



May 2, 2005

L-2005-101
10 CFR 50.55a
10 CFR 50.36

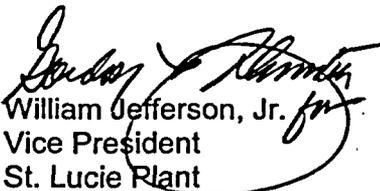
U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

Re: St. Lucie Unit 2
Docket No. 50-389
Inservice Inspection Program
Third Interval - First Period - First Outage (SL2-15)
Owner's Activity Report (OAR-1)

Enclosed is the St. Lucie Unit 2 Third Interval, First Period, First Outage (SL2-15), ASME Section XI Form OAR-1, Owner's Activity Report. The Outage SL2-15 ended on February 15, 2005. The Form OAR-1, Owner's Activity Report, implements Code Case N-532-1. The OAR-1 report is prepared, certified, and submitted upon completion of each refueling outage.

The enclosed Form OAR-1 is for refueling outage SL2-15. Should there be any questions, please contact us.

Very truly yours,


William Jefferson, Jr.
Vice President
St. Lucie Plant

WJ/GRM

Enclosure

A047

Form OAR-1 Owner's Activity Report

Report Number: ISI-PSL-2-2005

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

Plant: St. Lucie Nuclear Power Plant Unit 2
6501 South Ocean Drive
Jensen Beach, Florida 34957

Commercial Service Date: August 8, 1983 Refueling Outage No.: SL2-15

Current Inspection Interval: Third Current Inspection Period: First

Edition and Addenda of Section XI applicable to the inspection plan: 1998 with Addenda through 2000, and for section IWE, 1992 Edition with addenda through 1992 (IWL not applicable to St. Lucie Unit 2).

Date and Revision of Inspection plan: August 8, 2003, 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 *[Signature]* CSE Manager Date 3/16/05
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 HSBCT of Hartford Connecticut have inspected the items described in this Owner's Activity Report, during the period August 8, 2003 to February 15, 2005 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. • MAR 17, 2005 CSC 3-17-05

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.

[Signature] Commissions FL 477 (A.C.N.I)
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-17-05

TABLE 1 (Post 2005 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	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	26	0	0%	0%	
B1.11	2				Deferral Permissible
B1.12	9				Deferral Permissible
B1.21	3				Deferral Permissible
B1.22	10				Deferral Permissible
B1.30	1				Code Case N-623 Applied, Deferral Permissible
B1.40	1				Code Case N-623 Applied, Deferral Permissible
B-B	12	0	0%	0%	
B2.11	2				
B2.12	2				
B2.31	5				
B2.32	2				
B2.40	1				
B-D	36	0	0%	0%	
B3.90	6				
B3.100	6				
B3.110	6				
B3.120	6				
B3.130	6				
B3.140	6				
B-F	RR#2 has been submitted to implement a risk informed inspection program. The B-F examination category items are included in the Category R-A population				
B-G-1	13	0	0%	0%	Total includes Item B6.190 (only required if disassembled)

TABLE 1 (Post 2005 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	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
B6.10	3				FPL maintains 3 sets of RPV studs, nuts, and washers that are rotated between the 2 units. Examinations are performed of all 3 sets within the interval, Deferral Permissible
B6.30	3				FPL maintains 3 sets of RPV studs, nuts, and washers that are rotated between the 2 units. Examinations are performed of all 3 sets within the interval. Deferral Permissible
B6.40	1				Deferral Permissible
B6.50	3				FPL maintains 3 sets of RPV studs, nuts, and washers that are rotated between the 2 units. Examinations are performed of all 3 sets within the interval, Deferral Permissible
B6.180	1				Deferral Permissible
B6.190	1				Examinations required only if disassembled, Deferral Permissible
B6.200	1				Deferral Permissible
B-G-2	39	9	23%	23%	
B7.20	1				
B7.30	8				
B7.50	13				
B7.70	17				
B-J	RR#2 has been submitted to implement a risk informed inspection program. The B-J examination category items are included in the Category R-A population				
B-K	5	0	0%	0%	
B10.10	2				
B10.20	1				
B10.30	2				

