

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)[illegible]

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

FACILITY STATUS						% POWER						OTHER STATUS						METHOD OF DISCOVERY						DISCOVERY DESCRIPTION					
1	5	E	(28)	1	0	0	(29)	NA	B	(31)	Technical Specifications																		
ACTIVITY CONTENT						RELEASED OF RELEASE						AMOUNT OF ACTIVITY						LOCATION OF RELEASE											
1	6	Z	(33)	Z	(34)	NA						NA																	
PERSONNEL EXPOSURES						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						ISSUED						DESCRIPTION																	
2	0	N	(44)	8205210367 820513 PDR ADOCK 05000321 S PDR						NRC USE ONLY																			

PHONE: 912-367-7781

LER No.: 50-321/1982-032
Licensee: Georgia Power Company
Facility: Edwin I. Hatch
Docket No.: 50-321

Narrative Report
for LER 50-321/1982-032.

While the plant was in steady state power operation at 2431 MWt, 1G11-N003, Drywell Floor Drain Sump Flow Transmitter, would not calibrate. Since 1G11-N003 would not calibrate properly. Integrator 1G11-K601 read low and was out of tolerance per HNP-1-3964, Drywell Floor Drain Sump Instrument Functional Test and Calibration. Tech Specs Section 3.2-10 requires one sub-system to be operable. Redundant equipment flow transmitter 1G11-N012 was operable. Plant operation was not affected. The health and safety of the public was not affected. This is a non-repetitive event.

The cause of the event has been attributed to component failure. The failure was due to a bad amplifier and resistor assembly. The component was replaced and transmitter recalibrated per HNP-1-5210, GE Type 555 and 556 Pressure Transmitters, and returned to service. Performed surveillance on loop per HNP-1-3964 and found to be satisfactory.

CONFIRMATION STATEMENT

For Document

50-321/1982-032
(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.



(Signature)

5/6/82
(Date)

REGULATORY COMPLIANCE REVIEW
DOCUMENT # <u>LER 1-82-32</u>
CHANGES NEEDED (<input checked="" type="checkbox"/> Yes () No
IF YES, SEE COMMENTS
COMMENTS: <u>correction</u>
<u>in red</u>
REVIEWED BY: <u>TKS</u>
DATE: <u>5/7/82</u>