

LICENSEE EVENT REPORT

CONTROL BLOCK: [][][][][][][][] ①

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 [C | A | S | O | S | I] ② 0 0 - 0 0 0 0 0 0 - 0 0 ③ 4 1 1 1 1 ④ [][][] ⑤
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T
0 1 REPORT SOURCE [L] ⑥ 0 5 0 0 0 2 0 6 ⑦ 0 7 1 9 8 2 ⑧ 0 8 [][][] ⑨
7 8 60 61 DOCKET NUMBER 66 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES ⑩

0 2 | With the plant in Mode 5, a scheduled recirculation system leakage test revealed
0 3 | effective leakage from the recirculation loop outside containment > 625cc/hr, a
0 4 | limit established by Technical Specification 3.3.1.A(4). There was no adverse effect
0 5 | on public health or safety.
0 6 |
0 7 |
0 8 |

0 9 SYSTEM CODE [C | B] ⑪ CAUSE CODE [E] ⑫ CAUSE SUBCODE [B] ⑬ COMPONENT CODE [V | A | L | V | E | X] ⑭ COMP. SUBCODE [F] ⑮ VALVE SUBCODE [P] ⑯
7 8 9 10 11 12 13 18 19 20
⑰ LER/RO REPORT NUMBER [8 | 2] ⑱ EVENT YEAR [8 | 2] ⑲ SHUTDOWN METHOD [Z] ⑳ HOURS [0 | 0 | 0 | 0] ㉑ OCCURRENCE CODE [/] ㉒ REPORT TYPE [L] ㉓ REVISION NO. [0]
7 8 9 21 22 23 24 26 27 28 29 30 31 32
ACTION TAKEN [B] ⑲ FUTURE ACTION [Z] ⑳ EFFECT ON PLANT [Z] ㉑ ATTACHMENT SUBMITTED [Y] ㉒ NPRD-4 FORM SUB. [N] ㉓ PRIME COMP. SUPPLIER [N] ㉔ COMPONENT MANUFACTURER [P | 3 | 0 | 5] ㉕
7 8 9 33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS ⑳

1 0 | 80% of effective leakage resulted from the South Refueling Water Pump casing drain
1 1 | valve. Remaining leakage came from other system components including spray orifice
1 2 | bypass valves CV-517/518. These valves were repaired and a leak retest performed on
1 3 | July 27, 1982 was within Technical Specification requirements.
1 4 |

1 5 FACILITY STATUS [G] ㉘ % POWER [0 | 0 | 0] ㉙ OTHER STATUS [NA] ㉚ METHOD OF DISCOVERY [B] ㉛ DISCOVERY DESCRIPTION [Scheduled Surveillance Testing] ㉜
7 8 9 10 12 13 44 45 46 80

1 6 ACTIVITY CONTENT [Z] ㉝ RELEASED OF RELEASE [Z] ㉞ AMOUNT OF ACTIVITY [NA] ㉟ LOCATION OF RELEASE [] ㊱
7 8 9 10 11 44 45 80

1 7 PERSONNEL EXPOSURES NUMBER [0 | 0 | 0] ㊲ TYPE [Z] ㊳ DESCRIPTION [NA] ㊴
7 8 9 11 12 13 80

1 8 PERSONNEL INJURIES NUMBER [0 | 0 | 0] ㊵ DESCRIPTION [NA] ㊶
7 8 9 11 12 80
8208300058 820817
PDR ADOCK 05000206
S PDR

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE [Z] ㊷ DESCRIPTION [NA] ㊸
7 8 9 10 80

2 0 PUBLICITY ISSUED [N] ㊹ DESCRIPTION [NA] ㊺
7 8 9 10 80

NAME OF PREPARER

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NRC USE ONLY

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