



Entergy Operations, Inc.
Waterloo Road
P.O. Box 756
Port Gibson, MS 39150
Tel 601 437 6299

Charles A. Bottemiller
Manager
Plant Licensing

GNRO-2006/00002

January 13, 2006

U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Attention: Document Control Desk

Subject: Inservice Inspection Summary Report

Grand Gulf Nuclear Station
Unit 1
Docket No. 50-416
License No. NPF-29

Dear Sir or Madam:

Attached is the Owner's Activity Report, OAR-1-00007 as required by Section XI of the ASME Code (Code). The report was prepared and submitted in accordance with the requirements of ASME Code Case N-532-1 as authorized by the NRC. The report contains an overall summary of Inservice Inspections performed to date, during the Third Period of the Second Interval. The Third Period of the Second Interval started June 2004 and will end June 2007. The report has been certified in accordance with Code requirements.

There are no new commitments contained in this submittal. If you have any questions or require additional information, please contact Donald W. Watt at (601) 437-6785.

Sincerely,

A handwritten signature in black ink, appearing to be "CAB/WBA".

CAB/WBA

Attachment: Summary Report OAR-1-00007
cc: (See Next Page)

January 13, 2006
GNRO-2006/00002
Page 2

cc: NRC Senior Resident Inspector
Grand Gulf Nuclear Station
Port Gibson, MS 39150

U. S. Nuclear Regulatory Commission
ATTN: Dr. Bruce S. Mallet (w/2)
Regional Administrator, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

U. S. Nuclear Regulatory Commission
ATTN: Mr. Bhalchandra Vaidya, NRR/DORL (w/2)
ATTN: ADDRESSEE ONLY
ATTN: U. S. Postal Delivery Address Only
Mail Stop OWFN/7D-1
Washington, DC 20555-0001

Mr. D. E. Levanway (Wise Carter)
Mr. L. J. Smith (Wise Carter)
Mr. N. S. Reynolds
Mr. J. N. Compton

GNRO-2006/00002

bcc:

OUTLOOK MAIL: **DISTRIBUTION IS ALL ELECTRONIC**

Abraham	W. B.	(GG-NSAPL)
Bottemiller	C. A.	(GG-NSAPL)
Brian	W. R.	(GG-GMPO)
Burford	F. G.	(ECH-NSL)

GGN CENTRAL FILE (13)

GGN PLANT LICENSING

GGN\RBS SRC

Dodds	R. A.	(W3-NSAPL)
James	D. E.	(ANO-NSAPL)
King	R. J.	(RB-NSA)
Krupa	M. A.	(GG-NSA)
Lorring	D. N.	(RB-NSAPL)
Miller	O. J.	(GG-TRNG)
Mitchell	T. G.	(ANO-NSA)

Murillo	R. J.	(W3-NSAPL)
Wiles	D. P.	(GG-ENG)
Williams	G. A.	(GG-VP)

OTHER: File (LRS_DOCS Directory - GNRI or GNRO)

ATTACHMENT

REPORT NUMBER OAR-1-00007

INSERVICE INSPECTION SUMMARY REPORT

FOR

GRAND GULF NUCLEAR STATION UNIT 1

BALD HILL ROAD

PORT GIBSON, MS. 39150

COMMERCIAL OPERATION DATE: JULY 1, 1985

OWNER/OPERATOR

ENTERGY OPERATIONS, INC.

ECHELON ONE

P.O. BOX 31995

JACKSON, MS. 39286-1995

PREPARED BY



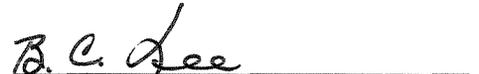
RESPONSIBLE ENGINEER

APPROVED BY



ANII INSPECTOR

APPROVED BY


SUPERVISOR, CODE PROGRAMS

DOCUMENT COMPLETION

01-11-06
DATE

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number : OAR-1-00007

Owner Entergy Operations, Inc., Echelon One, P.O. Box 31995, Jackson Ms. 39286-1995
Name and Address of Owner

