

Post Office Box 2000, Decatur, Alabama 35609-2000

July 10, 2025

10 CFR 50.73

ATTN: Document Control Desk U.S. Nuclear Regulatory Commission Washington, D.C. 20555-0001

> Browns Ferry Nuclear Plant, Unit 2 Renewed Facility Operating License No. DPR-52 NRC Docket No. 50-260

Subject: Licensee Event Report 50-260/2025-001-00 – Reactor SCRAM due to Low Electro-Hydraulic Control Pressure

The enclosed Licensee Event Report provides details of a SCRAM due to low electro-hydraulic control pressure on Browns Ferry Nuclear Plant, Unit 2, followed by a second automatic Reactor Protection System actuation due to a low reactor water level transient caused by manually opening and closing a main steam relief valve. The Tennessee Valley Authority is submitting this report in accordance with Title 10 of the Code of Federal Regulations (10 CFR) 50.73(a)(2)(iv)(A), as any event or condition that resulted in a manual or automatic actuation of the Reactor Protection System and Primary Containment Isolation System. A supplement to this Licensee Event Report is planned to allow additional time to complete the cause evaluation.

There are no new regulatory commitments contained in this letter. Should you have any questions concerning this submittal, please contact David J. Renn, Site Compliance Manager, at (256) 729-2636.

Respectfully.

Ouinn Leonard by Delegation for SV Daniel A. Komm Site Vice President

Enclosure: Licensee Event Report 50-260/2025-001-00 – Reactor SCRAM due to Low

Electro-Hydraulic Control Pressure

cc (w/ Enclosure):

NRC Regional Administrator - Region II

NRC Senior Resident Inspector - Browns Ferry Nuclear Plant

NRC Project Manager - Browns Ferry Nuclear Plant

# **ENCLOSURE**

# Browns Ferry Nuclear Plant Unit 2

# Licensee Event Report 50-260/2025-001-00

# Reactor SCRAM due to Low Electro-Hydraulic Control Pressure

See Enclosed

#### NRC FORM 366 (04-02-2024)

## **U.S. NUCLEAR REGULATORY COMMISSION**

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EXPIRES: 04/30/2027



# 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/)

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, Library, and Information Collections Branch T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory

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On May 12, 2025, at 1353 Central Standard Time (CST), Browns Ferry Nuclear Plant, Unit 2, experienced a significant electro-hydraulic control (EHC) leak, resulting in a turbine trip and automatic reactor SCRAM on low EHC pressure. The trip was not complex with all systems responding normally post trip except for the turbine bypass valves, which subsequently failed closed due to loss of EHC pressure. At 1407 CST, with Unit 2 in Mode 3, there was a second automatic RPS actuation due to a low reactor water level transient caused by manually opening and closing a main steam relief valve. Event Notification 57705 was made to the NRC Operations Center on May 12, 2025, at 1731 CST.

The Tennessee Valley Authority is submitting this report in accordance with Title 10 of the Code of Federal Regulations (10 CFR) 50.73(a)(2)(iv)(A), as any event or condition that resulted in manual or automatic actuation of the Reactor Protection System and the Primary Containment Isolation System.

There will be a supplement to this Licensee Event Report once the cause evaluation is completed.

#### U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0104 NRC FORM 366A

(04-02-2024)



## 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/)

EXPIRES: 04/30/2027

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1. FACILITY NAME	<b>⊠</b> 050		2. DOCKET NUMBER	3. LER NUMBER			
Browns Ferry Nuclear Plant, Unit 2			00260	YEAR	SEQUENTIAL NUMBER	REV NO.	
Browns refry Nuclear Flam, Office		052	00200	2025	- 001	- 00	

#### NARRATIVE

## Plant Operating Conditions before the Event

At the time of discovery, Browns Ferry Nuclear Plant (BFN), Unit 2, was in Mode 1 at 100 percent power.

#### II. **Description of Event**

## A. Event Summary

On May 12, 2025, at 1353 Central Standard Time (CST), BFN Unit 2, experienced a significant electro-hydraulic control (EHC)[JA] leak resulting in a turbine trip and automatic reactor SCRAM on low EHC pressure. The trip was not complex with all systems responding normally post trip except for the turbine bypass valves [V], which subsequently failed closed due to loss of EHC pressure. Operations responded and stabilized the plant. At 1407, with Unit 2 in Mode 3, there was second automatic RPS actuation due to a low reactor water level transient caused by manually opening and closing a main steam relief valve. Event Notification 57705 was made to the Nuclear Regulatory Commission (NRC) Operations Center.

The Tennessee Valley Authority (TVA) is submitting this report in accordance with Title 10 of the Code of Federal Regulations (10 CFR) 50.73(a)(2)(iv)(A), as any event or condition that resulted in manual or automatic actuation of the Reactor Protection System and the Primary Containment Isolation System (PCIS).

# B. Status of structures, components, or systems that were inoperable at the start of the event and that contributed to the event

There were no structures, systems, or components (SSCs) whose inoperability contributed to this event.

