



September 12, 2001

L-2001-190
10 CFR 50.55a
10 CFR 50.36

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

Re: St. Lucie Unit 1
Docket No. 50-335
In-Service-Inspection Program
Third Interval First Period
Owner's Activity Report

Enclosed is the St. Lucie Unit 1 Third Interval, First Period, ASME Section XI Form OAR-1, Owner's Activity Report. The first period ended on February 10, 2001. The Form OAR-1, Owner's Activity Report, implements Code Case N-532. This code case, approved by the NRC for St. Lucie Units 1 and 2 on November 6, 1995, provides an alternative to the requirements of ASME Section XI, Sections IWA-4910(d); IWA-6210(c), (d), and (e); IWA-6220(b), (c), and (d); and IWA-6240(b). The OAR-1 report is prepared and certified upon completion of each refueling outage and submitted following the end of each inspection period.

The enclosed Forms OAR-1 are for refueling outages SL1-15 and SL1-16.

Should there be any questions, please contact us.

Very truly yours,

Donald E. Jernigan
Vice President
St. Lucie Plant

DEJ/GRM

Enclosures

cc: Regional Administrator, Region II, USNRC
Senior Resident Inspector, USNRC, St. Lucie Plant

A047

Form OAR-1 Owner's Activity Report

Report Number: ISI-PSL-1-1999

Owner: Florida Power and Light Company
P.O. Box 529100
Miami, Florida 33152

Plant: St. Lucie Nuclear Power Plant Unit 1
6501 South Ocean Drive
Jensen Beach, Florida 34957

Commercial Service Date: December 21, 1976 Refueling Outage No.: SL1-15

Current Inspection Interval: Third Current Inspection Period: First

Edition and Addenda of Section XI applicable to the inspection plan: 1989, and for section IWE, 1992 Edition with addenda through 1992 (IWL not applicable to St. Lucie Unit 1).

Date and Revision of inspection plan: Jan 12, 1998 Rev.0

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plan: Same

CERTIFICATE OF CONFORMANCE

I certify that the statements made in this Owners Activity Report are correct, and that the examinations, tests, repairs, replacements, evaluations, and corrective measures represented by this report conform to the requirements of Section XI.

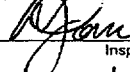
Certificate of Authorization No.: N/A Expiration Date: N/A

Signed  Date 9/6/01
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Factory Mutual Insurance Company of Johnston RI have inspected the items described in this Owner's Activity Report, during the period January 7 1998 to October 18, 1999, and state that to the best of my knowledge and belief, the Owner has performed all activities represented by this report in accordance with the requirements of Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, tests, repairs, replacements, evaluations, and corrective measures described in this report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

 Commissions NB 7245 FL 328
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/6/01

TABLE 1 (Post 1999 Outage)
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations Required for the Interval	Total Examinations Credited for this period	Total Examinations Credited (%) for the period	Total Examinations Credited (%) to Date for the Interval	Remarks
B-A	27	0	0%	0%	
B-B	7	0	0%	0%	
B-D	36	2	6%	6%	
B-E	Covered under site pressure test program				
B-F	30	7	23%	23%	
B-G-1	7	0	0%	0%	(1 of total items required only if disassembled)
B-G-2	22	3	14%	14%	
B-H	Code Case N-509 applies. Category B-H items are included with Category B-K				
B-J	161	43	27%	27%	total count req. Reflects circ welds only
B-K	5	0	0%	0%	Code Case N-509 applied
B-L-1	2	0	0	0%	Code Case N-481 Applied
B-L-2	1	0	0	0%	Required only if Pump disassembled
B-M-1	There are no B-M-1 valve body welds				
B-M-2	4	1	25%	25%	1 of each group required when disassembled
B-N-1	27	8	30%	30%	Each item must be examined each period
B-N-2	20	0	0%	0%	
B-N-3	6	0	0%	0%	
B-O	3	0	0%	0%	
B-P	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
B-Q	Steam Generator tubing is examined in accordance with Plant Technical Specifications. See the NIS-BB for details.				
C-A	4	0	0%	0%	
C-B	5	0	0%	0%	

Revision 1 (9/5/2001)

