

LICENSEE EVENT REPORT

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | C | O | F | S | V | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 2 | 0 | 4 | 5

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T
0 1 | L | 6 | 0 | 5 | 0 | 0 | 0 | 2 | 6 | 7 | 7 | 0 | 6 | 0 | 2 | 8 | 1 | 3 | 0 | 7 | 0 | 2 | 8 | 1 | 9

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During a maintenance shutdown period, operations personnel routinely chlorinated the

0 3 | circulating water system and sampled as required. The sample indicated the residual

0 4 | chlorine in the plant liquid effluent to be in excess of the LCO NR 1.1 limit. This

0 5 | is reportable per Fort St. Vrain Technical Specification AC 7.5.2(b)2. No effect on

0 6 | public health or safety. No accompanying occurrence.

0 7 |

0 8 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

0 9 | H | F | 11 | X | 12 | Z | 13 | Z | Z | Z | Z | Z | 14 | Z | 15 | Z | 16 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

17 | 8 | 1 | 22 | 0 | 3 | 9 | 26 | 0 | 3 | 29 | L | 30 | 0 | 32 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

18 | Z | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 22 | Y | 23 | N | 24 | Z | 25 | Z | 9 | 9 | 9 | 9 | 26 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | No specific cause could be found for high residual chlorine level. The chlorination

1 1 | system and circulating water blowdown systems were checked and found to be operating

1 2 | normally. Subsequent chlorinations revealed no equipment abnormalities and normal

1 3 | residual chlorine levels.

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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

1 5 | G | 28 | 0 | 0 | 0 | 29 | N/A | 30 | A | 31 | Operator Observation | 32 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

1 6 | Z | 33 | Z | 34 | N/A | 35 | N/A | 36 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

1 7 | 0 | 0 | 0 | 37 | Z | 38 | N/A | 39 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

1 8 | 0 | 0 | 0 | 40 | N/A | 41 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

PERSONNEL INJURIES NUMBER DESCRIPTION

1 9 | Z | 42 | N/A | 43 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

2 0 | N | 44 | N/A | 45 |

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

PUBLICITY ISSUED DESCRIPTION

8107280264 810702
PDR ADOCK 05000267
S PDR

NAME OF PREPARER L. M. McBride by Dmm

NRC USE ONLY

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