

Dominion Energy Nuclear Connecticut, Inc.  
Millstone Power Station  
314 Rope Ferry Road, Waterford, CT 06385  
DominionEnergy.com



U. S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, DC 20555

Serial No.: 26-196  
MPS Lic/JP R0  
Docket No.: 50-336  
License No.: DPR-65

**SEP 28 2026**

**DOMINION ENERGY NUCLEAR CONNECTICUT, INC.**  
**MILLSTONE POWER STATION UNIT 2**  
**LICENSEE EVENT REPORT (LER) 2026-003-00**

**MANUAL REACTOR TRIP DUE TO "A" STEAM GENERATOR FEEDWATER PUMP TRIP**

This letter forwards Licensee Event Report (LER) 2026-003-00, documenting an event that occurred at Millstone Power Station Unit 2 (MPS) on August 3, 2026. This LER is being submitted pursuant to the requirements of 10 CFR 50.73(a)(2)(iv)(A) because it resulted in manual actuation of the Reactor Protection System (RPS) while the reactor was critical and automatic actuation of the Auxiliary Feedwater System.

There are no regulatory commitments contained in this letter or its enclosure.

Should you have any questions, please contact Ms. Lori K. Kelley at (860) 447-1791 x6520

Sincerely,

A handwritten signature in black ink, appearing to read "James T. Petty", with a stylized flourish at the end.

James T. Petty  
Site Vice President – Millstone

Enclosure: LER 336/2026-003-00

cc: U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road, Suite 102,  
King of Prussia, PA 19406-1415.

Richard Guzman  
NRC Project Manager Millstone Units 2 and 3  
U.S. Nuclear Regulatory Commission  
One White Flint North, Mail Stop 08 C2  
11555 Rockville Pike  
Rockville, MD 20852-2738

