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JAN 2 5 2018

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555-0001

10 CFR 50.73

SUSQUEHANNA STEAM ELECTRIC STATION
LICENSEE EVENT REPORT 50-387(388)/2017-007-00
UNIT 1 LICENSE NO. NPF-14
UNIT 2 LICENSE NO. NPF-22
PLA-7674

Docket No. 50-387
50-388

Attached is Licensee Event Report (LER) 50-387(388)/2017-007-00. The LER reports an event which caused a loss of Secondary Containment differential pressure. This event was determined to be reportable in accordance with 10 CFR 50.73(a)(2)(v)(C) as a condition that could have prevented fulfillment of a safety function.

There were no actual consequences to the health and safety of the public as a result of this event.


This letter contains no new regulatory commitments.

A handwritten signature in blue ink, appearing to be "B. Berryman", written over a horizontal line.

B. Berryman

Attachment: LER 50-387(388)/2017-007-00

Copy: NRC Region I
Ms. T. E. Hood, NRC Project Manager
Ms. L. H. Micewski, NRC Sr. Resident Inspector
Mr. M. Shields, PA DEP/BRP

NRC FORM 366 (04-2017)		U.S. NUCLEAR REGULATORY COMMISSION			APPROVED BY OMB: NO. 3150-0104		EXPIRES: 03/31/2020					
		LICENSEE EVENT REPORT (LER) (See Page 2 for required number of digits/characters for each block)										
(See NUREG-1022, R.3 for instruction and guidance for completing this form http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/)												
1. FACILITY NAME Susquehanna Steam Electric Station Unit 1					2. DOCKET NUMBER 05000387			3. PAGE 1 OF 2				
4. TITLE Secondary Containment Declared Inoperable Due to the opening of a plenum.												
5. EVENT DATE			6. LER NUMBER			7. REPORT DATE			8. OTHER FACILITIES INVOLVED			
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MONTH	DAY	YEAR	FACILITY NAME	DOCKET NUMBER		
11	30	2017	2017	- 007	- 00	01	25	2018	Susquehanna Steam Electric Station Unit 2	05000388		
									FACILITY NAME	DOCKET NUMBER		
										05000		
9. OPERATING MODE		11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)										
1		<input type="checkbox"/> 20.2201(b)			<input type="checkbox"/> 20.2203(a)(3)(i)			<input type="checkbox"/> 50.73(a)(2)(ii)(A)			<input type="checkbox"/> 50.73(a)(2)(viii)(A)	
		<input type="checkbox"/> 20.2201(d)			<input type="checkbox"/> 20.2203(a)(3)(ii)			<input type="checkbox"/> 50.73(a)(2)(ii)(B)			<input type="checkbox"/> 50.73(a)(2)(viii)(B)	
		<input type="checkbox"/> 20.2203(a)(1)			<input type="checkbox"/> 20.2203(a)(4)			<input type="checkbox"/> 50.73(a)(2)(iii)			<input type="checkbox"/> 50.73(a)(2)(ix)(A)	
		<input type="checkbox"/> 20.2203(a)(2)(i)			<input type="checkbox"/> 50.36(c)(1)(i)(A)			<input type="checkbox"/> 50.73(a)(2)(iv)(A)			<input type="checkbox"/> 50.73(a)(2)(x)	
100		<input type="checkbox"/> 20.2203(a)(2)(ii)			<input type="checkbox"/> 50.36(c)(1)(ii)(A)			<input type="checkbox"/> 50.73(a)(2)(v)(A)			<input type="checkbox"/> 73.71(a)(4)	
		<input type="checkbox"/> 20.2203(a)(2)(iii)			<input type="checkbox"/> 50.36(c)(2)			<input type="checkbox"/> 50.73(a)(2)(v)(B)			<input type="checkbox"/> 73.71(a)(5)	
		<input type="checkbox"/> 20.2203(a)(2)(iv)			<input type="checkbox"/> 50.46(a)(3)(ii)			<input checked="" type="checkbox"/> 50.73(a)(2)(v)(C)			<input type="checkbox"/> 73.77(a)(1)	
		<input type="checkbox"/> 20.2203(a)(2)(v)			<input type="checkbox"/> 50.73(a)(2)(i)(A)			<input type="checkbox"/> 50.73(a)(2)(v)(D)			<input type="checkbox"/> 73.77(a)(2)(i)	
		<input type="checkbox"/> 20.2203(a)(2)(vi)			<input type="checkbox"/> 50.73(a)(2)(i)(B)			<input type="checkbox"/> 50.73(a)(2)(vii)			<input type="checkbox"/> 73.77(a)(2)(ii)	
					<input type="checkbox"/> 50.73(a)(2)(i)(C)			<input type="checkbox"/> OTHER			Specify in Abstract below or in NRC Form 366A	
12. LICENSEE CONTACT FOR THIS LER												
LICENSEE CONTACT Nicole Pagliaro – Licensing Specialist - Nuclear Regulatory Affairs								TELEPHONE NUMBER (Include Area Code) (570) 542-6578				
13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT												
CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX			
14. SUPPLEMENTAL REPORT EXPECTED						15. EXPECTED SUBMISSION DATE		MONTH	DAY	YEAR		
<input checked="" type="checkbox"/> YES (If yes, complete 15. EXPECTED SUBMISSION DATE)						<input type="checkbox"/> NO		02	23	2018		
ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)												
On November 30, 2017 at 1026, the Susquehanna Control Room received indication that a loss of Secondary Containment Zone 2 differential pressure had occurred. Control Room operators noted a differential pressure of 0" Water Column (WC) for several seconds, followed by a high differential pressure of 0.5" WC. System differential pressure was restored to normal in 3 minutes. The cause of the pressure swings is under investigation.												
Zone 2 differential pressures being less than 0.25" WC constitutes a loss of Secondary Containment based on not meeting requirements of Technical Specification (T.S.) 3.6.4.1 Surveillance Requirement 3.6.4.1.1												
This condition is being reported in accordance with 10 CFR 50.73(a)(2)(v)(C) as a condition that could have prevented fulfillment of safety function. This event was reported in ENS 53098 under 10 CFR 50.72(b)(3)(v)(c) There is no redundant Susquehanna Secondary Containment system.												
There were no actual consequences to the health and safety of the public as a result of this event.												

