

# LICENSEE EVENT REPORT

CONTROL BLOCK

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER												LICENSE TYPE					EVENT TYPE	
01	N	Y	N	M	P	1									4	1	1	1	1	0	1											
7	8	9	14	15	25	26	30	31	32																							

  

CATEGORY			REPORT TYPE	REPORT SOURCE	DOCKET NUMBER					EVENT DATE					REPORT DATE									
01	CON'T	M	I	L	L	0	5	0	0	2	2	0	0	2	1	2	7	5	0	3	0	4	7	5
7	8		57	58	59	60	61	68	69	74	75	80												

## VENT DESCRIPTION

02	During plant startup, thru wall leakage was found along a horizonatal line																								
7	8	9																							80
03	approx. 1/2 inch below the circumferential weld between tank shell and tank																								
7	8	9																							80
04	head on Waste Evaporator Concentrator. In addition, corroded areas were found																								
7	8	9																							80
05	on the tank bottom. An evaluation is presently underway to determine feasibility																								
7	8	9																							80
06	of repair or just scraping of this concentrator. <span style="float: right; border: 1px solid black; border-radius: 15px; padding: 2px;">AOR 75-3</span>																								
7	8	9																							80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE					PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION	
07	M	A		E		Z	Z	Z	Z	Z	Z	L	2	9	9	9	N	
7	8	9	10	11		12	13	14	15	16	17	43	44	45	46	47	48	

## CAUSE DESCRIPTION

08	Failure of the concentrator resulted from gross corrosion and pitting																								
7	8	9																							80
09	caused by sulfuric acid contamination.																								
7	8	9																							80
10																									
7	8	9																							80

FACILITY STATUS			% POWER			OTHER STATUS			METHOD OF DISCOVERY			DISCOVERY DESCRIPTION											
11	C		0	2	0				a														
7	8	9	10	11	12	13	44	45	46														

  

FORM OF ACTIVITY RELEASED			CONTENT OF RELEASE			AMOUNT OF ACTIVITY			LOCATION OF RELEASE											
12	Z		Z			N/A			N/A											
7	8	9	10	11	12	44	45	46												

## PERSONNEL EXPOSURES

NUMBER			TYPE		DESCRIPTION	
13	0	0	0	Z		N/A
7	8	9	11	12	13	

## PERSONNEL INJURIES

NUMBER			DESCRIPTION	
14	0	0	0	N/A
7	8	9	11	12

## OFFSITE CONSEQUENCES PROBABLE

15	N/A																								
7	8	9																							80

## LOSS OR DAMAGE TO FACILITY

TYPE			DESCRIPTION		8303110516 750304 PDR AD0CK 05000220 S PDR											
16	Z		N/A													
7	8	9	10													

## PUBLICITY

17	N/A																								
7	8	9																							80

## ADDITIONAL FACTORS

18	N/A																								
7	8	9																							80

19																									
7	8	9																							80

NAME: I. J. Dente

PHONE: (315) 343-2110