Plant Grand Gulf Nuclear Station, Bald Hill Road, Port Gibson, Ms. 39150
Name and Address of Owner

Unit No. 1 Commercial Service Date July 1, 1985 Refueling Outage No. 14
(if applicable)

Current Inspection Interval 2nd
1st, 2nd, 3rd, 4th, other

Current Inspection Period 3rd
1st, 2nd, 3rd

Edition and Addenda of Section XI applicable to the inspection plan 1992 Edition, with portions of 1993 Addenda

Date and revision of inspection plan May 22, 2000, Revision 13

Edition and Addenda of Section XI applicable to repairs and replacements different than the inspection plan N/A

OWNER'S 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

Signed [Signature] Repair and Replacement Coordinator Date 1-9-06
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 Mississippi and employed by Factory Mutual Insurance Company of Johnson, RI have inspected the items described in this Owner's Activity Report during the period March 25, 2004 to October 18, 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.

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 NB No. 7717, ABIN
Inspector's Signature National Board, State, Province, and Endorsements
Date 1-11-06

Table 1 Limited Examinations				
Item #	Item ID	Description	Coverage (%)	Reason for Limitation
C06.010	E12C002B SB2	Pump Casing Weld	19.99%	Inaccessible
C06.010	E21C001 SB2	Pump Casing Weld	0%	Inaccessible
C06.010	E22C001 SB2	Pump Casing Weld	0%	Inaccessible
B01.030	B13-AE	Shell to Flange Circumferential Weld	75%	Configuration Access
B01.040	B13-AG	Head to Flange Circumferential Weld	77.2%	Configuration Access

Note: Approval for partial coverage inspections have been documented through the PCN process and will be achieved through the relief request process.

TABLE 1**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	28	10	83%	96%	None
B-D	70	0	0%	64%	None
B-F	28	0	0%	64%	None
B-G-1	45	4	11%	36%	Note 1
B-G-2	50	2	5%	20%	Note 2
B-J	265	21	24%	75%	None
B-H	1	0	0%	0%	None
B-K-1	9	0	0%	78%	None
B-L-2	2	0	0%	0%	Note 3
B-M-2	71	0	0%	6%	Note 3
B-N-1	3	0	0%	66%	None
B-N-2	87	0	0%	0%	None
B-O	4	0	0%	0%	Note 4
C-A	2	1	100%	100%	None
C-B	4	2	100%	100%	None
C-C	3	1	100%	100%	None
C-D	1	1	100%	100%	None
C-F-1	3	0	0%	0%	None
C-F-2	72	24	92%	97%	None
C-G	45	16	88%	95%	Note 5
D-A	19	4	33%	58%	None
F-A	147	40	75%	91%	None
X-AUG	277	0	0%	67%	Note 3

TABLE 1

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
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B-P Pressure Test	7	1	50%	86%	None
C-H Pressure Test	258	39	45%	75%	Note 6
DB Pressure Test	72	2	8%	69%	None

Notes:

- Note 1- Numbers represent all B-G-1 bolting, this includes bolting which requires inspection only when the connection is disassembled or bolting is removed.
- Note 2- Numbers represent all B-G-2 bolting, this includes bolting which requires inspection only when the connection is disassembled or bolting is removed.
- Note 3- Examination only required if pump and valve are disassembled for maintenance.
- Note 4- Examination may be performed at the end of the 10 year interval.
- Note 5- 2 components are inaccessible for exams, relief pending.
- Note 6- Examination will be performed at the end of the period.

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 (Yes or No)
F-A	F01.030	Hanger/Support	Degradation due to environment Note 1	No

Note 1:

The SSW Basin supports were inspected as part of an augmented inspection program for the SSW Basin, Piping and Supports. This inspection program was instituted due to an ongoing corrosion problem to mitigate failures. The following supports were found to have degradation and required a Engineering evaluation and/or was repaired (see Table 3) during this cycle.

Q1P41G011C03, Q1P41G011C04, Q1P41G010C11, QSP41G013C03, Q1P41G011C08, Q1P41G011R02, Q1P41G011C10, QSP41G010H09, Q1P41G011C05, Q1P41G011R07, Q1P41G050R02, QSP41G010C12, Q1P41G011C01, Q1P41G011R01, Q1P41G010R03 and Q1P41G011C04.

