

## CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CON'T

|   |   |    |    |               |   |   |   |   |   |   |   |   |   |    |    |            |   |   |   |   |    |    |             |   |   |   |  |    |
|---|---|----|----|---------------|---|---|---|---|---|---|---|---|---|----|----|------------|---|---|---|---|----|----|-------------|---|---|---|--|----|
| 0 | 1 | L  | 6  | 0             | 5 | 0 | 0 | 0 | 3 | 2 | 1 | 7 | 0 | 4  | 2  | 1          | 8 | 2 | 8 | 0 | 5  | 1  | 3           | 8 | 2 | 9 |  |    |
| 7 | 8 | 60 | 61 | DOCKET NUMBER |   |   |   |   |   |   |   |   |   | 68 | 69 | EVENT DATE |   |   |   |   | 74 | 75 | REPORT DATE |   |   |   |  | 80 |

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

On April 21, 1982, with unit I at steady state operation, while performing HNP-1-3302, HPCI MOV Operability, the 1E41-F011 opened per procedure time requirement, but failed to fully close with the control switch. Public health and safety was not affected by this incident. This is a non-repetitive event.

|                      |   |             |    |                     |    |                 |            |             |    |              |               |              |    |               |                |                 |    |                 |    |         |    |                      |    |                  |    |                      |    |                        |    |               |    |    |    |    |    |    |    |    |    |    |
|----------------------|---|-------------|----|---------------------|----|-----------------|------------|-------------|----|--------------|---------------|--------------|----|---------------|----------------|-----------------|----|-----------------|----|---------|----|----------------------|----|------------------|----|----------------------|----|------------------------|----|---------------|----|----|----|----|----|----|----|----|----|----|
| 0                    | 9 | SYSTEM CODE |    | S                   | F  | 11              | CAUSE CODE |             | E  | 12           | CAUSE SUBCODE |              | A  | 13            | COMPONENT CODE |                 |    |                 | V  | A       | L  | V                    | E  | X                | 14 | COMP. SUBCODE        |    | E                      | 15 | VALVE SUBCODE |    | D  | 16 |    |    |    |    |    |    |    |
| 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 |
| LER/RO REPORT NUMBER |   | EVENT YEAR  |    | SEQUENCE REPORT NO. |    | OCCURRENCE CODE |            | REPORT TYPE |    | REVISION NO. |               | ACTION TAKEN |    | FUTURE ACTION |                | EFFECT ON PLANT |    | SHUTDOWN METHOD |    | HOURS   |    | ATTACHMENT SUBMITTED |    | NPRD-4 FORM SUB. |    | PRIME COMP. SUPPLIER |    | COMPONENT MANUFACTURER |    |               |    |    |    |    |    |    |    |    |    |    |
| 17                   |   | 8 2         |    | 0 3 0               |    | 0 3             |            | L           |    | 0            |               | E            |    | Z             |                | Z               |    | Z               |    | 0 0 0 0 |    | Y                    |    | N                |    | A                    |    | L 2 0 0                |    |               |    |    |    |    |    |    |    |    |    |    |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The cause of the valve failing to fully close was due to the closing

1 1 | mechanical overload switch being set at the minimum operator requirements.

1 2 | The switch was reset to the operator recommended setting and HNP-1-3302

1 3 | was performed satisfactorily.

1 4 |

| FACILITY STATUS               |   |   |    |    |    |    |    |    |  | % POWER             |  |  |  |  |  |    |  |   |    | OTHER STATUS       |  |  |  |  |  |  |  |  |  | METHOD OF DISCOVERY |  |  |  |  |  |  |  |  |  | DISCOVERY DESCRIPTION |  |  |  |  |  |  |  |  |  |
|-------------------------------|---|---|----|----|----|----|----|----|--|---------------------|--|--|--|--|--|----|--|---|----|--------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|
| 1                             | 5 | E | 28 | 0  | 9  | 9  | 29 | NA |  |                     |  |  |  |  |  |    |  | B | 31 | Surveillance Test  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| ACTIVITY CONTENT              |   |   |    |    |    |    |    |    |  | RELEASED OF RELEASE |  |  |  |  |  |    |  |   |    | AMOUNT OF ACTIVITY |  |  |  |  |  |  |  |  |  | LOCATION OF RELEASE |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 1                             | 6 | Z | 33 | Z  | 34 | NA |    |    |  |                     |  |  |  |  |  | NA |  |   |    |                    |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| PERSONNEL EXPOSURES           |   |   |    |    |    |    |    |    |  | NUMBER              |  |  |  |  |  |    |  |   |    | TYPE               |  |  |  |  |  |  |  |  |  | DESCRIPTION         |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 1                             | 7 | 0 | 0  | 0  | 37 | Z  | 38 | NA |  |                     |  |  |  |  |  |    |  |   |    |                    |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| PERSONNEL INJURIES            |   |   |    |    |    |    |    |    |  | NUMBER              |  |  |  |  |  |    |  |   |    | DESCRIPTION        |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 1                             | 8 | 0 | 0  | 0  | 40 | NA |    |    |  |                     |  |  |  |  |  |    |  |   |    |                    |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| LOSS OF OR DAMAGE TO FACILITY |   |   |    |    |    |    |    |    |  | TYPE                |  |  |  |  |  |    |  |   |    | DESCRIPTION        |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| 1                             | 9 | Z | 42 | NA |    |    |    |    |  |                     |  |  |  |  |  |    |  |   |    |                    |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |

PUBLICITY

8205210248 820513  
PDR ADOCK 05000321  
PDR

NA

NRC USE ONLY

68 69

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

PHONE: 912-367-7781

LER No.: 50-321/1982-030  
Licensee: Georgia Power Company  
Facility: Edwin I. Hatch  
Docket No.: 50-321

Narrative Report  
for LER 50-321/1982-030.

On April 21, 1982, with Unit I at steady state power operation, while performing HNP-1-3302 (HPCI MOV Operability), the 1E41-F011 opened per procedure time requirements but failed to fully close with the control switch. The 1E41-F011 is a redundant shut off valve to the Condensate Storage Tank and not in the injection flow path. Public health and safety was not affected by this incident. This is a non-repetitive.

Upon investigating the cause of the failure, it was found that the close mechanical overload switch for the valve operator was set at the minimum setting. The switch was reset to the operator recommended setting and the valve operated correctly.

CONFIRMATION STATEMENT

For Document R.O. 1-82-30  
(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.

H.E. Scambrough  
(Signature)

5-1-82  
(Date)

|   |
|---|
| REGULATORY COMPLIANCE REVIEW  |
| DOCUMENT # <u>LER 1-82-30</u>   |
| CHANGES NEEDED ( <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) |
| IF YES, SEE COMMENTS  |
| COMMENTS: <u>corrections in</u>   |
| <u>red</u>  |
|   |
|   |
|   |
| REVIEWED BY: <u>TKS</u>   |
| DATE: <u>5/7/82</u>   |