

WOLF CREEK

NUCLEAR OPERATING CORPORATION

Gary B. Fader
Vice President Technical Services

NOV 4 2002

ET 02-0049

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

- References:
- 1) Letter ET 95-0112, dated October 31, 1995, from Robert C. Hagan, WCNOG, to USNRC
 - 2) Letter WO 95-0189, dated December 27, 1995, from Otto L. Maynard, WCNOG, to USNRC
 - 3) Letter dated February 9, 1996, from USNRC to Neil S. Carns, WCNOG

Subject: Docket 50-482: Containment Inservice Inspection Program First Interval, First Period Owner's Activity Reports

Gentlemen:

In References 1 and 2, Wolf Creek Nuclear Operating Corporation (WCNOG) requested use of American Society of Mechanical Engineers (ASME) Code Case N-532, "Alternative Requirements to Repair and Replacement Documentation Requirements and Inservice Summary Report Preparation and Submission as Required by IWA-4000 and IWA-6000," in lieu of current ASME Section XI reporting requirements.

In Reference 3, the Nuclear Regulatory Commission (NRC) concluded that the proposed alternative to use Code Case N-532 and the clarifications contained within References 1 and 2 provide an acceptable level of quality and safety, and approved the use of Code Case N-532 for use at Wolf Creek Generating Station. Code Case N-532 requires that an Owner's Activity Report (Form OAR-1) be prepared and certified upon completion of each refueling outage. Each Form OAR-1 prepared during an inspection period shall be submitted following the end of the inspection period. The enclosure provides the Owner's Activity Reports for the first period of the first interval of the WCNOG Containment Inservice Inspection Program. Refueling Outage 11 occurred within this period. The enclosed OAR-1 forms correspond to Refueling Outage 11 and the operational cycle since the completion of Refueling Outage 10. The initial inspections of the Containment Inservice Inspection Program commenced during this time. Although Refueling Outage 10 occurred during the first period of the program, no containment inspections were scheduled or performed during Refueling Outage 10 and no Form OAR-1 was completed. A separate Form OAR-1 was prepared for subsections IWE and IWL of the Containment Inservice Inspection Program.

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No commitments are contained in this correspondence.

If you have any questions concerning this matter, please contact me at (620) 364-4034, or Karl A. (Tony) Harris, Manager Regulatory Affairs, at (620) 364-4038.

Very truly yours,



Gary B. Fader

GBF/rig

Enclosure

cc: J. N. Donohew (NRC), w/e
D. N. Graves (NRC), w/e
E. W. Merschoff (NRC), w/e
Senior Resident Inspector (NRC), w/e

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number WCRE-11, II-P1-RF-11

Owner Wolf Creek Nuclear Operating Corporation
(Name and Address of Owner)

Plant Wolf Creek Generating Station, 1550 Oxen Lane Northeast, Burlington, Kansas 66839
(Name and Address of Plant)

Unit No 1 Commercial service date 9-3-85 Refueling outage no 11
(If applicable)

Current inspection interval 1st
(1st. 2nd. 3rd. 4th. other)

Current inspection period 1st
(1st. 2nd. 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 1998 edition with no addenda

Date and revision of inspection plan WCRE-11 Rev. 0, dated 10-24-2000

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plan 1992 edition with 1992 addenda

CERTIFICATE OF CONFORMANCE

I certify that the statements made in this Owner's 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
(If applicable)

Signed Dennis E. Tougaw Dennis E. Tougaw Engineer Date 5/30/2002
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 of Province of Kansas and employed by Factory Mutual Insurance Company of Johnston, Rhode Island have inspected the items described in this Owner's Activity Report, during the period September 9, 1998 to September 9, 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 a loss of any kind arising from or connected with this inspection.

Jeffrey A. Winkel Commissions KS#299
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/30/2002

This form (E00127) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300

TABLE 1
ABSTRACT OF EXAMINATIONS AND TESTS
Completion of RF-11 (I-1, P-1)

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
E-A	826	275	33	33	Note

* This column is interpreted to represent the cumulative number of exams performed to date in this period.

** This column is interpreted to represent the cumulative percentage of scheduled exams for the interval which have completed in this period to date; thus, for the first period, the columns showing % for the period and % for the interval will display the same values.

Note: 100% of the Accessible Surface Areas of Category E-A are required to be inspected each Inspection Period per Table IWE-2500-1

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 components containing flaws or relevant conditions that required an evaluation to determine acceptability for continued service.				

TABLE 3
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE

Code Class	Repair, Replacement, or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes/No)	Date Complete	Repair/ Replacement Plan Number
There were no Class MC components which required Repairs, Replacements, or Corrective Measures for Continued Service.						