Brandon Pinson  
NRC Senior Resident Inspector  
Millstone Power Station

**ATTACHMENT**

**LICENSEE EVENT REPORT 2026-003-00**

**MANUAL REACTOR TRIP DUE TO "A" STEAM GENERATOR FEEDWATER PUMP TRIP**

**MILLSTONE POWER STATION UNIT 2  
DOMINION ENERGY NUCLEAR CONNECTICUT, INC.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------|---------------------|---------|--|
| NRC FORM 366<br>(06-16-2026)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                        | U.S. NUCLEAR REGULATORY COMMISSION            |                                                 |                                                 | APPROVED BY OMB: NO. 3150-0104                                                                                                     |     |                                         | EXPIRES: 04/30/2027 |         |  |
| <div></div> <div>LICENSEE EVENT REPORT (LER)<br/>(See Page 3 for required number of digits/characters for each block)<br/>(See NUREG-1022, R.3 for instruction and guidance for completing this form<br/><a href="http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/">http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/</a>)</div> <div>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 email to <a href="mailto:Infocollections.Resource@nrc.gov">Infocollections.Resource@nrc.gov</a>, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0104), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.</div> |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| 1. Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                        |                                               |                                                 |                                                 | <div><input checked="" type="checkbox"/> 050</div> <div><input type="checkbox"/> 052</div> <div><input type="checkbox"/> 053</div> |     | 2. Docket Number                        |                     | 3. Page |  |
| Millstone Power Station - Unit 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | 00336                                   |                     | 1 OF 5  |  |
| 4. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| Manual Reactor Trip Due To "A" Steam Generator Feedwater Pump Trip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| 5. Event Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                        | 6. LER Number                                 |                                                 |                                                 | 7. Report Date                                                                                                                     |     |                                         |                     |         |  |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Day                                         | Year                                                   | Year                                          | Sequential Number                               | Revision No.                                    | Month                                                                                                                              | Day | Year                                    |                     |         |  |
| 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 03                                          | 2026                                                   | 2026                                          | - 003 -                                         | 00                                              | 09                                                                                                                                 | 28  | 2026                                    |                     |         |  |
| 8. Other Facilities Involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | <div><input type="checkbox"/> 050</div> | Docket Number       |         |  |
| Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | <div><input type="checkbox"/> 052</div> | Docket Number       |         |  |
| Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | <div><input type="checkbox"/> 053</div> | Docket Number       |         |  |
| 9. Operating Mode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                        |                                               |                                                 |                                                 | 10. Power Level                                                                                                                    |     |                                         |                     |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                        |                                               |                                                 |                                                 | 100                                                                                                                                |     |                                         |                     |         |  |
| 11. This Report is Submitted Pursuant to the Requirements of 10 CFR §: (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| 10 CFR Part 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | <input type="checkbox"/> 20.2203(a)(3)(i)              | <input type="checkbox"/> 50.69(g)             | <input type="checkbox"/> 50.73(a)(2)(v)(C)      | <input type="checkbox"/> 53.1640(a)(2)(ii)(A)   | <input type="checkbox"/> 73.77(a)(1)(ii)                                                                                           |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2201(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 20.2203(a)(3)(ii)  | <input type="checkbox"/> 50.73(a)(2)(i)(A)             | <input type="checkbox"/> 50.73(a)(2)(v)(D)    | <input type="checkbox"/> 53.1640(a)(2)(ii)(B)   | <input type="checkbox"/> 73.77(a)(2)(i)(A)      |                                                                                                                                    |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2201(d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 20.2203(a)(4)      | <input type="checkbox"/> 50.73(a)(2)(i)(B)             | <input type="checkbox"/> 50.73(a)(2)(vii)     | <input type="checkbox"/> 53.1640(a)(2)(iii)     | <input type="checkbox"/> 73.77(a)(2)(i)(B)      |                                                                                                                                    |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 CFR Part 21                              |                                                        | <input type="checkbox"/> 50.73(a)(2)(i)(C)    | <input type="checkbox"/> 50.73(a)(2)(viii)(A)   | <input type="checkbox"/> 53.1640(a)(2)(iv)      | <input type="checkbox"/> 73.1200(a)                                                                                                |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> 21.2(c)            | <input type="checkbox"/> 50.73(a)(2)(ii)(A)            | <input type="checkbox"/> 50.73(a)(2)(viii)(B) | <input type="checkbox"/> 53.1640(a)(2)(v)       | <input type="checkbox"/> 73.1200(b)             |                                                                                                                                    |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(ii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 CFR Part 50                              |                                                        | <input type="checkbox"/> 50.73(a)(2)(ii)(B)   | <input type="checkbox"/> 50.73(a)(2)(ix)(A)     | <input type="checkbox"/> 53.1640(a)(2)(vii)(A)  | <input type="checkbox"/> 73.1200(c)                                                                                                |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(iii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 50.36(c)(1)(i)(A)  | <input type="checkbox"/> 50.73(a)(2)(iii)              | <input type="checkbox"/> 50.73(a)(2)(x)       | <input type="checkbox"/> 53.1640(a)(2)(viii)(A) | <input type="checkbox"/> 73.1200(d)             |                                                                                                                                    |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(iv)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 50.36(c)(1)(ii)(A) | <input checked="" type="checkbox"/> 50.73(a)(2)(iv)(A) | 10 CFR Part 53                                |                                                 | <input type="checkbox"/> 53.1640(a)(2)(viii)(B) | <input type="checkbox"/> 73.1200(e)                                                                                                |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(v)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> 50.36(c)(2)        | <input type="checkbox"/> 50.73(a)(2)(v)(A)             | <input type="checkbox"/> 53.1640(a)(2)(i)(A)  | <input type="checkbox"/> 53.1640(a)(2)(ix)      | <input type="checkbox"/> 73.1200(f)             |                                                                                                                                    |     |                                         |                     |         |  |
| <input type="checkbox"/> 20.2203(a)(2)(vi)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 50.46(a)(3)(ii)    | <input type="checkbox"/> 50.73(a)(2)(v)(B)             | <input type="checkbox"/> 53.1640(a)(2)(i)(B)  | 10 CFR Part 73                                  |                                                 | <input type="checkbox"/> 73.1200(g)                                                                                                |     |                                         |                     |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                        |                                               | <input type="checkbox"/> 53.1640(a)(2)(i)(C)    | <input type="checkbox"/> 73.77(a)(1)(i)         | <input type="checkbox"/> 73.1200(h)                                                                                                |     |                                         |                     |         |  |
| <div><input type="checkbox"/> OTHER (Specify here, in abstract, or NRC 366A).</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| 12. Licensee Contact for this LER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     |                                         |                     |         |  |
| Licensee Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | Phone Number (Include area code)        |                     |         |  |
| Lori Kelley, Manager Nuclear Station Emergency Preparedness and Licensing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                        |                                               |                                                 |                                                 |                                                                                                                                    |     | 860-447-1791 x 6520                     |                     |         |  |

