

LICENSEE EVENT REPORT

CONTROL BLOCK 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME: 01 M N M N P 1 14
 LICENSE NUMBER: 00-000000-00 25
 LICENSE TYPE: 4 1 1 1 1 30
 EVENT TYPE: 0 1 32
 CATEGORY: 01 CONT P 0 57 58
 REPORT TYPE: T 59
 REPORT SOURCE: L 60
 DOCKET NUMBER: 0 5 0 - 0 2 6 3 61 66
 EVENT DATE: 0 9 1 3 7 5 69 74
 REPORT DATE: 1 1 1 1 7 5 75 80

EVENT DESCRIPTION

02 While performing local leak rate tests both core spray check valves AO 14-13A
 03 and AO 14-13B were found leaking in excess of the acceptance criteria. The re-
 04 dundant isolation valves were operable. Similar previous events. Cleaned valve
 05 seats. (AO 263/75-17-4)
 06

SYSTEM CODE: 07 S D 9 10
 CAUSE CODE: E 11
 COMPONENT CODE: V A L V E X 12 17
 PRIME COMPONENT SUPPLIER: N 43
 COMPONENT MANUFACTURER: R 3 4 0 44 47
 VIOLATION: Y 48

CAUSE DESCRIPTION

08 Failed leak test due to accumulation of scale on seating surfaces. 8" tilting disc
 09 check valve, Rockwell Mfg. Co. Fig 770 (CF8M) JMMNY. Cleaned valve seats and re-
 10 tested satisfactory.

FACILITY STATUS: 11 H 9
 % POWER: 0 0 0 10 12 13
 OTHER STATUS: NA 13
 METHOD OF DISCOVERY: B 44
 DISCOVERY DESCRIPTION: NA 46
 FORM OF ACTIVITY RELEASED: Z 9
 CONTENT OF RELEASE: Z 10
 AMOUNT OF ACTIVITY: NA 11
 LOCATION OF RELEASE: NA 45

PERSONNEL EXPOSURES

13 NUMBER: 0 0 0 11
 TYPE: Z 12
 DESCRIPTION: NA 13

PERSONNEL INJURIES

14 NUMBER: 0 0 0 11
 DESCRIPTION: NA 12

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

16 TYPE: Z 9
 DESCRIPTION: NA 10

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

9105070382 751111
 CF ADOCK 05000263
 CF

NAME: O. N. Iverson PHONE: 612/295-5151