



LIC-13-0176  
December 2, 2013

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

Reference: Docket No. 50-285

**Subject: Licensee Event Report 2013-013, Revision 0, for the Fort Calhoun Station**

Please find attached Licensee Event Report 2013-013, Revision 0. This report is being submitted pursuant to 10 CFR 50.73(a)(2)(i)(B). There are no new commitments being made in this letter.

If you should have any questions, please contact Terrence W. Simpkin, Manager, Site Regulatory Assurance, at (402) 533-6263.

Sincerely,

Louis P. Cortopassi  
Site Vice President and CNO

LPC/rjr

**Attachment**

c: M. L. Dapas, NRC Regional Administrator, Region IV  
J. M. Sebrosky, NRC Senior Project Manager  
J. C. Kirkland, NRC Senior Resident Inspector  
L. E. Wilkins, NRC Project Manager

<b>NRC FORM 366</b> (10-2010)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		APPROVED BY OMB: NO. 3150-0104  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 FOIA/Privacy Section (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infocollects.resource@nrc.gov">infocollects.resource@nrc.gov</a> , 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.		EXPIRES: 10/31/2013																																					
<h2 style="margin: 0;">LICENSEE EVENT REPORT (LER)</h2> <p style="margin: 0;">(See reverse for required number of digits/characters for each block)</p>																																											
<b>1. FACILITY NAME</b> <div style="text-align: center; padding-top: 5px;">Fort Calhoun Station</div>				<b>2. DOCKET NUMBER</b> <div style="text-align: center; padding-top: 5px;">05000285</div>		<b>3. PAGE</b> <div style="text-align: center; padding-top: 5px;">1 OF 3</div>																																					
<b>4. TITLE</b> <div style="text-align: center; padding-top: 5px;">Unqualified Components used in Safety System Control Circuit</div>																																											
<b>5. EVENT DATE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">MONTH</th> <th style="width: 25%;">DAY</th> <th style="width: 25%;">YEAR</th> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">18</td> <td style="text-align: center;">2012</td> </tr> </table>			MONTH	DAY	YEAR	10	18	2012	<b>6. LER NUMBER</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">YEAR</th> <th style="width: 25%;">SEQUENTIAL NUMBER</th> <th style="width: 25%;">REV NO.</th> </tr> <tr> <td style="text-align: center;">2013</td> <td style="text-align: center;">013 - 0</td> <td></td> </tr> </table>			YEAR	SEQUENTIAL NUMBER	REV NO.	2013	013 - 0		<b>7. REPORT DATE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">MONTH</th> <th style="width: 25%;">DAY</th> <th style="width: 25%;">YEAR</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2013</td> </tr> </table>		MONTH	DAY	YEAR	12	2	2013	<b>8. OTHER FACILITIES INVOLVED</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 75%;">FACILITY NAME</th> <th style="width: 25%;">DOCKET NUMBER</th> </tr> <tr> <td></td> <td style="text-align: center;">05000</td> </tr> <tr> <th style="width: 75%;">FACILITY NAME</th> <th style="width: 25%;">DOCKET NUMBER</th> </tr> <tr> <td></td> <td style="text-align: center;">05000</td> </tr> </table>		FACILITY NAME	DOCKET NUMBER		05000	FACILITY NAME	DOCKET NUMBER		05000								
MONTH	DAY	YEAR																																									
10	18	2012																																									
YEAR	SEQUENTIAL NUMBER	REV NO.																																									
2013	013 - 0																																										
MONTH	DAY	YEAR																																									
12	2	2013																																									
FACILITY NAME	DOCKET NUMBER																																										
	05000																																										
FACILITY NAME	DOCKET NUMBER																																										
	05000																																										
<b>9. OPERATING MODE</b> <div style="text-align: center; padding-top: 5px;">5</div>		<b>11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 20.2201(b)</td> <td><input type="checkbox"/> 20.2203(a)(3)(i)</td> <td><input type="checkbox"/> 50.73(a)(2)(i)(C)</td> <td><input type="checkbox"/> 50.73(a)(2)(vii)</td> </tr> <tr> <td><input type="checkbox"/> 20.2201(d)</td> <td><input type="checkbox"/> 20.2203(a)(3)(ii)</td> <td><input type="checkbox"/> 50.73(a)(2)(ii)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(viii)(A)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(1)</td> <td><input type="checkbox"/> 20.2203(a)(4)</td> <td><input type="checkbox"/> 50.73(a)(2)(ii)(B)</td> <td><input type="checkbox"/> 50.73(a)(2)(viii)(B)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(i)</td> <td><input type="checkbox"/> 50.36(c)(1)(i)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(iii)</td> <td><input type="checkbox"/> 50.73(a)(2)(ix)(A)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(ii)</td> <td><input type="checkbox"/> 50.36(c)(1)(ii)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(iv)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(x)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(iii)</td> <td><input type="checkbox"/> 50.36(c)(2)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(A)</td> <td><input type="checkbox"/> 73.71(a)(4)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(iv)</td> <td><input type="checkbox"/> 50.46(a)(3)(ii)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(B)</td> <td><input type="checkbox"/> 73.71(a)(5)</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(v)</td> <td><input type="checkbox"/> 50.73(a)(2)(i)(A)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(C)</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> 20.2203(a)(2)(vi)</td> <td><input checked="" type="checkbox"/> 50.73(a)(2)(i)(B)</td> <td><input type="checkbox"/> 50.73(a)(2)(v)(D)</td> <td style="text-align: right;">Specify in Abstract below or in NRC Form 366A</td> </tr> </table>						<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)	<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(4)	<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.71(a)(5)	<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)(C)	<input type="checkbox"/> OTHER	<input type="checkbox"/> 20.2203(a)(2)(vi)	<input checked="" type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	Specify in Abstract below or in NRC Form 366A
<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)																																								
<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)																																								
<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)																																								
<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)																																								
<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)																																								
<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(4)																																								
<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.71(a)(5)																																								
<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)(C)	<input type="checkbox"/> OTHER																																								
<input type="checkbox"/> 20.2203(a)(2)(vi)	<input checked="" type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	Specify in Abstract below or in NRC Form 366A																																								
<b>12. LICENSEE CONTACT FOR THIS LER</b> <table style="width: 100%;"> <tr> <td style="width: 70%;">FACILITY NAME</td> <td style="width: 30%;">TELEPHONE NUMBER (Include Area Code)</td> </tr> <tr> <td style="text-align: center;">Erick Matzke</td> <td style="text-align: center;">402-533-6855</td> </tr> </table>								FACILITY NAME	TELEPHONE NUMBER (Include Area Code)	Erick Matzke	402-533-6855																																
FACILITY NAME	TELEPHONE NUMBER (Include Area Code)																																										
Erick Matzke	402-533-6855																																										
<b>13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">CAUSE</th> <th style="width: 10%;">SYSTEM</th> <th style="width: 10%;">COMPONENT</th> <th style="width: 10%;">MANU-FACTURER</th> <th style="width: 10%;">REPORTABLE TO EPIX</th> <th style="width: 10%;">CAUSE</th> <th style="width: 10%;">SYSTEM</th> <th style="width: 10%;">COMPONENT</th> <th style="width: 10%;">MANU-FACTURER</th> <th style="width: 10%;">REPORTABLE TO EPIX</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX																										
CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX																																		
<b>14. SUPPLEMENTAL REPORT EXPECTED</b> <input checked="" type="checkbox"/> YES (If yes, complete 15. EXPECTED SUBMISSION DATE) <input type="checkbox"/> NO					<b>15. EXPECTED SUBMISSION DATE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2014</td> </tr> </table>			MONTH	DAY	YEAR	3	31	2014																														
MONTH	DAY	YEAR																																									
3	31	2014																																									
<b>ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)</b> <p>On October 3, 2013 station personnel identified that a condition with the control loop for HCV-1369, Turbine-Driven Auxiliary Feedwater Pump FW-10 Recirculation Valve, was incorrectly evaluated as not reportable. The original condition was identified on October 18, 2012, which identified unqualified components in the control loop whose failure could cause a spurious closure of HCV-1369 and result in pump damage. The station was shutdown in MODE 5 when discovered.</p> <p>The condition was entered in to the station's corrective action program as Condition Report 2013-18752. Engineering is reviewing this condition and the results of this review will be used to update this report.</p>																																											