TABLE 1 (Post 1999 Outage)
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations Required for the Interval	Total Examinations Credited for this period	Total Examinations Credited (%) for the period	Total Examinations Credited (%) to Date for the Interval	Remarks
C-C	4	1	25%	25%	Code Case N-509 Applied
C-D	1	0	0%	0%	
C-F-1	69	8	12%	12%	total count req. Reflects circ welds only
C-F-2	28	7	25%	25%	Less than 28 welds would be required if 7.5% criteria is followed, FPL raised the total count to 28 per note 2, total count req. reflects circ. Welds only
C-G	No category C-G items				
C-H	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
D-A	4	1	25%	25%	Code Case N-509 Applied
D-A	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
D-B					
D-C					
IWE	The St. Lucie IWE plan is not complete. Results will be presented in a future OAR-1 report.				
F-A,F1.10	57	21	34%	34%	Code Case N-491-1 Applied for all supports
F-A,F1.20	54	7	13%	13%	Code Case N-491-1 Applied for all supports
F-A,F1.30	54	18	33%	33%	Code Case N-491-1 Applied for all supports
F-A,F1.40	8	4	50%	50%	Code Case N-491-1 Applied for all supports
IWL	St. Lucie does not have a concrete containment. No examinations are required.				

TABLE 2
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT
REQUIRED EVALUATION FOR CONTINUED SERVICE

Examination Category	Item Number	Item Description	Flaw Characterization (IWA-3300)	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes or No)

There were no flaws or relevant conditions that required
evaluation for continued service.

Table
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V07231	Remove (CUT) valve at elbow connections for rework. Also remove and replace body to bonnet seal weld for internal access. Ref. CR 98-0181 & SPEC-M-045.	YES / NO: YES	2/10/98 Interval 3 Period 1	SL-1-15- 001
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SI-676-9133	Replace broken length adjustment threaded rod in pipe restraint SI-676-9133.	YES / NO: NO	10/7/99 Interval 3 Period 1	SL-1-15- 005
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	DO-15 DO-10-H2 DO-10-H3 DO-10-H4 DO-10-H5	REPLACE CORRODED SECTION OF PIPE PER CRN 98012-7918 AND REPLACE U-BOLTS FOR PIPE HANGARS DO-10-H2 THROUGH H5.	YES / NO: NO	10/2/99 Interval 3 Period 1	SL-1-15- 007
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SJ-21-4A	REPLACE EXPANSION JOINT FLANGE BOLTING.	YES / NO: NO	10/6/98 Interval 3 Period 1	SL-1-15- 009
2	Repair: <input checked="" type="checkbox"/> Replacement: <input type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V07232	Remove valve from system to facilitate disc replacement. Reinstall by welding. Replace seal weld Refer to PCM 99162	YES / NO: YES	12/14/98 Interval 3 Period 1	SL-1-15- 010
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V2324	REPLACE DISCHARGE RELIEF VALVE LEAKING AT BODY TO BONNET JOINT.	YES / NO: NO	12/16/99 Interval 3 Period 1	SL-1-15- 011

Table
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	BF-42	REPLACE PIPE DUE TO THROUGH-WALL LEAK AT ORIFICE SO-09-3 OUTLET PER CR 98-2127.	YES / NO: NO	1/3/99 Interval 3 Period 1	SL-1-15- 012
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V02133	Replace Anchor Darling valve with new Edward valve per CRN 98012-8130.	YES / NO: NO	3/26/99 Interval 3 Period 1	SL-1-15- 015
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V02134	Replace V02134 with an Edward valve per CRN 98012-8131.	YES / NO: NO	9/3/99 Interval 3 Period 1	SL-1-15- 016
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	ICW PP 1A	Replace ICW Pump 1A with spare pump. Installed original stuffing box in spare pump.	YES / NO: NO	11/10/99 Interval 3 Period 1	SL-1-15- 020
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SJ-21-4A V21162	Replace spacer ring for SJ-21-4A and valve.	YES / NO: NO	5/11/99 Interval 3 Period 1	SL-1-15- 021
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SO-09-4	Replace 1B AFW mini-flow recirculation orifice and piping per CR 98-2127.	YES / NO: NO	5/27/99 Interval 3 Period 1	SL-1-15- 022

