

LICENSEE EVENT REPORT

EXHIBIT

|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| CONTROL BLOCK:   |  |  |  |  |  |  |  |  |  | (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION) |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| N   C   M   C   S   1   2   0   0   -   0   0   0   0   0   -   0   0   3   4   1   1   1   1   4   5  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| L I C E N S E   C O D E  |  |  |  |  |  |  |  |  |  | L I C E N S E   N U M B E R                     |  |  |  |  |  |  |  |  |  | L I C E N S E   T Y P E                                   |  |  |  |  |  |  |  |  |  | C A T                                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| R E P O R T   S O U R C E  |  |  |  |  |  |  |  |  |  | D O C K E T   N U M B E R                       |  |  |  |  |  |  |  |  |  | E V E N T   D A T E                                       |  |  |  |  |  |  |  |  |  | R E P O R T   D A T E                 |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| E V E N T   D E S C R I P T I O N   A N D   P R O B A B L E   C O N S E Q U E N C E S  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| While in Mode 3, initial fuel loading, Channel 4 of the Steam Generator 1D   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Narrow Range Level Indicator failed high. This is in violation of Technical Specification 3.3.2 and is reportable per Technical Specification 6.9.1.13(b) Since two other separate and redundant channels were operable the health and safety of the public were not affected. |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| S Y S T E M   C O D E  |  |  |  |  |  |  |  |  |  | C A U S E   C O D E                             |  |  |  |  |  |  |  |  |  | C A U S E   S U B C O D E                                 |  |  |  |  |  |  |  |  |  | C O M P O N E N T   C O D E           |  |  |  |  |  |  |  |  |  | C O M P   S U B C O D E                   |  |  |  |  |  |  |  |  |  | V A L V E   S U B C O D E     |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| I   B   11   |  |  |  |  |  |  |  |  |  | A   12  |  |  |  |  |  |  |  |  |  | C   13  |  |  |  |  |  |  |  |  |  | Z   Z   Z   Z   Z   Z   14            |  |  |  |  |  |  |  |  |  | Z   15                                    |  |  |  |  |  |  |  |  |  | Z   16                        |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| L E R / R O   R E P O R T   N U M B E R  |  |  |  |  |  |  |  |  |  | E V E N T   Y E A R                             |  |  |  |  |  |  |  |  |  | S E Q U E N T I A L   R E P O R T I N G   N O .           |  |  |  |  |  |  |  |  |  | O C C U R R E N C E   C O D E         |  |  |  |  |  |  |  |  |  | R E P O R T   T Y P E                     |  |  |  |  |  |  |  |  |  | R E V I S I O N   N O .       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| B   18   |  |  |  |  |  |  |  |  |  | 3   1   21                                      |  |  |  |  |  |  |  |  |  | 0   6   2   24  |  |  |  |  |  |  |  |  |  | 0   3   27                            |  |  |  |  |  |  |  |  |  | L   31                                    |  |  |  |  |  |  |  |  |  | 0   32                        |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| A C T I O N   F U T U R E   A C T I O N  |  |  |  |  |  |  |  |  |  | E F F E C T   O N   P L A N T                   |  |  |  |  |  |  |  |  |  | S H U T D O W N   M E T H O D                             |  |  |  |  |  |  |  |  |  | H O U R S                             |  |  |  |  |  |  |  |  |  | A T T A C H M E N T   S U B M I T T E D   |  |  |  |  |  |  |  |  |  | N F P O - 4   F O R M   S U B |  |  |  |  |  |  |  |  |  | P R I M E   C O M P .   S U P P L I E R |  |  |  |  |  |  |  |  |  | C O M P O N E N T   M A N U F A C T U R E R |  |  |  |  |  |  |  |  |  |
| B   18   |  |  |  |  |  |  |  |  |  | Z   19  |  |  |  |  |  |  |  |  |  | Z   20  |  |  |  |  |  |  |  |  |  | 0   0   0   0   37                    |  |  |  |  |  |  |  |  |  | Y   41                                    |  |  |  |  |  |  |  |  |  | N   42                        |  |  |  |  |  |  |  |  |  | Z   43                                  |  |  |  |  |  |  |  |  |  | Z   44                                      |  |  |  |  |  |  |  |  |  |
| C A U S E   D E S C R I P T I O N   A N D   C O R R E C T I V E   A C T I O N S  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| The plug on one of the bellows' housing was loose and the liquid (condensed steam) on its impulse line had drained. The loose plug was tightened and the affected channel was checked for proper operation and was returned to service.  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| F A C I L I T Y   S T A T U S  |  |  |  |  |  |  |  |  |  | % P O W E R                                     |  |  |  |  |  |  |  |  |  | O T H E R   S T A T U S                                   |  |  |  |  |  |  |  |  |  | M E T H O D   O F   D I S C O V E R Y |  |  |  |  |  |  |  |  |  | D I S C O V E R Y   D E S C R I P T I O N |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| X   28   |  |  |  |  |  |  |  |  |  | 0   0   0   29                                  |  |  |  |  |  |  |  |  |  | Mode 3   30   |  |  |  |  |  |  |  |  |  | A   31                                |  |  |  |  |  |  |  |  |  | Operator Observation   32                 |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| A C T I V I T Y   C O N T E N T  |  |  |  |  |  |  |  |  |  | A M O U N T   O F   A C T I V I T Y             |  |  |  |  |  |  |  |  |  | L O C A T I O N   O F   R E L E A S E                     |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Z   33   |  |  |  |  |  |  |  |  |  | NA   35   |  |  |  |  |  |  |  |  |  | NA   36   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| P E R S O N N E L   E X P O S U R E S  |  |  |  |  |  |  |  |  |  | P E R S O N N E L   I N J U R I E S             |  |  |  |  |  |  |  |  |  | L O S S   O F   O R   D A M A G E   T O   F A C I L I T Y |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| 0   0   0   37   |  |  |  |  |  |  |  |  |  | 0   0   0   40                                  |  |  |  |  |  |  |  |  |  | Z   42  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| P U B L I C I T Y   I S S U E D  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| N   44   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| NAME OF PREPARER   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| R. W. Ouellatte  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| PHONE: (704) 373-7530  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |

8106290 251