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

1. FACILITY NAME	2. DOCKET	6. LER NUMBER			3. PAGE
Fort Calhoun Station	05000285	YEAR	SEQUENTIAL NUMBER	REV NO.	2 OF 3
		2013	- 013	- 0	

**NARRATIVE**

**BACKGROUND**

Fort Calhoun Station (FCS) is a two-loop reactor coolant system of Combustion Engineering design.

FCS Technical Specification (TS) Section 2.5 states, in part that, two auxiliary feedwater (AFW) trains shall be OPERABLE when Tcold is above 300°F and with one AFW train inoperable for reasons other than Condition A, inoperable steam supply, restore the AFW train to OPERABLE status within 24 hours.

FCS Updated Safety Analysis Report (USAR) Section 9.4.1 states, in part that, FCS has two safety class auxiliary feed pumps, each capable of meeting system requirements and with diverse power sources; one electric motor driven and the other steam turbine driven.

**EVENT DESCRIPTION**

On October 3, 2013 station personnel identified that a condition with the control loop for HCV-1369, Turbine-Driven Auxiliary Feedwater Pump FW-10 Recirculation Valve, was incorrectly evaluated as not reportable. The original condition was identified on October 18, 2012. Although FCV-1369 is a fail-open valve, a closure due to a failure of a non-critical quality element (CQE) component coincident with a demand closure of HCV-1107B, Steam Generator RC-2A Auxiliary Feedwater Inlet Valve and HVC-1108B, Steam Generator RC-2B Auxiliary Feedwater Inlet Valve, could result in damage to FW-10 due to cavitation. FW-10 is the turbine-driven auxiliary feedwater pump. The station was shutdown in MODE 5 when discovered.

The current review determined that the components in question, although procured as CQE, had not been maintained as CQE. Additionally, the control loop is classified as non-CQE; therefore, the associated cables were not routed in safety related cable trays. The station was shutdown in MODE 5 when discovered. Although the condition only applies to the turbine-driven AFW pump (FW-10), during the last operating cycle the motor-driven AFW pump (FW-6) was taken out of service for testing.

This report is being submitted pursuant to 10 CFR 50.73(a)(2)(i)(B) any operation or condition which was prohibited by the plant's Technical Specifications.

**CONCLUSION**

Engineering is reviewing this condition and the results of this review will be used to update this report.

**CORRECTIVE ACTIONS**

Engineering is reviewing this condition and the results of this review will be used to update this report.

**SAFETY SIGNIFICANCE**

Engineering is reviewing this condition and the results of this review will be used to update this report.

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

1. FACILITY NAME	2. DOCKET	6. LER NUMBER			3. PAGE
Fort Calhoun Station	05000285	YEAR	SEQUENTIAL NUMBER	REV NO.	3    OF    3
		2013	-    013	-    0	

**NARRATIVE**

**SAFETY SYSTEM FUNCTIONAL FAILURE**

This does not represent a safety system functional failure in accordance with NEI 99-02, Revision 6.

**PREVIOUS EVENTS**

Engineering is reviewing this condition and the results of this review will be used to update this report.