

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 FLSLS200-00000-0034111145
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

CON'T 01
7 8 9

REPORT SOURCE L505000389706168330705839
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10
02 While in Mode 2, Startup, and filling the 2A2 safety injection tank a relief
03 on the RWT return header lifted. This resulted in the loss of press in
04 2B2. The press. dropped to 560 PSIG. This condition is not in accordance
05 with T.S. 3.5.1. The condition was immediately corrected so as to be with-
06 in T.S. 3.5.1. This is the second LER of this type. See LER 83-20. The
07 health and safety of the public were not in jeopardy.
08
09

SYSTEM CODE SF17 CAUSE CODE A12 CAUSE SUBCODE B13 COMPONENT CODE ACCUMU14 COMP SUBCODE Z15 VALVE SUBCODE Z16
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

LER/RO REPORT NUMBER 17 EVENT YEAR 83 SEQUENTIAL REPORT NO. 025 OCCURRENCE CODE 013 REPORT TYPE L REVISION NO. 0
21 22 23 24 25 26 27 28 29 30 31 32

ACTION TAKEN X13 FUTURE ACTION Z19 EFFECT ON PLANT Z20 SHUTDOWN METHOD Z21 HOURS 0000 ATTACHMENT SUBMITTED N22 NRC FORM SUB. PRIME COOP. SUPPLIER COMPONENT MANUFACTURER
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
10 It has been determined that a manual isolation valve between the 2A2 SIT
11 fill and drain valves and the RWT return header was not fully closed. This
12 allowed HPSI pump disch. press. to be felt in the header thus lifting the
13 relief. To preclude this event these manual isolation valves will be kept
14 closed on all four SIT drain lines.
15

FACILITY STATUS B13 % POWER 0000 OTHER STATUS NA METHOD OF DISCOVERY A21 DISCOVERY DESCRIPTION OPERATOR OBSERVATION
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

ACTIVITY CONTENT Z33 Z34 AMOUNT OF ACTIVITY NA LOCATION OF RELEASE NA
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PERSONNEL EXPOSURES NUMBER 0000 TYPE Z38 DESCRIPTION NA
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PERSONNEL INJURIES NUMBER 0000 DESCRIPTION NA
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

LOSS OF OR DAMAGE TO FACILITY TYPE Z42 DESCRIPTION NA
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PUBLICITY ISSUED N44 DESCRIPTION NA NRC USE ONLY
7 8 9 10 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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NAME OF PREPARER J.P. Brannin PHONE (305) 465-3550 x3427

USNRC REGIONAL
ATLANTA, GEORGIA



FLORIDA POWER & LIGHT COMPANY

83 JUL 8 49:53

July 5, 1983
PNS-LI-83-474-1

Mr. James P. O'Reilly
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission
101 Marietta Street N.W., Suite 2900
Atlanta, Georgia 30303

Dear Mr. O'Reilly:

REPORTABLE OCCURRENCE 389-83-25

ST. LUCIE UNIT 2

DATE OF OCCURRENCE: JUNE 16, 1983

TECHNICAL SPECIFICATION 3.5.1

SAFETY INJECTION TANK

The attached Licensee Event Report is being submitted in accordance with Technical Specification 6.9 to provide 30-day notification of the subject occurrence.

Very truly yours,

J. W. Williams, Jr.
for J. W. Williams, Jr.
Vice President
Nuclear Energy

JWW/PLP/js

Attachment

cc: Director, Office of Inspection and Enforcement (30)
Harold F. Reis, Esquire
File 933.1 SL

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