TABLE 1 (Post 2005 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	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-L-1	2	0	0%	0%	
B12.10	2				Deferral Permissible
B-L-2	1	0	0%	0%	
B12.20	1				Examination is required only if disassembled.
B-M-2	4	0	0%	0%	
B12.50	4				1 valve in each group requires examination when disassembled for maintenance, Deferral Permissible
B-N-1	24	0	0%	0%	
B13.10	24				Each item (8) must be examined each period
B-N-2	22	0	0%	0%	
B13.50	21				Deferral Permissible
B13.60	1				Deferral Permissible
B-N-3					
B13.70	6	0	0%	0%	Deferral Permissible
B-P	System leakage tests are performed each outage (IWB-5220) in accordance with plant procedures.				
B-Q	Steam Generator tubing is examined in accordance with Plant Technical Specifications.				
C-A	9	2	22%	22%	
C1.10	5				
C1.20	1				
C1.30	3				
C-B	8	4	50%	50%	C-B total does not include C2.33 items that are required each period
C2.21	2				
C2.22	2				
C2.31	4				
C2.33	6	0	0%	0%	VT examinations required each period

TABLE 1 (Post 2005 Outage)
 THIRD INSPECTION INTERVAL-FIRST PERIOD
 ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	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	9	3	33%	33%	
C3.10	1				
C3.20	6				
C3.30	2				
C-F-1	106	1	1%	1%	
C5.11	31				
C5.21	39				
C5.30	36				
C5.41	4				
C-F-2	28	12	43%	43%	Less than 28 welds would be required if 7.5% criteria is followed, FPL raised the total count to 28 per note 2.
C5.51	42				
C5.81	5				
C-H	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical.				
D-A	20	6	30%	30%	
D1.10	12				
D1.20	6				
D1.30	2				
D-B	System pressure tests are performed in accordance with plant procedures. Quantification of the number of tests is not practical.				
(IWE) E-A	4	1	25%	50%	Currently in the 2 nd period for IWE, 100% General Exam required each period
(IWE) E-D	11	3	27%	55%	RR# IWE-01, Currently in the 2 nd period for IWE, Includes exam of 1/3 of moisture barrier, Examination of 8 of the total items required if made accessible (deferral permissible).
(IWE) E-G	8	3	38%	63%	RR# IWE-02, Currently in the 2 nd period for IWE, deferral permissible.

TABLE 1 (Post 2005 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	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
F-A					
F1.10	33	11	33%	33%	
F1.20	73	10	14%	14%	
F1.30	28	9	35%	35%	
F1.40	30	2	7%	7%	
R-A	24	2	8%	8%	RR#2 was approved February 23, 2005, to implement a risk informed inspection program.

St. Lucie Unit 2
Docket No. 50-389
L-2005-101 Enclosure Page 7

**St. Lucie Unit 2
THIRD INSPECTION INTERVAL-FIRST PERIOD
2005 REFUELING OUTAGE INSERVICE INSPECTION REPORT**

**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 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2B	Replace Pump Cover Studs due to Galling	CHECK IF YES <input type="checkbox"/>	12/27/2003 Interval #3 Period #1	SL2- 02075
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	ICW PP 2A	Rebuild spare pump	CHECK IF YES <input type="checkbox"/>	12/10/2003 Interval #3 Period #1	SL2- 03175
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V21205	Replace ICW PP 2C Discharge Check Valve	CHECK IF YES <input type="checkbox"/>	12/8/2003 Interval #3 Period #1	SL2- 03176
C	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-10	CW-10;WLD REPR FLNG ON ELBOW CR03-3796	CHECK IF YES <input type="checkbox"/>	12/10/2003 Interval #3 Period #1	SL2- 03177
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	2C ICW PP	Replace 2C ICW pump with rebuilt spare; refer to SL2-03175	CHECK IF YES <input type="checkbox"/>	1/22/2004 Interval #3 Period #1	SL2- 03178
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-02-1C	REPL GASKETS, BOLTING & CLEAN CR03-2491	CHECK IF YES <input type="checkbox"/>	10/11/2004 Interval #3 Period #1	SL2- 03181
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2B	Replace entire fluid block assembly	CHECK IF YES <input type="checkbox"/>	1/22/2004 Interval #3 Period #1	SL2- 03182
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2C	Replace entire fluid block assembly	CHECK IF YES <input type="checkbox"/>	1/22/2004 Interval #3 Period #1	SL2- 03183
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2A	Replace entire fluid block assembly	CHECK IF YES <input type="checkbox"/>	12/8/2003 Interval #3 Period #1	SL2- 03184
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2324	Replace Safety Relief Valve Bellows	CHECK IF YES <input type="checkbox"/>	3/18/2004 Interval #3 Period #1	SL2- 03185
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SR21196	Remove safety relief valve and replace with blind flange	CHECK IF YES <input type="checkbox"/>	2/10/2004 Interval #3 Period #1	SL2- 04187