Table
**ABSTRACT OF REPAIRS, REPLACEMENT, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1200	Replace Nuts for bolted inlet connection, Relief Valve V1200	YES / NO: NO	10/10/99 Interval 3 Period 1	SL-1-15- 023
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1201	Replace Nuts for bolted inlet connection, Relief Valve V1201	YES / NO: NO	10/6/99 Interval 3 Period 1	SL-1-15- 024
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1202	Replace Nuts for bolted inlet connection, Relief Valve V1202	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 025
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SJ-21-4A	Replace expansion joint at ICW PP 1A discharge.	YES / NO: NO	11/10/99 Interval 3 Period 1	SL-1-15- 027
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8213	Remove MainSteam Safety for testing and refurbishing. Replace nuts and bolts on reinstallation. FYP 1122	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 028
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8211	Remove MainSteam Safety for testing and refurbishing. Replace nuts and bolts on reinstallation. FYP 1122	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 029

Table
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8202	Remove MainSteam Safety for testing and refurbishing. Replace nuts and bolts on reinstallation. FYP 1122	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 030
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SJ-21-4B 1B ICW PP	Replace 1B ICW PP Discharge Expansion Joint.	YES / NO: NO	6/29/99 Interval 3 Period 1	SL-1-15- 033
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CW-79	Replace half-coupling on 30-CW-79 for root valve SH21240 to PI-21-23B.	YES / NO: NO	10/5/99 Interval 3 Period 1	SL-1-15- 034
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V02132	Cut seal weld for internal inspection. Reweld seal weld.	YES / NO: NO	7/8/99 Interval 3 Period 1	SL-1-15- 036
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	LCV-2110P	Disassemble, inspect, replace disc stack, stem, bonnet bolts, nuts if necessary.	YES / NO: NO	1/27/00 Interval 3 Period 1	SL-1-15- 038
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SB21232	Replace ICW isolation valve SB-21232 (isolation for SS-21-1B).	YES / NO: NO	10/14/99 Interval 3 Period 1	SL-1-15- 039

Table
**ABSTRACT OF REPAIRS, REPLACEMENT, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	MV-14-1	Replaced valve flange bolting (Task 01) and valve (Task 1B).	YES / NO: NO	10/9/99 Interval 3 Period 1	SL-1-15- 040
2	Repair: <input checked="" type="checkbox"/> Replacement: <input type="checkbox"/> Corrective Measure: <input type="checkbox"/>	MV-08-13	Remove/Reweld Body-to-Bonnet seal weld for valve disassembly & inspection	YES / NO: NO	10/9/99 Interval 3 Period 1	SL-1-15- 041
2	Repair: <input checked="" type="checkbox"/> Replacement: <input type="checkbox"/> Corrective Measure: <input type="checkbox"/>	MV-08-14	Remove/Reweld Body-to-Bonnet seal weld for valve disassembly & inspection	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 042
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V21205	Replace valve, inlet / outlet bolting and install spacer ring.	YES / NO: NO	3/27/00 Interval 3 Period 1	SL-1-15- 044
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SS-21-1A	Replace half-coupling on strainer inlet.	YES / NO: NO	9/25/99 Interval 3 Period 1	SL-1-15- 045
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SI-676-78	Remove and replace support SI-676-78 for CS-3 pipe inspection.	YES / NO: NO	9/27/99 Interval 3 Period 1	SL-1-15- 046

Table
**ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	TE-14-3A	Replace corroded thermowell and thermowell boss.	YES / NO: NO	9/25/99 Interval 3 Period 1	SL-1-15- 047
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SB21232	REPLACE INLET AND OUTLET FLANGE BOLTING FOR MAINTENANCE CONVENIENCE.	YES / NO: NO	10/14/99 Interval 3 Period 1	SL-1-15- 048
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8201	Main Steam Safety Valves - Remove, ship to Crosby for Inspection/Rebuild - FPL parts used for rebuild following inspection.	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 050
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V07194 V07195 I-3-CS-51	Replace valves and piping due to radioactive debris trapped in system per CRN 98012-8588.	YES / NO: NO	9/22/99 Interval 3 Period 1	SL-1-15- 051
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V07258	Replace existing Borg-Warner check valve with Edwards check valve per CRN 98012-8359.	YES / NO: NO	9/28/99 Interval 3 Period 1	SL-1-15- 052
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V07256	Replace existing Borg-Warner check valve with Edwards check valve per CRN 98012-8360.	YES / NO: NO	9/29/99 Interval 3 Period 1	SL-1-15- 053