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# NRC FORM 366A U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0104

(04-02-2024)



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			00200	2025	- 001	- 00	

## **NARRATIVE**

## C. Dates and approximate times of occurrences

DATE AND APPROXIMATE TIMES	OCCURRENCE
April 10, 2025, at 2237	Unit 2 mode switch moved to RUN following 2R23 refueling outage
May 12, 2025, at 1353	Turbine Trip on Low EHC Pressure/SCRAM. (Event Notification 57705 was reported to the NRC for this event.)
May 12, 2025, at 1407	RPS actuation due to a low reactor water level transient
May 12, 2025	Walkdown following SCRAM identified two broken mounting bolts on 2-FCV-47-154C. It was later identified that three bolts were broken during the event.
May 17, 2025	Following repairs to the valve, the unit was synced to the grid.

## D. Manufacturer and model number of each component that failed during the event

Non-safety related bolting for the EHC shutoff valve, QA0 component.

## E. Other systems or secondary functions affected

No other systems or secondary functions were affected.

## F. Method of discovery of each component or system failure or procedural error

BFN, Unit 2, experienced a significant EHC leak resulting in a turbine trip and automatic reactor SCRAM on low EHC pressure. Walkdown following SCRAM identified two broken mounting bolts on 2-FCV-47-154C. It was later identified that three bolts were broken during the event.

## G. The failure mode, mechanism, and effect of each failed component

There will be a supplement to this Licensee Event Report once the cause evaluation is completed.

U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0104 NRC FORM 366A

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#### **NARRATIVE**

## H. Operator actions

Operations responded and stabilized the plant following the reactor scram and subsequently initiated a plant cooldown to Mode 4.

## I. Automatically and manually initiated safety system responses

The trip was not complex with all systems responding normally post trip except for the turbine bypass valves [V], which subsequently failed closed due to loss of EHC pressure. Operations responded and stabilized the plant. At 1407, with Unit 2 in Mode 3, there was second automatic RPS actuation due to a low reactor water level transient caused by manually opening and closing a main steam relief valve. PCIS Groups 2, 3, 6, and 8 isolation signals were received. Upon receipt of these signals, components actuated as required.

#### Cause of the event III.

## A. Cause of each component or system failure or personnel error

There will be a supplement to this Licensee Event Report once the cause evaluation is completed.

## B. Cause(s) and circumstances for each human performance related root cause

There will be a supplement to this Licensee Event Report once the cause evaluation is completed.

#### IV. **Analysis of the event**

At 13:52 CST, approximately 1 minute prior to the SCRAM, BFN Operations personnel placed the alternate EHC pump (B) into service for testing. Initial EHC system pressure was approximately 1564 PSIG and increased approximately 54 PSIG (~3.5%) to 1618 PSIG when the B pump was placed in service. A plot of EHC pressure versus time indicates that the leak began when the B pump was placed in service. The EHC control system attempted to recover system pressure via the A and B pumps and accumulators but ultimately failed, and a turbine trip was generated. Although this pressure surge was within EHC operating pressure limits, the pressure surge was the most likely initiating event for the bolt failures and subsequent SCRAM. Post event walkdowns identified three sheared mounting bolts on 2-FCV-047-0154C, breaching the EHC

## NRC FORM 366A U.S. NUCLEAR REGULATORY COMMISSION

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#### **NARRATIVE**

pressure boundary and draining the Unit 2 EHC tank.

Operations responded and stabilized the plant. At 1407 CST with Unit 2 in Mode 3, there was a second automatic RPS actuation due to a low reactor water level transient caused by manually opening and closing a main steam relief valve. Reactor water level was maintained via feed water pump. Decay heat was removed by discharging steam (via main steam line drains) to the main condenser. Units 1 and 3 were not affected.

## V. Assessment of Safety Consequences

The plant responded as designed, while maintaining defense-in-depth for nuclear safety. All nuclear safety systems functioned as designed. This event was of very low nuclear safety significance. At no time was the health and safety of the public at risk.

A. Availability of systems or components that could have performed the same function as the components and systems that failed during the event

N/A

B. For events that occurred when the reactor was shut down, availability of systems or components needed to shutdown the reactor and maintain safe shutdown conditions, remove residual heat, control the release of radioactive material, or mitigate the consequences of an accident

This event did not occur when the reactor was shut down.

C. For failure that rendered a train of a safety system inoperable, estimate of the elapsed time from discovery of the failure until the train was returned to service

This event did not render a train of a safety system inoperable.

## VI. Corrective Actions

Corrective Actions are being managed by the TVA's Corrective Action Program (CAP) under Condition Report (CR) 2012739.

#### U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0104 NRC FORM 366A (04-02-2024)



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## NARRATIVE

## A. Immediate Corrective Actions

Shutoff valve and mounting bolts were replaced.

# B. Corrective Actions to Prevent Recurrence or to reduce the probability of similar events occurring in the future

There will be a supplement to this Licensee Event Report once the cause evaluation is completed.

## VII. Previous Similar Events at the Same Site

There were no previous similar events found at the site.

## VIII. Additional Information

There is no additional information.

#### **Commitments** IX.

There are no new commitments.

Energy Industry Identification System (EIIS) codes are identified in the text as [XX].