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number WCRE-11, 11-P1-RF11

Owner WOLF CREEK NUCLEAR OPERATING CORPORATION / Post Office Box 411 - Burlington, KS 66839
(Name and Address of Owner)

Plant WOLF CREEK GENERATING STATION / Post Office Box 411 - Burlington, KS 66839
(Name and Address of Plant)

Unit No 1 Commercial service date 9/3/1985 Refueling outage no. 11
(If applicable)

Current inspection interval 1st interval for the Containment Inservice Inspection Program
(1st. 2nd. 3rd. 4th. other)

Current inspection period 1st period for the Containment Inservice Inspection Program
(1st. 2nd. 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 1998 edition with no addenda

Date and revision of inspection plan WCRE-11 Rev. 0. dated 10-24-2000

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plan 1992 Edition with 1992 Addenda

CERTIFICATE OF CONFORMANCE

I certify that the statements made in this Owner's 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.

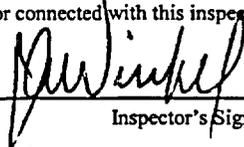
Certificate of Authorization No N/A Expiration Date N/A
(If applicable)

Signed Dennis E. Tougaw  Engineer Date 10/16/02
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 Kansas and employed by Factory Mutual Insurance Company of Johnston, Rhode Island have inspected the items described in this Owner's Activity Report, during the period September 3, 1998 to September 3, 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 a loss of any kind arising from or connected with this inspection.

 _____ Commissions KS#299
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/16/2002

This form (E00127) may be obtained from the Order Dept, ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300

TABLE 1
ABSTRACT OF EXAMINATIONS AND TESTS
Completion of RF-11 (I-1, P-1)

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
L - A	12	6	50	50	Note 1
L - B					Note 2

Note 1: 100% of the Accessible Surface Areas of Category L-A are required to be inspected each Inspection Period. WCRE-11 divides these into six examination areas.

Note 2: In accordance with 10CFR50.55a, the expedited containment tendon inspections may be satisfied by the existing WCNOG Program for tendon inspections. Accordingly, containment tendon inspections were performed in accordance with the existing WCNOG Program for tendon inspections, as defined and implemented by Technical Specifications sections 3.6.1 and 5.5.6 rather than in accordance with Section XI Subsection IWL. The 10CFR50.55a(b)(2)(viii) limitations and modifications regarding documentation of tendon inspections results do not apply to the expedited containment tendon inspections satisfied by the existing WCNOG Program. However, no conditions were identified applicable to examination category L-B that would have required documentation in this report if the inspections were being performed in accordance with Subsection IWL.

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)
L-A	L1.11	1) Concrete surface on the East side of the reactor building, at the top of the construction opening.	Small pieces of grout have from an earlier construction repair have started to separate and come off. No damage to the rebar was noted. The separated pieces of grout/concrete are shallow, thickness of less than 1 ½ inches. (WO 98-204041-001)	No
L-A	L1.11	2) Concrete surface on Buttress B @ horizontal tendon 5BA.	Concrete damage was noted on Buttress B @ horizontal tendon 5BA. The damaged area is 2" deep x 1' wide x 2' long. (WO 00-219373-000)	Yes
L-A	L1.11	3) Concrete surface on Buttress A at the lightening rod anchor.	Concrete damage was noted on Buttress A at the lightening rod anchor. The damaged area is 2" deep x 6" wide x 6" long. (WO 00-218264-000)	Yes
L-A	L1.11	4) Concrete surface on Buttress B @ horizontal tendon 54CB.	Concrete damage was noted on Buttress B @ horizontal tendon 54CB. The damaged area is 2 ½" deep x 1' wide x 2'-6" long. (WO 00-219378-000)	Yes
L-A	L1.11	5) The grease caps of the vertical tendons in the Tendon Gallery	The vertical tendons grease caps in the Tendon Gallery were noted as having very small leaks. Numerous drops of grease (appx. 30) was noted on the caps and also evidence of minor leakage on floor. This leakage appears to have been there for a long period of time. (WO 00-219379-000)	Yes
L-A	L1.11	6) Concrete surface at the construction joint, elevation 2043'-10 1/2" @ AZ 118 Degrees, below the bottom of the Equipment Hatch.	Exposed rebar and missing concrete at the construction joint, elevation 2043'-10 1/2" @ AZ 118 Degrees, below the bottom of the Equipment Hatch. The rebar appears to be #7 and part of the shear ties/stirrups provided in the concrete wall (C-OR2901). No cracks has been developed or observed in the area around the subject rebar. The missing concrete cover above the rebar is less than ½ " thick. (WO 00-219372-000)	Yes

TABLE 3
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
REQUIRED FOR CONTINUED SERVICE

Code Class	Repair, Replacement, or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes/No)	Date Complete	Repair/ Replacement Plan Number
There were no Class CC components which required repair, replacements, or corrective measures during the period of this OAR-1						