Table
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09123	Replace Valve V09123 due to leakage. R/R support BF-2-9.	YES / NO: NO	10/2/99 Interval 3 Period 1	SL-1-15- 054
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SI-676-1984	Rebuild support SI-676-1984 per CRN 98012-8687, removed for CS-2 inspection.	YES / NO: NO	10/5/99 Interval 3 Period 1	SL-1-15- 055
2 & 3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	Various - See Remarks	Modify AFW restraints for AFW piping upgrade per PCM 98088.	YES / NO: NO	10/8/99 Interval 3 Period 1	SL-1-15- 056
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	PRESSURIZER RC-109	Replace four Pressurizer steam space instrument nozzles (Task 01) and replace a portion of RC-109, Pressurizer spray line from RC loop 1B1 (Task 03).	YES / NO: NO	10/9/99 Interval 3 Period 1	SL-1-15- 057
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CW-68 CW-13-1	Replace degraded concrete-lined bolted pipe spool (Task 01) and rebuild support (Task 1A).	YES / NO: NO	10/5/99 Interval 3 Period 1	SL-1-15- 058
1	Repair: <input checked="" type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SE-02-1	Remove/Replace seal weld on Task 02. Replace valve internals on Task 04.	YES / NO: NO	10/12/99 Interval 3 Period 1	SL-1-15- 059

Table
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V3217	Replace hinge pin cover bolting.	YES / NO: NO	10/6/99 Interval 3 Period 1	SL-1-15- 061
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1404	Replace inlet nuts and pilot disc spring.	YES / NO: NO	10/6/99 Interval 3 Period 1	SL-1-15- 062
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SI-970-1210	Remove restraint/snubber for implementation of PCM 99018. Replace on completion of mods.	YES / NO: NO	10/2/99 Interval 3 Period 1	SL-1-15- 063
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09304	Replace 2" valve and adjacent pipe segments due to degraded valve internals.	YES / NO: NO	10/4/99 Interval 3 Period 1	SL-1-15- 065
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	YPH-176	REPLACE SPRING CAN ON HANGER YPH-176 PER CR 99-1755.	YES / NO: YES	10/13/99 Interval 3 Period 1	SL-1-15- 066
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CC-32 YPH-180	REPLACE SPRING CAN ON HANGER YPH-180 PER CR 99-1755.	YES / NO: NO	10/6/99 Interval 3 Period 1	SL-1-15- 067

Table
**ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1402	Replace one inlet nut, main disc spring and pilot disc spring.	YES / NO: NO	10/6/99 Interval 3 Period 1	SL-1-15- 068
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09305	Replace 2" valve and adjacent pipe segments due to degraded valve internals per CR 99-1745.	YES / NO: NO	10/4/99 Interval 3 Period 1	SL-1-15- 069
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	1-072	Replace failed snubber Mark#1-072 on restraint SI-972-1243.	YES / NO: YES	10/7/99 Interval 3 Period 1	SL-1-15- 070
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	1-068	Replace failed snubber Mark#1-068 on restraint SI-971-6.	YES / NO: YES	10/7/99 Interval 3 Period 1	SL-1-15- 071
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V18195	REPLACE DISC ASSEMBLY.	YES / NO: NO	10/4/99 Interval 3 Period 1	SL-1-15- 072
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CC-19-3	Modify support per CRN 98012-8675.	YES / NO: NO	10/19/99 Interval 3 Period 1	SL-1-15- 074

Table
**ABSTRACT OF REPAIRS, REPLACEMENT, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 15**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input checked="" type="checkbox"/> Replacement: <input type="checkbox"/> Corrective Measure: <input checked="" type="checkbox"/>	MS-32-FW-1	Repair rejectable linear indications identified during ISI surface exam.	YES / NO: YES	10/9/99 Interval 3 Period 1	SL-1-15- 075