**LICENSEE EVENT REPORT (LER)
CONTINUATION SHEET**

(See NUREG-1022, R.3 for instruction and guidance for completing this form
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/>)

Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Information Services Branch (T-2 F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. FACILITY NAME	2. DOCKET NUMBER	3. LER NUMBER		
Susquehanna Steam Electric Station Unit 1	05000387	YEAR 2017	SEQUENTIAL NUMBER - 007	REV NO. - 00

NARRATIVE**CONDITIONS PRIOR TO EVENT**

Unit 1 – Mode 1, approximately 100 percent Rated Thermal Power

Unit 2 – Mode 1, approximately 100 percent Rated Thermal Power

There were no structures, systems, or components that were inoperable at the start of the event that contributed to the event.

EVENT DESCRIPTION

On November 30, 2017 at 1026, the Susquehanna Control Room received indication that a loss of Secondary Containment Zone 2 differential pressure had occurred. Control Room operators noted a differential pressure of 0" Water Column (WC) for several seconds, followed by a high differential pressure of 0.5" WC. System differential pressure was restored to normal in 3 minutes. The cause of the pressure swings is under investigation. Zone 2 differential pressures being less than 0.25" WC constitutes a loss of Secondary Containment based on not meeting requirements of Technical Specification (T.S.) 3.6.4.1 Surveillance Requirement 3.6.4.1.

There were no actual consequences to the health and safety of the public as a result of this event.

The condition is being reported in accordance with 10 CFR 50.73(a)(2)(v)(C) as a condition that could have prevented fulfillment of a safety function. This event was reported in ENS 53098 under 10 CFR 50.72(b)(3)(v)(c). There is no redundant Susquehanna Secondary Containment system.

CAUSE OF EVENT

This event is still under investigation. The cause will be provided in the supplement.

ANALYSIS/SAFETY SIGNIFICANCE

This event is still under investigation. The safety significance will be provided in the supplement

CORRECTIVE ACTIONS

This event is still under investigation. The corrective action will be provided in the supplement.

PREVIOUS SIMILAR EVENTS

This event is still under investigation. Previous similar events will be identified under the supplement.