**LICENSEE EVENT REPORT (LER) (Continued)**

Page 2 OF 5

**13. Complete One Line for each Component Failure Described in this Report**

| Cause | System | Component | Manufacturer | Reportable to IRIS |  | Cause | System | Component | Manufacturer | Reportable to IRIS |
|-------|--------|-----------|--------------|--------------------|--|-------|--------|-----------|--------------|--------------------|
| B     | SJ     | IMOD,WEL  | NA           | Yes                |  |       |        |           |              |                    |

**14. Supplemental Report Expected**

☐ No ☒ Yes (If yes, complete 15. Expected Submission Date)

**15. Expected Submission Date**

| Month | Day | Year |
|-------|-----|------|
| 12    | 15  | 2026 |

**16. Abstract**

On August 3, 2026, at 1419 hours, Millstone Unit 2 was operating in Mode 1 at approximately 100 percent reactor power when the "A" Steam Generator Feedwater Pump tripped on a spurious low condenser vacuum signal. Operators manually tripped the reactor in accordance with station procedures. The reactor trip was uncomplicated, all control element assemblies fully inserted, and the Auxiliary Feedwater System automatically actuated and supplied feedwater to both steam generators as designed. The direct cause of the "A" SGFP trip was the concurrent presence of an intermittent false A channel low vacuum input from a loose DF28 termination and a degraded C channel voting condition associated with the installed Woodward MicroNet discrete I/O module. Together, these conditions satisfied the low vacuum trip protection logic and resulted in an automatic trip of the "A" SGFP despite normal condenser vacuum conditions. Corrective actions restored proper voting functionality, repaired the loose termination, implemented a one-second time delay in the SGFP trip logic to improve robustness against spurious signals and verified proper operation through post-maintenance testing. Unit 2 was returned to Mode 1 on August 5, 2026, at 1241 hours. The root cause evaluation remains in progress, and a supplemental LER will be submitted following its completion. This event is reportable pursuant to 10 CFR 50.73(a)(2)(iv)(A) as a manual actuation of the Reactor Protection System while the reactor was critical and a valid automatic actuation of the Auxiliary Feedwater System.

**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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0104), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

|                                  |                                                |                         |                      |                              |                    |   |    |
|----------------------------------|------------------------------------------------|-------------------------|----------------------|------------------------------|--------------------|---|----|
| <b>1. FACILITY NAME</b>          | <input checked="" type="checkbox"/> <b>050</b> | <b>2. DOCKET NUMBER</b> | <b>3. LER NUMBER</b> |                              |                    |   |    |
| Millstone Power Station - Unit 2 | <input type="checkbox"/> <b>052</b>            | 00336                   | <b>YEAR</b>          | <b>SEQUENTIAL<br/>NUMBER</b> | <b>REV<br/>NO.</b> |   |    |
|                                  | <input type="checkbox"/> <b>053</b>            |                         | 2026                 | -                            | 003                | - | 00 |
|                                  |                                                |                         |                      |                              |                    |   |    |

**NARRATIVE****REPORTING REQUIREMENT(S):**

This report is submitted pursuant to 10 CFR 50.73(a)(2)(iv)(A) for a manual actuation of the Reactor Protection System (RPS) while the reactor was critical and for a valid automatic actuation of the Auxiliary Feedwater System (AFW). The RPS actuation was reported to the NRC pursuant to 10 CFR 50.72(b)(2)(iv)(B) at 1621 hours on August 3, 2026, as NRC Event Notification 58392.