Form OAR-1 Owner's Activity Report

Report Number: ISI-PSL-1-2001

Owner: Florida Power and Light Company
P.O. Box 529100
Miami, Florida 33152

Plant: St. Lucie Nuclear Power Plant Unit 1
6501 South Ocean Drive
Jensen Beach, Florida 34957

Commercial Service Date: December 21, 1976 Refueling Outage No.: SL1-16

Current Inspection Interval: Third Current Inspection Period: First

Edition and Addenda of Section XI applicable to the inspection plan: 1989, and for section IWE, 1992 Edition with addenda through 1992 (IWL not applicable to St. Lucie Unit 1).

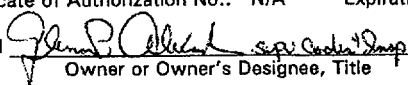
Date and Revision of inspection plan: November 3, 1999 Rev. 1

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plan: Same

CERTIFICATE OF CONFORMANCE

I certify that the statements made in this Owners Activity Report are correct, and that the examinations, tests, repairs, replacements, evaluations, and corrective measures represented by this report conform to the requirements of Section XI.

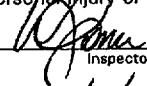
Certificate of Authorization No.: N/A Expiration Date: N/A

Signed  Date 9/6/01
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Florida and employed by Factory Mutual Insurance Company of Johnston RI have inspected the items described in this Owner's Activity Report, during the period October 19, 1999 to April 30, 2001, and state that to the best of my knowledge and belief, the Owner has performed all activities represented by this report in accordance with the requirements of Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, tests, repairs, replacements, evaluations, and corrective measures described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

 Commissions NB 7245 FL 328
Inspector's Signature National Board, State, Province, and Endorsements

Date 9/6/01

TABLE 1 (Post 2001 Outage)
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations Required for the Interval	Total Examinations Credited for this period	Total Examinations Credited (%) for the period	Total Examinations Credited (%) to Date for the Interval	Remarks
B-A	27	1	4%	4%	
B-B	7	2	29%	29%	
B-D	36	8	22%	22%	
B-E	Covered under site pressure test program				
B-F	30	7	23%	23%	
B-G-1	7	0	0%	0%	(1 of total items required only if disassembled), RR# 10 and RR#18 apply
B-G-2	22	5	23%	23%	
B-H	Code Case N-509 applies. Category B-H items are included with Category B-K				
B-J	161	46	29%	29%	total count req. Reflects circ welds only
B-K	5	0	0%	0%	Code Case N-509 applied, RR#8 allows code % deviation
B-L-1	2	0	0	0%	Code Case N-481 Applied
B-L-2	1	0	0	0%	Required only if Pump disassembled
B-M-1	There are no B-M-1 valve body welds				
B-M-2	4	1	25%	25%	1 of each group required when disassembled
B-N-1	27	9	33%	33%	Each item must be examined each period
B-N-2	20	0	0%	0%	
B-N-3	6	0	0%	0%	
B-O	3	0	0%	0%	
B-P	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
B-Q	Steam Generator tubing is examined in accordance with Plant Technical Specifications. See the NIS-BB for details.				
C-A	4	0	0%	0%	RR#8 allows code % deviation

Revision 1 (9/5/2001)