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SH21245	Replace vent valve on 2B CCW Heat Exchanger ICW outlet, SH21245	CHECK IF YES <input type="checkbox"/>	2/10/2004 Interval #3 Period #1	SL2- 04188
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SH21241	Replace SH21241, Drain Valve for CCW Hx 2B Inlet	CHECK IF YES <input type="checkbox"/>	2/10/2004 Interval #3 Period #1	SL2- 04189
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-4-1B	Replace bolting at flanged connection	CHECK IF YES <input type="checkbox"/>	2/24/2004 Interval #3 Period #1	SL2- 04190
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FE-3332	REPLACE FE FLANGE STUDS and NUTS.	CHECK IF YES <input type="checkbox"/>	2/7/2005 Interval #3 Period #1	SL2- 04191
B	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3495	Restore Seal Weld on valve V3495	CHECK IF YES <input type="checkbox"/>	1/25/2005 Interval #3 Period #1	SL2- 04192
B	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-03-1B	SE-03-1B REMOVE/REWELD SEAL WELD	CHECK IF YES <input type="checkbox"/>	1/27/2005 Interval #3 Period #1	SL2- 04193
C	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FS-591	FS-591 DRY BORIC ACID (CR 03-2998) Replaced Flange Bolting	CHECK IF YES <input type="checkbox"/>	9/17/2004 Interval #3 Period #1	SL2- 04196
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-03-2A	SS-03-2A FLANGE LEAKS BA CR03-2525 - Replaced Flange Bolting	CHECK IF YES <input type="checkbox"/>	9/13/2004 Interval #3 Period #1	SL2- 04200
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2336	Replace valve and adjacent piping by welding	CHECK IF YES <input type="checkbox"/>	1/25/2005 Interval #3 Period #1	SL2- 04201
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8209	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04202
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8214	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04203

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8215	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04204
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SI-2407-3000	Replace Spring Can support	CHECK IF YES <input type="checkbox"/>	2/6/2005 Interval #3 Period #1	SL2- 04205
A	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V1200	FYP 3604 REMOVE/INSTALL SPARE VLV	CHECK IF YES <input type="checkbox"/>	1/26/2005 Interval #3 Period #1	SL2- 04206
A	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V1201	FYP 3605 V1201 REMOVE/INSTALL SPARE VLV	CHECK IF YES <input type="checkbox"/>	1/26/2005 Interval #3 Period #1	SL2- 04207
A	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V1202	V1202 REMOVE/INSTALL SPARE VALVE	CHECK IF YES <input type="checkbox"/>	1/26/2005 Interval #3 Period #1	SL2- 04208
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A	Replace flange bolting in 2A Strainer backwash piping	CHECK IF YES <input type="checkbox"/>	12/17/2004 Interval #3 Period #1	SL2- 04210
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8216	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04211
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8210	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04212
C	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CCW HX 2A	Replace Channel Head Bolting	CHECK IF YES <input type="checkbox"/>	12/15/2004 Interval #3 Period #1	SL2- 04213
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8212	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04218
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-08-18A	Replace Valve Plug Assembly and Seat Ring	CHECK IF YES <input type="checkbox"/>	1/15/2005 Interval #3 Period #1	SL2- 04219

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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
B	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CCW PIPE SUPPORTS	Modify CCW Pipe supports to meet GL96-06 requirements: CC-2080-14, CC-2097-29, CC-2097-60	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04220
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-03-1B	Replace deteriorated flange bolting. Cleaning DBA from flanged connection.	CHECK IF YES <input type="checkbox"/>	11/4/2004 Interval #3 Period #1	SL2- 04221
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	HCV-14-8B	Replace Valve and bolting.	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 04223
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	HCV-14-9	Replace Valve and bolting	CHECK IF YES <input type="checkbox"/>	1/26/2005 Interval #3 Period #1	SL2- 04224
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	ICW PP 2C	Replace Pump w/ rebuilt spare	CHECK IF YES <input type="checkbox"/>	1/5/2005 Interval #3 Period #1	SL2- 04225
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3525	Replace Valve Disc.	CHECK IF YES <input type="checkbox"/>	1/23/2005 Interval #3 Period #1	SL2- 04226
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8202	REMOVE / OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005 Interval #3 Period #1	SL2- 04227
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3524	Replace valve disc.	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 04228
B	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-03-1D	SE-03-1D REMOVE/REWELD SEAL WELD	CHECK IF YES <input type="checkbox"/>	1/27/2005 Interval #3 Period #1	SL2- 04230
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	LCV-2110P	Inspect Valve Internals, replace stem and disc assy.	CHECK IF YES <input type="checkbox"/>	1/30/2005 Interval #3 Period #1	SL2- 04233
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	TCV-14-4B	Replace valve (by bolting).	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05235

