

## (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0	8		8
7	8		

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1	3	
1	4	

ACTIVITY CONTENT  
RELEASED OF RELEASE

1 6 Z 33 Z 34

AMOUNT OF ACTIVITY (35)

NA

LOCATION OF RELEASE (36)

NA

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	0	0	0	(37)	Z	(38)	NA	(39)

PERSONNEL INJURIES		NUMBER		DESCRIPTION	
1	8	0	0	0	NA

8 9		11 12		13 14		15 16		17 18		19 20		21 22		23 24		25 26		27 28		29 30		31 32		33 34		35 36		37 38		39 40		41 42		43 44		45 46		47 48		49 50		51 52		53 54		55 56		57 58		59 60		61 62		63 64		65 66		67 68		69 70		71 72		73 74		75 76		77 78		79 80																																																																																																																																																																																																																																																																																																																																																																																																																																					
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TYPE		DESCRIPTION		COST		DATE		BY		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL		HOME		WORK		FACILITY		EQUIPMENT		MATERIALS		LABOR		SUBS		OTHER		TOTAL		REMARKS		INITIALS		SIGNATURE		TITLE		ORGANIZATION		ADDRESS		CITY		STATE		ZIP		COUNTRY		TELEPHONE		FAX		E-MAIL		WEBSITE		PAGER		CELL	

8 9 10  
PUBICITY  
ISSUED DESCRIPTION (45)  
2 0 N (44)  
8205210367 820513  
PDR ADOCK 05000321  
S PDR  
NRC USE ONLY

NAME OF PREPARER R. T. Nix, Supt. of Maint.

PHONE: 912-367-7781

LER No.: 50-321/1982-032  
Licensee: Georgia Power Company  
Facility: Edwin I. Hatch  
Docket No.: 50-321

Narrative Report  
for LER 50-321/1982-032.

While the plant was in steady state power operation at 2431 MWt, 1G11-N003, Drywell Floor Drain Sump Flow Transmitter, would not calibrate. Since 1G11-N003 would not calibrate properly. Integrator 1G11-K601 read low and was out of tolerance per HNP-1-3964, Drywell Floor Drain Sump Instrument Functional Test and Calibration. Tech Specs Section 3.2-10 requires one sub-system to be operable. Redundant equipment flow transmitter 1G11-N012 was operable. Plant operation was not affected. The health and safety of the public was not affected. This is a non-repetitive event.

The cause of the event has been attributed to component failure. The failure was due to a bad amplifier and resistor assembly. The component was replaced and transmitter recalibrated per HNP-1-5210, GE Type 555 and 556 Pressure Transmitters, and returned to service. Performed surveillance on loop per HNP-1-3964 and found to be satisfactory.

CONFIRMATION STATEMENT

For Document

50-321/1982-032  
(Description of Document)

I have checked the statements made in this document and, to the best of my knowledge, the statements made in this response are accurate.



(Signature)

5/6/82  
(Date)

REGULATORY COMPLIANCE REVIEW
DOCUMENT # <u>LER 1-82-32</u>
CHANGES NEEDED ( <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)
IF YES, SEE COMMENTS
COMMENTS: <u>correction</u>
<u>in red</u>
REVIEWED BY: <u>TKS</u>
DATE: <u>5/7/82</u>