TABLE 1 (Post 2001 Outage)
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations Required for the Interval	Total Examinations Credited for this period	Total Examinations Credited (%) for the period	Total Examinations Credited (%) to Date for the Interval	Remarks
C-B	5	2	40%	40%	RR#8 allows code % deviation
C-C	4	1	25%	25%	Code Case N-509 Applied
C-D	1	0	0%	0%	
C-F-1	69	14	20%	20%	total count req. Reflects circ welds only
C-F-2	28	9	32%	32%	Less than 28 welds would be required if 7.5% criteria is followed, FPL raised the total count to 28 per note 2, total count req. reflects circ. Welds only
C-G	No category C-G Items				
C-H	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
D-A	4	1	25%	25%	Code Case N-509 Applied
D-A	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical. At the end of the interval, FPL will ensure that 100% of the systems have been tested.				
D-B					
D-C					
(IWE) E-A	4	1	100%	25%	100% General Exam required each period
(IWE) E-D	10	3	100%	34%	Includes exam of 1/3 of moisture barrier
(IWE) E-G	7	2	100%	29%	
F-A,F1.10	57	21	34%	34%	Code Case N-491-1 Applied for all supports
F-A,F1.20	54	18	33%	33%	Code Case N-491-1 Applied for all supports
F-A,F1.30	54	18	33%	33%	Code Case N-491-1 Applied for all supports
F-A,F1.40	8	4	50%	50%	Code Case N-491-1 Applied for all supports, RR#8 allows code % deviation
IWL	St. Lucie does not have a concrete containment. No examinations are required.				

Revision 1 (9/5/2001)

TABLE 2
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT
REQUIRED EVALUATION FOR CONTINUED SERVICE

Examination Category	Item Number	Item Description	Flaw Characterizatio n (IWA-3300)	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes or No)

There were no flaws or relevant conditions that required
evaluation for continued service.

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT, AND CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09107	Replace Disc and plugs	YES / NO: No	2/23/00 Interval 3 Period 1	SL-1-16- 001
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	ICW PP 1A	Replace pump	YES / NO: No	2/28/01 Interval 3 Period 1	SL-1-16- 002
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SJ-21-4C	Replace Expansion Joint for 1C ICW Pump Discharge	YES / NO: No	3/27/00 Interval 3 Period 1	SL-1-16- 003
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	ICW PP 1C	Replace Upper Column Flange Bolting	YES / NO: No	3/22/00 Interval 3 Period 1	SL-1-16- 004
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	ICW PP 1B	Replace pump	YES / NO: No	4/5/00 Interval 3 Period 1	SL-1-16- 006
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SH59093	Replace valve	YES / NO: No	3/18/01 Interval 3 Period 1	SL-1-16- 008

Table 3
**ABSTRACT OF REPAIRS, REPLACEMENT AND CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16**

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SR-21-1A	Replace Valve, install replacement disc in valve Valve rebuilt, MRM'd, NOT installed in plant	YES / NO: No	8/10/00 Interval 3 Period 1	SL-1-16- 009
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V21402	Replace valve internals	YES / NO: No	8/2/00 Interval 3 Period 1	SL-1-16- 010
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V2354	Rebuild Crosby S/R valve for V2354, S/N N55260-00-0002	YES / NO: No	8/1/00 Interval 3 Period 1	SL-1-16- 011
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CH-103	Replace Flange Bolting	YES / NO: No	6/6/00 Interval 3 Period 1	SL-1-16- 012
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	I-2-CS-96	Replace NaOH Tank vacuum breaker valves V07231 and V07232 with loop seal per PCM.	YES / NO: No	10/8/00 Interval 3 Period 1	SL-1-16- 014
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SH59094	Replace Air Start System isolation valve, EDG 1A1 OWNER OPTIONAL UPGRADE	YES / NO: No	3/16/01 Interval 3 Period 1	SL-1-16- 018

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT AND CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09120	Replace Wedge to repair seat leakage	YES / NO: No	4/17/01 Interval 3 Period 1	SL-1-16- 019
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	DO-14	Replace 1B Diesel Fuel Oil Transfer Line from DFOT to 1B EDG. Preventive replacement of underground portion of line to preclude leakage due to corrosion.	YES / NO: No	4/16/01 Interval 3 Period 1	SL-1-16- 020
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1202	Remove/Replace Code Safety V1202 with rebuilt valve. Replace inlet bolting.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 024
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V2519	Eliminate Body-to-Bonnet leak, Replace bolting	YES / NO: No	4/21/01 Interval 3 Period 1	SL-1-16- 028
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SE-02-1	Replace valve internals, Seal Weld body/bonnet joint	YES / NO: No	4/19/01 Interval 3 Period 1	SL-1-16- 029
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SB21237	Replace valve due to leakage by the seat. Replace with refurbished valve from Stores.	YES / NO: No	4/16/01 Interval 3 Period 1	SL-1-16- 030