**INITIAL PLANT CONDITIONS:**

On August 3, 2026, Millstone Unit 2 was in Mode 1 at approximately 100 percent reactor power. The reactor was critical at normal operating temperature and pressure. Both "A" and "B" steam generator feedwater pumps were operating and supplying feedwater to the steam generators. Main condenser vacuum was stable and within normal operating limits. There were no structure, systems, or components that were inoperable that contributed to the event or adversely affected plant response. Millstone Unit 3 was unaffected by the event.

**EVENT DESCRIPTION**

On August 3, 2026, at 14:19:38, Unit 2 operators received indication of an automatic trip of the "A" Steam Generator Feedwater Pump (SGFP). Following the pump trip, operators verified the associated steam turbine stop valves had closed and confirmed steam generator levels were decreasing as expected following the loss of feedwater flow. The "B" SGFP remained in service and continued to operate normally.

In accordance with station procedures governing operation above 70 percent reactor power following the loss of an SGFP, operators manually tripped the reactor at 14:19:53 to prevent excessive steam generator inventory depletion and maintain the plant within analyzed operating conditions. The reactor trip was uncomplicated and all control element assemblies fully inserted. The Auxiliary Feedwater System automatically actuated on low steam generator level and provided feedwater to both steam generators as designed. Decay heat removal was maintained through the main steam system and condenser steam dump valves. Operators entered Emergency Operating Procedure (EOP) 2525, Standard Post-Trip Actions, followed by EOP 2526, Reactor Trip Recovery, and stabilized the unit in Mode 3, Hot Standby.

Post-trip investigation determined that condenser vacuum remained within normal operating limits throughout the event and that no actual low condenser vacuum condition existed. Troubleshooting and functional testing identified two equipment deficiencies that collectively resulted in the automatic trip of the "A" Steam Generator Feedwater Pump (SGFP).



## 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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0104), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

| 1. FACILITY NAME                 | <input checked="" type="checkbox"/> 050<br><input type="checkbox"/> 052<br><input type="checkbox"/> 053 | 2. DOCKET NUMBER | YEAR | 3. LER NUMBER | REV NO. |
|----------------------------------|---------------------------------------------------------------------------------------------------------|------------------|------|---------------|---------|
| Millstone Power Station - Unit 2 |                                                                                                         | 00336            | 2026 | 003           | 00      |

### NARRATIVE

The first deficiency involved a malfunctioning Woodward MicroNet 48/24 Discrete Input/Output Module (Part Number 5466-258, Revision G). The module malfunction prevented independent participation of the C channel input in the intended two-out-of-three low condenser vacuum voting logic, effectively degrading the redundancy of the protective trip function. The second deficiency involved a loose conductor termination at DF28 associated with pressure switch PS-5126A, which provides the A channel low condenser vacuum trip input. The loose termination intermittently generated a false low condenser vacuum signal despite normal condenser vacuum conditions.

Although neither condition alone would have been expected to trip the SGFP, the combination of the intermittent false A channel low vacuum signal and the degraded C channel voting configuration satisfied the SGFP low vacuum protective trip logic and resulted in the automatic trip of the "A" SGFP. Subsequent loss of feedwater flow from the tripped pump caused decreasing steam generator water levels, leading operators to manually trip the reactor in accordance with plant procedures.

Corrective actions included replacement of the affected Woodward MicroNet module, which restored the intended two-out-of-three voting functionality. The loose DF28 termination was repaired, and a one-second time delay was implemented in the low vacuum trip logic for both SGFPs to improve robustness against spurious input signals. Post-maintenance testing verified proper system operation and correct trip logic performance. Unit 2 was restarted and returned to Mode 1 on August 5, 2026, at 1241 hours.

