

June 24, 1981

Mr. Boyce H. Grier
Director of USNRC
Office of Inspection and Enforcement
Region 1
631 Park Avenue
King of Prussia, Pennsylvania 19406



Dear Mr. Grier:

REPORTABLE OCCURRENCE 81-38/01P
SALEM NO. 2 UNIT LER

This letter is to confirm our verbal report to the NRC Resident Inspector on Tuesday, June 23, 1981, advising of a potential reportable occurrence in accordance with IE Bulletin 80-24.

During normal start-up operations a service water leak was discovered in the containment emanating from the No. 21 Fan Coil Unit.

An investigation is in progress and a detailed report will be submitted in the time period specified by the IE Bulletin 80-24.

Very truly yours,

H. J. Midura

IE29
5/11

8106300437

H. J. Midura
Manager - Salem Generating Station

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JJE:dev

POOR ORIGINAL

LICENSEE EVENT REPORT

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

0 1 8 9 LICENSEE CODE 14 15 25 26 LICENSE TYPE 30 31 CAT 58

CON'T
0 1 8 9 REPORT SOURCE 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

0 2
0 3
0 4
0 5
0 6
0 7
0 8
7 8 9

SYSTEM CODE 9 10 CAUSE CODE 11 12 CAUSE SUBCODE 13 14 COMPONENT CODE 15 16 COMP. SUBCODE 17 18 VALVE SUBCODE 19 20
17 LER NO. REPORT NUMBER 21 22 EVENT YEAR 23 24 SEQUENTIAL REPORT NO. 25 26 OCCURRENCE CODE 27 28 REPORT TYPE 29 30 REVISION NO. 31 32
ACTION TAKEN 33 34 FUTURE ACTION 35 36 EFFECT ON PLANT 37 38 SHUTDOWN METHOD 39 40 HOURS 41 42 ATTACHMENT SUBMITTED 43 44 NPD-A FORM SUB. 45 46 PRIME COMP. SUPPLIER 47 48 COMPONENT MANUFACTURER 49 50
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

1 0
1 1
1 2
1 3
1 4
7 8 9

1 5 FACILITY STATUS 28 29 % POWER 30 31 OTHER STATUS 32 33 METHOD OF DISCOVERY 34 35 DISCOVERY DESCRIPTION 36 37
1 6 ACTIVITY CONTENT RELEASED OF RELEASE 38 39 AMOUNT OF ACTIVITY 40 41 LOCATION OF RELEASE 42 43
1 7 PERSONNEL EXPOSURES NUMBER 44 45 TYPE 46 47 DESCRIPTION 48 49
1 8 PERSONNEL INJURIES NUMBER 50 51 DESCRIPTION 52 53
1 9 LOSS OF OR DAMAGE TO FACILITY TYPE 54 55 DESCRIPTION 56 57
2 0 PUBLICITY ISSUED 58 59 DESCRIPTION 60 61
7 8 9

POOR ORIGINAL

NAME OF PREPARER _____

PHONE _____