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 Or No)	Date Completed	Repair/ Replacement Plan Number
3	Replacement	Pipe Hangers Note 1	Reworked in accordance with ER-GG-2003-0138-000	No	09/21/2004	WO-34000
3	Replacement	Pipe Hangers Note 2	Reworked in accordance with ER-GG-0138-000	No	05/23/2005	WO-51798
3	Replacement	Pipe Hangers Note 3	Reworked in accordance with ER-GG-0138-000	No	05/20/2005	WO-50417
3	Repair	Condenser QSZ51B002B	Weld Repair of Condenser End Bells	No	07/16/2004	WO-50326790

Note 1 – Q1P41G011C01, C02, C03, C04 and C06.

Note 2 – Q1P41G011C05.

Note 3 – Q1P41G011C01, C03 and C04.

NRC SUBMITTAL REVIEW

Letter #	GNRO-2006/00002	Response Due:	1/16/06	Date Issued for Review:	1/11/06
Subject:	Inservice Inspection Summary Report				
Correspondence Preparer / phone #:	William B. Abraham 601-437-2319				

SECTION I LETTER CONCURRENCE and AGREEMENT TO PERFORM ACTIONS (see Section III)

POSITION/NAME	ACTION (concurrence, certification, etc.)	SIGNATURE (sign, interoffice memo, e-mail, or telecom)
MANAGER, ENG PROGRAMS	CONCURRENCE	<i>William T. White</i>
CORPORATE ENG (ISI)	CONCURRENCE	Approved per Steve Scott via Telecon on 1/12/06
SUPERVISOR, CODE PROGRAMS	CONCURRENCE	Approved per Bruce Lee via Telecon on 1/13/06
COMMENTS		

SECTION II CORRESPONDENCE SCREENING

Does this letter contain commitments? If "yes," identify the commitments with due dates in the submittal and in Section III.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does this letter contain any information or analyses of new safety issues performed at NRC request or to satisfy a regulatory requirement? If "yes," reflect requirement to update the UFSAR in Section III.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does this letter request NRC approval of a change that may/will require UFSAR, TS Bases, or other Licensing documents to be updated if approved? If "yes," reflect requirement to update the applicable Licensing document in Section III.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does this letter require procedure changes, if approved? If "yes," indicate in Section III an action to determine affected procedures. (The Correspondence Preparer may indicate the specific procedures requiring revision, if known.)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does this letter contain information certified accurate? If "yes," identify the information and document certification in an attachment. (Attachment 9.6 may be used.)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

SECTION III ACTION ITEMS

Required Actions	Due Date	RESPONSIBLE DEPARTMENT
NOTE: Actions needed upon approval should be captured in the appropriate action tracking system.		
NONE	N/A	N/A

SECTION IV FINAL DOCUMENT SIGNOFF FOR SUBMITTAL

Correspondence Preparer	<i>W.B. Abraham</i>
Final Submittal Review (optional)	N/A
Responsible Dept. Head	See letter cover page

**CERTIFICATION REFERENCE FORM
ENGINEERING PROGRAMS INPUT**

Document Number: GNRO-2006/00002

Document Description/Title: INSERVICE INSPECTION SUMMARY REPORT

Certifiable Statement(s): (Identify location in submittal adequate; e.g., page3, para2, sent1 OR paste in words of statement.)

Cover Letter and Attachment

Objective Evidence or Basis of Peer Review: [Attach pertinent documents and sections OR list document number(s) OR give basis for judgment.]

GIN-2006/00005 dated 1/11/06

Individual certifying the statement(s): (Certification may be documented using electronic mail (e-mail), telecom, "sign off" sheet, or inter-office memorandum. The form of documentation must specifically identify the information being certified.)

D. W. Watt/  Engineering Programs 1-13-06
Name Department Date

Peer Reviewer: (Circle one or Indicate "N/A" if not used)

N/A
Name Department Date