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-73	Replace flange bolting. Replace Load Pin on restraint CW-3003-7011.	CHECK IF YES <input type="checkbox"/>	2/6/2005 Interval #3 Period #1	SL2- 05236
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1B	Replace Flange Bolting, Cover Bolting	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05237
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V08163	Replace check valve disc	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05238
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SI-4204-1270B	Replace snubber with new or tested spare.	CHECK IF YES <input type="checkbox"/>	2/7/2005 Interval #3 Period #1	SL2- 05239
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SO-03-20	Replace 2B HPSI PP Disch flange bolting	CHECK IF YES <input type="checkbox"/>	1/21/2005 Interval #3 Period #1	SL2- 05240
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-25-36	Replace Valve disc, Containment Isolation Valve for Hydrogen Purge	CHECK IF YES <input type="checkbox"/>	1/18/2005 Interval #3 Period #1	SL2- 05241
1	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	PCV-1100F	Welded repair of body gasket face.	CHECK IF YES <input type="checkbox"/>	1/25/2005 Interval #3 Period #1	SL2- 05243
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-29	Repair corrosion by mechanically attached patch plate, attached to inside pipe ID, and protective coating applied.	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05244
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V08163	Tack-weld valve seat in place	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05248
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3414	Remove/reweld seal weld	CHECK IF YES <input type="checkbox"/>	1/22/2005 Interval #3 Period #1	SL2- 05249
1	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RVCH	Repair CEDM Nozzles 27, 32, and 56 by welding.	CHECK IF YES <input type="checkbox"/>	2/4/2005 Interval #3 Period #1	SL2- 05250

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
PSL 2 - 3rd Interval, 1st Period

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	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FE-3327	Replace Flange Bolting.	CHECK IF YES <input type="checkbox"/>	1/23/2005 Interval #3 Period #1	SL2- 05252
1	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-1	Replace valve internals. Remove/reweld seal weld	CHECK IF YES <input type="checkbox"/>	1/31/2005 Interval #3 Period #1	SL2- 05254
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V02000	Replace valve disc and stem assembly.	CHECK IF YES <input type="checkbox"/>	1/26/2005 Interval #3 Period #1	SL2- 05255
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V21208	Reinstall 2B ICW PP Disch Check Valve using new nuts.	CHECK IF YES <input type="checkbox"/>	1/27/2005 Interval #3 Period #1	SL2- 05257
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MS-3023-11B	Replace Pipe Clamp	CHECK IF YES <input type="checkbox"/>	2/7/2005 Interval #3 Period #1	SL2- 05258
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SI-181	MODIFY RESTRAINTS SI-2414-110 and SI-2412-170	CHECK IF YES <input type="checkbox"/>	2/6/2005 Interval #3 Period #1	SL2- 05260
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-08-19B	Inspect Valve Internals, Replace Stem/Plug, Body/Bonnet bolting	CHECK IF YES <input type="checkbox"/>	2/3/2005 Interval #3 Period #1	SL2- 05261
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-08-19A	Inspect Valve Internals, Replace Stem/Plug, Body/Bonnet bolting	CHECK IF YES <input type="checkbox"/>	2/3/2005 Interval #3 Period #1	SL2- 05262
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V21205	Replace Check Valve and bolting.	CHECK IF YES <input type="checkbox"/>	2/10/2005 Interval #3 Period #1	SL2- 05263
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SG 2B	Replace 5 Primary Manway Studs damaged during maintenance	CHECK IF YES <input type="checkbox"/>	2/6/2005 Interval #3 Period #1	SL2- 05265
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3513	Replace Inlet Flange Bolting	CHECK IF YES <input type="checkbox"/>	2/9/2005 Interval #3 Period #1	SL2- 05266

TABLE 3
 Abstract of Repairs, Replacements, or Corrective Measures
 Required for Continued Service
 PSL 2 - 3rd Interval, 1st Period

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	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Corrective Measure	SO-03-11	Replace SO-03-11 by welding	CHECK IF YES <input checked="" type="checkbox"/>	2/11/2005 Interval #3 Period #1	SL2- 05267