

~~SEP 9 1982~~

SEP 7 1982



**GPU Nuclear**  
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Middletown, Pennsylvania 17057  
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Writer's Direct Dial Number:

August 9, 1982  
4400-82-L-0134

Office of Inspection and Enforcement  
Attn: Mr. Ronald C. Haynes, Director  
Region I  
US Nuclear Regulatory Commission  
631 Park Avenue  
King of Prussia, PA 19406

Dear Sir:

Three Mile Island Nuclear Station, Unit 2 (TMI-2)  
Operating License No. DPR-73  
Docket No. 50-320  
Licensee Event Report 82-025/03L-0

Attached please find Licensee Event Report 82-025/03L-0 concerning the inoperable outer airlock door of Personnel Airlock No. 1 on July 9, 1982.

This event concerns Section 3.6.1.3(a) and is considered reportable under Section 6.9.1.9(b) of the Interim Recovery Technical Specifications.

Sincerely,  
*B. K. Kanga*  
B. K. Kanga  
Director, TMI-2

BKK/SDC/jep

Attachment

CC: L. H. Barrett, Deputy Program Director - TMI Program Office  
B. J. Snyder, Program Director - TMI Program  
V. Stello, Deputy Executive Director

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LICENSEE EVENT REPORT  
NARRATIVE REPORT  
TMI-2  
LER 82-025/03L-0  
EVENT DATE - July 9, 1982

I. EXPLANATION OF OCCURRENCE

On Friday, July 9, 1982, after the completion of modification work inside Personnel Airlock (PAL) No. 1, the airlock outer door was leak tested per surveillance procedure 4311-5. The leakage rate exceeded the Technical Specification limit; therefore, at 0540 hours, the action statement of Technical Specification 3.6.1.3 was entered.

After cleaning the sealing surfaces and replacing the O-rings, the leakage rate was remeasured with satisfactory results. The door was returned to an operable status at 1245 hours on July 9, 1982.

This event is similar in nature to LERs 80-10/01L-0, 80-30/01L-0, 80-37/01L-0, 80-44/01L-0, 80-047/03L-0 and 80-52/01L-0, pertaining to excessive seal leakage for both PAL's of the TMI-2 facility.

II. CAUSE OF THE OCCURRENCE

The cause of this event was apparently some damage, possibly due to foreign material on the sealing surface which prevented an adequate seal.

III. CIRCUMSTANCES SURROUNDING THE OCCURRENCE

At the time of the occurrence, the Unit 2 facility was in a long-term, cold shutdown state. The reactor decay heat was being removed via loss to ambient. Throughout the event there was no effect on the Reactor Coolant System or the core.

IV. CORRECTIVE ACTIONS TAKEN OR TO BE TAKEN

IMMEDIATE

The sealing surfaces were cleaned and the O-rings were replaced. The leakage rate test was then performed with satisfactory results.

LONG TERM

No long term action is planned nor considered applicable.

V. COMPONENT FAILURE DATA

N/A