### CAUSE

The root cause evaluation remains in progress. A supplemental Licensee Event Report will be submitted following completion of the evaluation.

### ASSESSMENT OF SAFETY CONSEQUENCES

There were no adverse safety consequences as a result of this event. Following the "A" Steam Generator Feedwater Pump trip, operators manually tripped the reactor, and the Reactor Protection System functioned as designed. The reactor trip was uncomplicated, and all control rods were fully inserted. Auxilliary Feedwater Sytem (AFW) automatically actuated on low steam generator level and supplied feedwater to both steam generators as designed. The "B" SGFP remained available, main feedwater remained available following the trip, and decay heat removal was maintained through the Main Steam System and condenser steam dump valves. Condenser vacuum was maintained, and steam generator safety valves did not lift.

All reactor coolant pumps remained in operation following the reactor trip. Reactor Coolant System temperature was maintained within the normal post-trip operating band of approximately 530 to 535 degrees Fahrenheit. Minimum pressurizer pressure was approximately 1957 psia, which remained within the normal post-trip operating band. A backup charging pump started as designed, letdown was minimized due to deviation from the programmed pressurizer level setpoint, and control systems restored pressurizer level to its programmed value.

**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 FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0104), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

| 1. FACILITY NAME                 |                                         | 2. DOCKET NUMBER | 3. LER NUMBER |                   |         |
|----------------------------------|-----------------------------------------|------------------|---------------|-------------------|---------|
| Millstone Power Station - Unit 2 | <input checked="" type="checkbox"/> 050 | 00336            | YEAR          | SEQUENTIAL NUMBER | REV NO. |
|                                  | <input type="checkbox"/> 052            |                  | 2026          | 003               | 00      |
|                                  | <input type="checkbox"/> 053            |                  |               |                   |         |

**NARRATIVE**

The event did not result in a loss of required safety function. No fuel damage occurred, reactor coolant pressure boundary integrity was maintained, and all fission-product barriers remained intact throughout the event. There were no radiological releases, no safety limits were challenged, and there was no impact on the health and safety of the public or plant personnel. Plant response remained bounded by the Updated Final Safety Analysis Report (UFSAR) Chapter 14 Loss of Normal Feedwater Flow analysis. Therefore, this event did not result in a significant degradation of nuclear safety.

**CORRECTIVE ACTION**

Immediate operator actions included manually tripping the reactor in response to the "A" SGFP trip, entering applicable Emergency Operating Procedures, completing standard post-trip actions, and stabilizing the unit in Mode 3, Hot Standby.

Corrective actions completed prior to reactor restart included restoration of the previously installed Woodward MicroNet module, which reestablish the intended independent voting-channel functionality, repairing the loose A channel low-vacuum input termination, performing extent-of-condition inspections of both SGFP governor control cabinets, implementing a one-second time delay for both "A" and "B" SGFP low condenser vacuum trip inputs, and completing satisfactory post-maintenance testing. These actions restored proper SGFP protective trip functionality, verified equipment operability, and reduced susceptibility to spurious pump trips caused by intermittent input signals.

The root cause evaluation is in progress. Upon completion, additional corrective actions will be taken in accordance with the station's corrective action program.

**PREVIOUS OCCURRENCES**

A review of Millstone Unit 2 Licensee Event Reports submitted during the previous three years identified no reportable events involving the same underlying cause that resulted in a reactor trip.

LER 2019-001-00 documented a manual reactor trip due to loss of the "A" Steam Generator Feedwater Pump on December 27, 2019. That event was caused by failure of the mechanical coupling connecting the "A" SGFP to the Steam Generator Feed Pump Turbine. The 2019 event did not involve governor control logic, SGFP protective trip circuitry or instrumentation associated with the August 3, 2026, event. Therefore, it is not considered a similar event for purposes of previous occurrence review.

**ENERGY INDUSTRY IDENTIFICATION SYSTEM (EIIS) CODES**

- SJ – Feedwater System
- BA – Auxiliary Feedwater/Emergency Feedwater System