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT, & CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	MV-09-7 MV-09-8	Replace valve restraint due to new valve operator	YES / NO: No	4/22/01 Interval 3 Period 1	SL-1-16- 033
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8204	Remove, test, rebuild valve as necessary. Replace inlet bolting and nuts.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 034
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8205	Remove, test, rebuild valve as necessary. Replace inlet bolting and nuts.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 035
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8207	Remove, test, rebuild valve as necessary. Replace inlet bolting and nuts.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 036
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8208	Remove, test, rebuild valve as necessary. Replace inlet bolting and nuts.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 037
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V8216	Remove, test, rebuild valve as necessary. Replace inlet bolting and nuts.	YES / NO: No	4/25/01 Interval 3 Period 1	SL-1-16- 038

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT, CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	HCV-14-10	Replace valve HCV-14-10	YES / NO: No	5/8/01 Interval 3 Period 1	SL-1-16- 039
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	TCV-14-4B	Replace valve TCV-14-4B with rebuilt valve.	YES / NO: No	4/16/01 Interval 3 Period 1	SL-1-16- 041
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09304	Replace valve V09304 with Edwards Valve	YES / NO: No	4/20/01 Interval 3 Period 1	SL-1-16- 042
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V09305	Replace valve V09305 with Edwards Valve	YES / NO: No	4/18/01 Interval 3 Period 1	SL-1-16- 043
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CCW HX 1B	Replace Channel Head Bolting	YES / NO: No	4/10/01 Interval 3 Period 1	SL-1-16- 045
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	CCW HX 1B	Pull and Replace damaged and degraded tubes.	YES / NO: No	4/14/01 Interval 3 Period 2	SL-1-16- 047

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT AND CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SO-09-3	Replace restriction orifice for AFW PP 1A recirc to CST. Replacement required by internal erosion	YES / NO: No	4/20/01 Interval 3 Period 1	SL-1-16- 050
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	HCV-08-1A	Replace Valve Body to Bonnet bolting	YES / NO: No	4/17/01 Interval 3 Period 1	SL-1-16- 051
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	RC-2-3333 V2515	Modify anchor support per CRN	YES / NO: No	4/22/01 Interval 3 Period 1	SL-1-16- 052
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1404	PORV Replace Main Disc	YES / NO: No	4/23/01 Interval 3 Period 1	SL-1-16- 054
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V1402	PORV Replace Main Disc	YES / NO: No	4/23/01 Interval 3 Period 1	SL-1-16- 055
1	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	PCV-1100F	Replace Stem Assembly, including disc	YES / NO: No	4/19/01 Interval 3 Period 1	SL-1-16- 056

Table 3
ABSTRACT OF REPAIRS, REPLACEMENT, AND CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V03947, V03948 SI-420	Install two new vent lines in SDC suction line SI-420	YES / NO: No	4/19/01 Interval 3 Period 1	SL-1-16- 057
3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	LTDN HT EXCH	Replace Bolting on Letdown Heat Exchanger	YES / NO: No	4/17/01 Interval 3 Period 1	SL-1-16- 058
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V3483	Replace RV Spring to increase setting per PCM	YES / NO: No	4/19/01 Interval 3 Period 1	SL-1-16- 060
1,2,3	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	SNUBBERS as listed on pg.2	Replacement of degraded safety related snubbers	YES / NO: Yes	4/24/01 Interval 3 Period 1	SL-1-16- 061
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V08148	Replace Body to Bonnet Bolting	YES / NO: No	4/22/01 Interval 3 Period 1	SL-1-16- 062
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V2340	Replace gate valve wedge	YES / NO: No	4/20/01 Interval 3 Period 1	SL-1-16- 063

Table 3
ABSTRACT OF REPAIRS, REPLACEMENTS, CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE
PSL 1 CYCLE 16

Code Class	Repair, Replacement or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled ISI Exam or Test ?	Date Complete	Repair/ Replacement Plan Number
2	Repair: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/> Corrective Measure: <input type="checkbox"/>	V18193	Replace Check Valve Disc	YES / NO: No	4/23/01 Interval 3 Period 1	SL-1-16- 065