] 6 0 5 0 0 0 2 8 7 7 0 2 1 1 8 2 8 0 3 1 1 8 2 9																																																																					
EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)										On February 11, 1982, a steam generator tube leak of approximately 0.01 gal/min																																																																					
[0] 3										was indicated by the Condensate Steam Air Ejector Offgas Monitor. The leak rate																																																																					
[0] 4										increased to 0.03 gal/min on February 15, 1982 and the unit was shut down for																																																																					
[0] 5										repair. Personnel and systems adequately controlled this event and the releases																																																																					
[0] 6										were well within regulatory limits; thus, the health and safety of the public																																																																					
[0] 7										were not affected by this event.																																																																					
[0] 8																																																																															
[0] 9																																																																															
SYSTEM CODE										CAUSE CODE										CAUSE SUBCODE										COMPONENT CODE										COMP. SUBCODE										VALVE SUBCODE																													
[C] [B] 11										[E] 12										[B] 13										[H] [T] [E] [X] [C] [H] 14										[F] 15										[Z] 16																													
LER/RO REPORT NUMBER										EVENT YEAR										SEQUENTIAL REPORT NO.										OCCURRENCE CODE										REPORT TYPE										REVISION NO.																													
[17]										[8] [2]										[0] [0] [3]										[0] [1]										[T]										[0]																													
ACTION TAKEN										EFFECT ON PLANT										SHUTDOWN METHOD										HOURS										ATTACHMENT SUBMITTED										NPRO-4 FORM SUB.										PRIME COMP. SUPPLIER										COMPONENT MANUFACTURER									
[B] 18 [Z] 19										[A] 20										[A] 21										[0] [3] [8] [4]										[Y] 23										[N] 24										[N] 25										[B] [0] [1] [5] 26									
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)										The apparent cause of the tube leak was erosion of the tube at a point 31 inches																																																																					
[1] 0										above the Fifteenth tube support plate. The leaking tube was stabilized from the																																																																					
[1] 1										top and was explosively plugged from the bottom. Eddy current testing indicated																																																																					
[1] 2										one tube with a 52% through wall indication, which was plugged, also.																																																																					
[1] 3																																																																															
[1] 4																																																																															
FACILITY STATUS										% POWER										OTHER STATUS										METHOD OF DISCOVERY										DISCOVERY DESCRIPTION																																							
[1] 5										[E] 28										[1] [0] [0] 29 NA										[A] 31										Operator observation 32																																							
ACTIVITY CONTENT										AMOUNT OF ACTIVITY										LOCATION OF RELEASE																																																											
[1] 6										[M] 33 [M] 34 2.05 curies 35										Vent Stack to atmos; CST to Keowee tailface 36																																																											
PERSONNEL EXPOSURES										DESCRIPTION																																																																					
NUMBER										TYPE																																																																					
[1] 7										[0] [6] [5] 37 [E] 38 Maintenance personnel - 25.37 man-Rem																																																																					
PERSONNEL INJURIES										DESCRIPTION																																																																					
NUMBER																																																																															
[1] 8										[0] [0] [0] 40 NA																																																																					
LOSS OF OR DAMAGE TO FACILITY										DESCRIPTION																																																																					
TYPE																																																																															
[1] 9										[Z] 42 NA																																																																					
PUBLICITY ISSUED										DESCRIPTION																																																																					
[2] 0										[Z] 44 NA																																																																					
NAME OF PREPARER										J. F. Kutzer										PHONE: (704) 373-7139																																																											