Exelon Generation Company, LLC LaSalle County Station 2601 North 21*Road Marseilles, IL 61341-9757 www.exeloncorp.com

September 15, 2004

United States Nuclear Regulatory Commission Attention: Document Control Desk Washington, D.C. 20555

> LaSalle County Station, Units 1 and 2 Facility Operating License Nos. NPF-11 and NPF-18 NRC Docket Nos. 50-373 and 50-374

Subject: Monthly Operating Report for August 2004

Enclosed is the Exelon Generation Company (EGC), LLC, Monthly Operating Report for LaSalle County Station covering the period from August 1 through August 31, 2004. This report is submitted in accordance with Technical Specification 5.6.4.

Should you have any questions concerning this letter, please contact Mr. Terrence W. Simpkin at (815) 415-2800.

Respectfully,

Terrence W. Simpkin Regulatory Assurance Manager LaSalle County Station

Enclosure

cc: Regional Administrator - NRC Region III NRC Senior Resident Inspector - LaSalle County Station

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OPERATING DATA REPORT

| DOCKET NO. | 50-373 | |
|--------------|--------------------|--|
| UNIT NAME | LaSalle 1 | |
| DATE | September 03, 2004 | |
| COMPLETED BY | Stevie DuPont | |
| TELEPHONE | (815) 415-2197 | |

REPORTING PERIOD:

August 2004

- 1. Design Electrical Rating 2. Maximum Dependable Capacity (MWe-Net)
- 1,154.00 1,111.00

This Month

744.00

744.00

0.00

836,128.00

Yr-to-Date

5.160.05

5,130.50

0.00

5,737,805.00

Cumulative

129,536.02

127,263.85

1.00

129,019,999.0

- 3. Number of Hours the Reactor was Critical
- 4. Number of Hours Generator On-line
- 5. Reserve Shutdown Hours
- 6. Net Electrical Energy Generated (MWHrs)

UNIT SHUTDOWNS

| No. | Date | Type F: Forced S: Scheduled | Duration (Hours) | Reason 1 | Method of Shutting Down 2 | Cause & Corrective Action Comments |
|-----|------|-----------------------------------|---------------------|----------|---------------------------------|---------------------------------------|
|-----|------|-----------------------------------|---------------------|----------|---------------------------------|---------------------------------------|

SUMMARY: The unit operated at or near full power throughout the month of August with the following exception: On August 30, power was reduced for load following and returned to full power on the same day. The unit operated at or near full power for the remainder of the month.

1

Reason:

A Equipment Failure (Explain)

- Maintenance or Test в
- С Refueling
- **Regulatory Restriction** D
- **Operator Training & License Examination** Ε
- F Administration
- G **Operational Error (Explain)**
- Н Other (Explain)

2

- Method: Manual 1
- Manual Trip/Scram 2
- 3 Automatic Trip/Scram
- 4 Continuation
- 5 Other (Explain)

UNIQUE REPORTING REQUIREMENTS FOR UNIT ONE

1. Challenges other than routine surveillance testing to Safety/Relief Valve Operations - None.

OPERATING DATA REPORT

| DOCKET NO. | 50-374 | |
|--------------|--------------------|--|
| UNIT NAME | LaSalle 2 | |
| DATE | September 03, 2004 | |
| COMPLETED BY | Stevie DuPont | |
| TELEPHONE | (815) 415-2197 | |
| | | |

REPORTING PERIOD: August 2004

- 1. Design Electrical Rating
- 2. Maximum Dependable Capacity (MWe-Net)

| 1 | ,1 | 0 | 4 | <u>.U</u> | υ |
|-------|----|---|---|-----------|---|
| 1 | ,1 | 1 | 1 | .0 | 0 |

This Month Yr-to-Date <u>Cumulative</u> 3. Number of Hours the Reactor was Critical 744.00 5,855.00 121,778.32 4. Number of Hours Generator On-line 120,628.32 744.00 5,835.47 5. Reserve Shutdown Hours 0.00 0.00 0.00 6. Net Electrical Energy Generated (MWHrs) 840,336.00 6,613,007.00 123,647,499.0

| UNIT SHUTDOWNS |
|----------------|
|----------------|

| No. | Date | Type F: Forced Dura S: Scheduled (Hou | ation | Method of Shutting Down 2 | Cause & Corrective Action Comments |
|-----|------|---|-------|---------------------------------|---------------------------------------|
|-----|------|---|-------|---------------------------------|---------------------------------------|

2

SUMMARY: The unit operated at or near full power throughout the month of August.

- 1
- Reason:
- A Equipment Failure (Explain)
- **B** Maintenance or Test
- C Refueling
- D Regulatory Restriction
- E Operator Training & License Examination
- F Administration
- G Operational Error (Explain)
- H Other (Explain)

UNIQUE REPORTING REQUIREMENTS FOR UNIT TWO

1. Challenges other than routine surveillance testing to Safety/Relief Valve Operations - None.

Method: 1 Manu

- 1 Manual 2 Manual Trip/Scram
- 3 Automatic Trip/Scram
- 4 Continuation
- 5 Other (Explain)