

REG IV

From: Wingebach, Jacob
To: Clark, Jeff
Cc: Azua, Ray; Smith, Chris; Melfi, Jim
Subject: Additional flooding penetrations and TSF nonfunctionality
Date: Friday, April 08, 2011 1:03:40 PM
Attachments: 361 for CR2011-2472 2448 CARP flood.pdf
361-CR 2011-2654 TSC nonfunctional.pdf

From: MATZKE, ERICK P [mailto:ematzke@oppd.com]
Sent: Friday, April 08, 2011 12:50 PM
To: SANDHOEFNER, MICHAEL J; BURKHART, AMY K; Kirkland, John; Wingebach, Jacob; BAUGHN, SUSAN E; GUINN, DONNA K
Cc: NELLENBACH, TIMOTHY R; HANSON, JEFFREY J; JONES, MICHAEL R; GOODELL, JOHN R; HERMAN, JOHN B; BANNISTER, DAVID J; REINHART, JEFFREY A
Subject: Additional flooding penetrations and TSF nonfunctionality

Here is the completed event notification worksheets.

Erick Matzke
Fort Calhoun Station
FC-2-4
402-533-6855



NRC FORM 361
(12-2000)U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTERREACTOR PLANT
EVENT NOTIFICATION WORKSHEET

EN # 46741 O'Hara

NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694*,
[2nd] 301-415-0550 and [3rd] 301-415-0553

*Licensees who maintain their own ETS are provided these telephone numbers.

NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
1240 CDT	Ft. Calhoun Station	1	Erick Matzke	402-533-6855

EVENT TIME & ZONE	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
1024 CDT	04/08/2011	100% 1	100% 1

EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)			
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AAEC	<input type="checkbox"/> TS Deviation	ADEV	<input type="checkbox"/> (v)(A) Safe S/D Capability	AINA
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		<input type="checkbox"/> (v)(B) RHR Capability	AINB
<input type="checkbox"/> ALERT	ALC/AAEC	<input type="checkbox"/> (i) TS Required S/D	ASHU	<input type="checkbox"/> (v)(C) Control of Rad Release	AINC
<input type="checkbox"/> UNUSUAL EVENT	UNU/AAEC	<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS	ACCS	<input checked="" type="checkbox"/> (v)(D) Accident Mitigation	AIND
<input checked="" type="checkbox"/> 50.72 NON-EMERGENCY (see next columns)		<input type="checkbox"/> (iv)(B) RPS Actuation (scram)	ARPS	<input type="checkbox"/> (xii) Offsite Medical	AMED
<input type="checkbox"/> PHYSICAL SECURITY (73.71)	DDDD	<input type="checkbox"/> (xi) Offsite Notification	APRE	<input type="checkbox"/> (xiii) Loss Comm/Asmt/Resp	ACOM
<input type="checkbox"/> MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		60-Day Optional 10 CFR 50.73(a)(1)	
<input type="checkbox"/> FITNESS FOR DUTY	HFT	<input type="checkbox"/> (ii)(A) Degraded Condition	ADEG	<input type="checkbox"/> Invalid Specified System Actuation	AINV
<input type="checkbox"/> OTHER UNSPECIFIED REQMT. (see last column)		<input type="checkbox"/> (ii)(B) Unanalyzed Condition	ALUNA	Other Unspecified Requirement (Identify)	
<input type="checkbox"/> INFORMATION ONLY	NNF	<input type="checkbox"/> (iv)(A) Specified System Actuation	AESF	<input type="checkbox"/>	NONR
				<input type="checkbox"/>	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

During investigations of flood barrier penetrations, one approximately 4 inch conduit has been identified that is not sealed. Reducers are installed in the conduit on the exterior side. This conduit penetrates the auxiliary building into room 56. Flooding through the penetrations could have impacted the ability of the station's safety related equipment in the auxiliary building to perform their design accident mitigation functions.

During investigations of flood barrier penetrations, a drain flow path from the CARP building into Room 23 of the Auxiliary Building. There is no specific procedural guidance to isolate this flow path in the event of a flood above 1007 feet. Flooding through this flow path could have impacted the ability of the station's safety related equipment to perform their design accident mitigation functions.

This eight-hour notification is being made pursuant to 10 CFR 50.72 (b) (3) (v) (D).

The penetrations and CARP building drains are at an approximate elevation of 1007'. The river level has been less than 997 feet Mean Sea Level (MSL) since prior to December 1, 2010. The safety related equipment is currently operable. There are not any indications of conditions that might result in a flood. Compensatory actions have been identified.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input checked="" type="checkbox"/> NO
NRC RESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
STATE(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
LOCAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
OTHER GOV AGENCIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED:	1	ESTIMATED RESTART DATE: n/a
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NRC FORM 361
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EVENT NOTIFICATION WORKSHEET

EN # 46742 O'Hara

NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694*,
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NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
1244 CDT	Ft. Calhoun Station	1	Erick Matzke	402-533-6855

EVENT TIME & ZONE	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
0627 CDT	04/08/2011	100% 1	100% 1

EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		<input type="checkbox"/> (v)(A) Safe S/D Capability AINA	
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AEC	<input type="checkbox"/> TS Deviation	ADEV	<input type="checkbox"/> (v)(B) RHR Capability	AINB
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		<input type="checkbox"/> (v)(C) Control of Rad Release	AINC
<input type="checkbox"/> ALERT	ALE/AEC	<input type="checkbox"/> (i) TS Required S/D	ASHU	<input type="checkbox"/> (v)(D) Accident Mitigation	AIND
<input type="checkbox"/> UNUSUAL EVENT	UNU/AEC	<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS	ACCS	<input type="checkbox"/> (xii) Offsite Medical	AMED
<input checked="" type="checkbox"/> 50.72 NON-EMERGENCY	(see next columns)	<input type="checkbox"/> (iv)(B) RPS Actuation (scram)	ARPS	<input checked="" type="checkbox"/> (xiii) Loss Comm/Asmt/Resp	ACOM
<input type="checkbox"/> PHYSICAL SECURITY (73.71)	DDDD	<input type="checkbox"/> (xi) Offsite Notification	APRE	60-Day Optional 10 CFR 50.73(a)(1)	
<input type="checkbox"/> MATERIAL/EXPOSURE	B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		<input type="checkbox"/> Invalid Specified System Actuation AINV	
<input type="checkbox"/> FITNESS FOR DUTY	HFIT	<input type="checkbox"/> (ii)(A) Degraded Condition	ADEG	Other Unspecified Requirement (Identify)	
<input type="checkbox"/> OTHER UNSPECIFIED REQMT.	(see last column)	<input type="checkbox"/> (ii)(B) Unanalyzed Condition	ALINA	<input type="checkbox"/>	NONR
<input type="checkbox"/> INFORMATION ONLY	NNF	<input type="checkbox"/> (iv)(A) Specified System Actuation	AESF	<input type="checkbox"/>	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

Technical Support Center (TSC) was non-functional due to inability to maintain pressure boundary for function of the TSC HVAC system. This morning the latch to one of the doors to the TSC was discovered broken. The door would not latch shut. The station has repaired the door. Compensatory measures were in place for the nonfunctional facility. The TSC is now functional.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input checked="" type="checkbox"/> NO
NRC RESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
STATE(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
LOCAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
OTHER GOV AGENCIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED:	1	ESTIMATED RESTART DATE: n/a
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO