



January 25, 2006

U. S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, D.C. 20555

Serial No. 06-009  
NLOS/ETS:vlh  
Docket No. 50-339  
License No. NPF-7

**VIRGINIA ELECTRIC AND POWER COMPANY**  
**NORTH ANNA POWER STATION UNIT 2**  
**OWNER'S ACTIVITY REPORTS**

In accordance with the requirements of ASME Code Case N-532-1, enclosed are the Owner's Activity Reports (Form OAR-1), for the N2R17 refueling outage. This information completes the reporting requirements for North Anna Unit 2's first period and the first refueling outage in the second period of the third ten-year interval.

Should you have questions regarding this submittal, please contact Mr. Thomas Shaub at (804) 273-2763.

Very truly yours,

A handwritten signature in black ink, appearing to read "CLF", followed by a horizontal line.

C. L. Funderburk  
Director - Nuclear Licensing & Operations Support  
Dominion Resources Services, Inc. for  
Virginia Electric and Power Company

Enclosures

cc: U. S. Nuclear Regulatory Commission  
Region II  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, SW  
Suite 23 T85  
Atlanta, Georgia 30303

Mr. J. T. Reece  
NRC Senior Resident Inspector  
North Anna Power Station

Mr. J. E. Reasor, Jr. (letter only)  
Old Dominion Electric Cooperative  
Innsbrook Corporate Center  
4201 Dominion Boulevard  
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Mr. S. R. Monarque  
NRC Project Manager  
U. S. Nuclear Regulatory Commission  
One White Flint North  
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Rockville, Maryland 20852

Mr. M. M. Grace  
Authorized Nuclear Inspector  
North Anna Power Station

**Enclosure**

**Serial No. 06-009**

**Owner's Activity Report**

**3<sup>rd</sup> Interval - 1<sup>st</sup> Period**  
**3<sup>rd</sup> Refueling outage**

**Virginia Electric and Power Company**  
**(Dominion)**  
**North Anna Unit 2**

**NORTH ANNA POWER STATION, N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT**

Report Number: N2R17a (Unit 2, 3<sup>rd</sup> Interval, 1st Period, 3rd Refueling Outage)

Owner: Virginia Electric and Power Company, 5000 Dominion Boulevard, Glen Allen, VA 23060  
(Name and Address of Owner)

Plant: North Anna Power Station, P.O. Box 402, Mineral VA 23117  
(Name and Address of Plant)

Unit No. 2 Commercial service date 12/14/1980 Refueling outage no. N2R17 (6/1/04-10/30/05)  
(If applicable)

Current inspection interval 3<sup>rd</sup> (12/14/01 - 12/13/10)  
(1st, 2nd, 3rd, 4th, other)

Current inspection period 1<sup>st</sup> (12/14/01 - 12/13/05)  
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 1995 Edition 1996 Addenda

Date and revision of inspection plan ISI Plan Rev 4 dated 8/05 including the ISI Schedule Revision 7, dated 1/06

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 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 Stephen M. Katochinski, Supv Test & Insp Eng Date 1/11/06  
(Owner's 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 Virginia and employed by HSB CT of Hartford, CT have inspected the items described in this Owner's Activity Report, during the period 6/1/04 to 10/30/05, 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.

Mark M. Hance Commissions VA 424-R  
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/11/06

**North Anna Power Station  
N2R17 OUTAGE  
Form OAR-1 Owner's Activity Report  
Table 1  
Abstract Of Examinations And Tests**

<i>Examination Category</i>	<i>Total Examinations Required For The Interval</i>	<i>Total Examinations Credited For This Period</i>	<i>Total Examinations Credited (%) For The Period</i>	<i>Total Examinations Credited (%) To Date For The Interval</i>	<i>Remarks</i>
B-A	8.67	.00	.00	.00	
B-B	9.00	1.67	100.00	25.93	
B-D	52.00	6.00	100.00	23.08	
B-G-1	650.00	196.00	100.00	41.85	Note 1
B-G-2	29.00	11.00	100.00	37.93	Note 1
B-K	14.00	4.33	100.00	30.95	
B-L-1	1.00	.00	.00	.00	Note 2
B-N-1	3.00	1.00	100.00	33.33	
B-N-2	1.00	.00	.00	.00	
B-N-3	1.00	.00	.00	.00	
B-O	3.00	.00	.00	.00	Note 3
B-P	6.00	2.00	100.00	33.33	Note 4
B-Q	4.00	1.00	100.00	25.00	
C-A	7.00	1.67	100.00	23.81	
C-B	16.00	5.00	100.00	31.25	
C-C	29.00	10.00	100.00	41.38	
C-D	16.00	5.00	100.00	62.50	
C-F-1	97.00	35.00	100.00	56.70	
C-F-2	20.00	6.00	100.00	55.00	
C-G	2.00	.00	.00	.00	

<i>Examination Category</i>	<i>Total Examinations Required For The Interval</i>	<i>Total Examinations Credited For This Period</i>	<i>Total Examinations Credited (%) For The Period</i>	<i>Total Examinations Credited (%) To Date For The Interval</i>	<i>Remarks</i>
C-H	3.00	.00	.00	.00	Note 5
D-A	21.00	10.00	100.00	57.14	Note 5
D-B	3.00	.00	.00	.00	Note 5
F-A	413.00	141.00	100.00	46.49	
R-A	56.00	16.00	100.00	42.86	Note 6

**North Anna Power Station**  
**N2R17 OUTAGE**  
**Form OAR-1 Owner's Activity Report**  
**Table 1 Notes**  
**Abstract Of Examinations And Tests**

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- Note 1** Examinations are limited to components selected for examination.
- Note 2** Internal examination is required only when a pump is disassembled for maintenance, repair, or examination. B-L-1 has one scheduled examination of the external surface of one pump casing in accordance with Code Case N-481.
- Note 3** Category B-O is scheduled to be examined as part of the reactor vessel examination in the third period.
- Note 4** The Class 1 leakage test is required to be performed every refueling outage. The number and percentages listed represent the total number of refueling outages anticipated over the inspection interval. All required system pressure tests have been completed.
- Note 5** The number and percentages listed represent the total number of periods over the inspection interval. All required system pressure tests have been completed.
- Note 6** The risk informed program currently addresses categories B-F and B-J. See Partial Examination attachment.

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## ***Partial Examinations N2R17a***

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<i><b>CATEGORY</b></i>	<i><b>ITEM</b></i>	<i><b>DRAWING</b></i>	<i><b>LINE</b></i>	<i><b>NUMBER</b></i>	<i><b>EXAM REMARKS</b></i>
<b>R-A</b>	<i>R1.11</i>				
	12050-WMKS-0109D		14"-RC-410-2501R-Q1	SW-5	75% UT EXAMINATION DUE TO COMPONENT CONFIGURATION



**NORTH ANNA POWER STATION  
N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT  
TABLE 2  
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRE  
EVALUATION FOR CONTINUED SERVICE**

<b>Exam Category</b>	<b>Item Number</b>	<b>Item Description</b>	<b>Flaw Characterization (IWA-3300)</b>	<b>Flaw or Relevant Condition Found During Scheduled Section XI Exam or Test (Yes or No)</b>
There were no items with flaws or relevant conditions that required evaluation for continued service during N2R17				

### 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 Relent Condition Found During Scheduled Section XI Examination or Test (Yes or No)	Date Completed	Repair/ Replacement Plan Number
There were no repairs, replacements or corrective measures required for continued service						

**Enclosure**

**Serial No. 06-009**

**Owner's Activity Report**

**3<sup>rd</sup> Interval - 1<sup>st</sup> Period  
Post 3<sup>rd</sup> Refueling outage**

**Virginia Electric and Power Company  
(Dominion)  
North Anna Unit 2**

**NORTH ANNA POWER STATION, N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT**

Report Number: N2R17b (Unit 2, 3<sup>rd</sup> Interval, 1st Period, \*after 3rd Refueling Outage)

Owner: Virginia Electric and Power Company, 5000 Dominion Boulevard, Glen Allen, VA 23060  
(Name and Address of Owner)

Plant: North Anna Power Station, P.O. Box 402, Mineral VA 23117  
(Name and Address of Plant)

Unit No. 2 Commercial service date 12/14/1980 Refueling outage no. \*10/31/2005- 12/13/2005  
(If applicable)

Current inspection interval 3<sup>rd</sup> (12/14/01 - 12/13/10)  
(1st, 2nd, 3rd, 4th, other)

Current inspection period 1<sup>st</sup> (12/14/01 - 12/13/05)  
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 1995 Edition 1996 Addenda

Date and revision of inspection plan ISI Plan Rev 4 dated 8/05 including the ISI Schedule Revision 7, dated 1/06

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 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 Hydra M. Kotarski, Supv Test & Insp Eng Date 1/11/06  
(Owner's 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 Virginia and employed by HSB CT of Hartford, CT have inspected the items described in this Owner's Activity Report, during the period 10/31/05 to 12/13/05, 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.

Mark M. Hase Commissions VA 424-R  
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/11/06

**North Anna Power Station**  
**N2R17 OUTAGE**  
**Form OAR-1 Owner's Activity Report**  
**Table 1**  
**Abstract Of Examinations And Tests**

<i><b>Examination Category</b></i>	<i><b>Total Examinations Required For The Interval</b></i>	<i><b>Total Examinations Credited For This Period</b></i>	<i><b>Total Examinations Credited (%) For The Period</b></i>	<i><b>Total Examinations Credited (%) To Date For The Interval</b></i>	<i><b>Remarks</b></i>
B-A	8.67	.00	.00	.00	
B-B	9.00	1.67	100.00	25.93	
B-D	52.00	6.00	100.00	23.08	
B-G-1	650.00	196.00	100.00	41.85	Note 1
B-G-2	29.00	11.00	100.00	37.93	Note 1
B-K	14.00	4.33	100.00	30.95	
B-L-1	1.00	.00	.00	.00	Note 2
B-N-1	3.00	1.00	100.00	33.33	
B-N-2	1.00	.00	.00	.00	
B-N-3	1.00	.00	.00	.00	
B-O	3.00	.00	.00	.00	Note 3
B-P	6.00	2.00	100.00	33.33	Note 4
B-Q	4.00	1.00	100.00	25.00	
C-A	7.00	1.67	100.00	23.81	
C-B	16.00	5.00	100.00	31.25	
C-C	29.00	10.00	100.00	41.38	
C-D	16.00	5.00	100.00	62.50	
C-F-1	97.00	35.00	100.00	56.70	
C-F-2	20.00	6.00	100.00	55.00	
C-G	2.00	.00	.00	.00	

<i>Examination Category</i>	<i>Total Examinations Required For The Interval</i>	<i>Total Examinations Credited For This Period</i>	<i>Total Examinations Credited (%) For The Period</i>	<i>Total Examinations Credited (%) To Date For The Interval</i>	<i>Remarks</i>
C-H	3.00	1.00	100.00	33.33	Note 5
D-A	21.00	10.00	100.00	57.14	Note 5
D-B	3.00	1.00	100.00	33.33	Note 5
F-A	413.00	141.00	100.00	46.49	
R-A	56.00	16.00	100.00	42.86	Note 6

**North Anna Power Station**  
**N2R17 OUTAGE**  
**Form OAR-1 Owner's Activity Report**  
**Table 1 Notes**  
**Abstract Of Examinations And Tests**

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- Note 1** Examinations are limited to components selected for examination.
- Note 2** Internal examination is required only when a pump is disassembled for maintenance, repair, or examination. B-L-1 has one scheduled examination of the external surface of one pump casing in accordance with Code Case N-481.
- Note 3** Category B-O is scheduled to be examined as part of the reactor vessel examination in the third period.
- Note 4** The Class 1 leakage test is required to be performed every refueling outage. The number and percentages listed represent the total number of refueling outages anticipated over the inspection interval. All required system pressure tests have been completed.
- Note 5** The number and percentages listed represent the total number of periods over the inspection interval. All required system pressure tests have been completed.
- Note 6** The risk informed program currently addresses categories B-F and B-J.

**NORTH ANNA POWER STATION  
N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT  
TABLE 2  
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRE  
EVALUATION FOR CONTINUED SERVICE**

<b>Exam Category</b>	<b>Item Number</b>	<b>Item Description</b>	<b>Flaw Characterization (IWA-3300)</b>	<b>Flaw or Relevant Condition Found During Scheduled Section XI Exam or Test (Yes or No)</b>
There were no items with flaws or relevant conditions that required evaluation for continued service during N2R17				



### 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 Relent Condition Found During Scheduled Section XI Examination or Test (Yes or No)	Date Completed	Repair/ Replacement Plan Number
There were no repairs, replacements or corrective measures required for continued service						

**Enclosure**

**Serial No. 06-009**

**Owner's Activity Report**

**3<sup>rd</sup> Interval - 2<sup>nd</sup> Period  
1<sup>st</sup> Refueling outage**

**Virginia Electric and Power Company  
(Dominion)  
North Anna Unit 2**

**NORTH ANNA POWER STATION, N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT**

Report Number: N2R17c (Unit 2, 3<sup>rd</sup> Interval, 2nd Period, 1st Refueling Outage)

Owner: Virginia Electric and Power Company, 5000 Dominion Boulevard, Glen Allen, VA 23060  
(Name and Address of Owner)

Plant: North Anna Power Station, P.O. Box 402, Mineral VA 23117  
(Name and Address of Plant)

Unit No. 2 Commercial service date 12/14/1980 Refueling outage no. N2R17(12/14/04-10/30/05)  
(If applicable)

Current inspection interval 3<sup>rd</sup> (12/14/01 - 12/13/10)  
(1st, 2nd, 3rd, 4th, other)

Current inspection period 2nd (12/14/04 - 6/13/08)  
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 1995 Edition 1996 Addenda

Date and revision of inspection plan ISI Plan Rev 4 dated 8/05 including the ISI Schedule Revision 7, dated 1/06

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 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 Stephen M. Kotowski, Sr. Test & Insp Eng Date 1/11/06  
(Owner's 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 Virginia and employed by HSB CT of Hartford, CT have inspected the items described in this Owner's Activity Report, during the period 12/14/04 to 10/30/05, 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.

Mark M. Grace Commissions VA 424-R  
Inspector's Signature National Board, State, Province, and Endorsements

Date 1/11/06

**North Anna Power Station  
N2R17 OUTAGE  
Form OAR-1 Owner's Activity Report  
Table 1  
Abstract Of Examinations And Tests**

<i>Examination Category</i>	<i>Total Examinations Required For The Interval</i>	<i>Total Examinations Credited For This Period</i>	<i>Total Examinations Credited (%) For The Period</i>	<i>Total Examinations Credited (%) To Date For The Interval</i>	<i>Remarks</i>
B-A	8.67	.00	.00	.00	
B-B	9.00	.67	18.18	25.93	
B-D	52.00	6.00	30.00	23.08	Note 1
B-G-1	650.00	76.00	38.78	41.85	Note 2
B-G-2	29.00	.00	.00	37.93	Note 2
B-K	14.00	.00	.00	30.95	
B-L-1	1.00	.00	.00	.00	Note 3
B-N-1	3.00	.00	.00	33.33	
B-N-2	1.00	.00	.00	.00	
B-N-3	1.00	.00	.00	.00	
B-O	3.00	.00	.00	.00	Note 4
B-P	6.00	1.00	50.00	50.00	Note 5
B-Q	4.00	1.00	50.00	50.00	
C-A	7.00	.00	.00	23.81	
C-B	16.00	.00	.00	31.25	
C-C	29.00	2.00	28.57	41.38	Note 1
C-D	16.00	5.00	100.00	62.50	
C-F-1	97.00	20.00	62.50	56.70	Note 1
C-F-2	20.00	5.00	62.50	55.00	
C-G	2.00	.00	.00	.00	

<i>Examination Category</i>	<i>Total Examinations Required For The Interval</i>	<i>Total Examinations Credited For This Period</i>	<i>Total Examinations Credited (%) For The Period</i>	<i>Total Examinations Credited (%) To Date For The Interval</i>	<i>Remarks</i>
C-H	3.00	.00	.00	33.33	Note 6
D-A	21.00	2.00	40.00	57.14	Note 6
D-B	3.00	.00	.00	33.33	Note 6
F-A	413.00	51.00	45.95	46.49	
R-A	56.00	8.00	47.06	42.86	Note 7

**North Anna Power Station**  
**N2R17 OUTAGE**  
**Form OAR-1 Owner's Activity Report**  
**Table 1 Notes**  
**Abstract Of Examinations And Tests**

---

- Note 1** See Partial Examination attachment.
- Note 2** Examinations are limited to components selected for examination.
- Note 3** Internal examination is required only when a pump is disassembled for maintenance, repair, or examination. B-L-1 has one scheduled examination of the external surface of one pump casing in accordance with Code Case N-481.
- Note 4** Category B-O is scheduled to be examined as part of the reactor vessel examination in the third period.
- Note 5** The Class 1 leakage test is required to be performed every refueling outage. The number and percentages listed represent the total number of refueling outages anticipated over the inspection interval. All required system pressure tests have been completed.
- Note 6** The number and percentages listed represent the total number of periods over the inspection interval. All required system pressure tests have been completed.
- Note 7** The risk informed program currently addresses categories B-F and B-J. See Partial Examination attachment.

## *Partial Examinations N2R17c*

<i>CATEGORY</i>	<i>ITEM</i>	<i>DRAWING</i>	<i>LINE</i>	<i>NUMBER</i>	<i>EXAM REMARKS</i>
<b>B-D</b>					
	<i>B3.110</i>				
	12050-WMKS-RC-E-2	2-RC-E-2		11	81.4% UT EXAMINATION DUE TO NOZZLE TO PRESSURIZER CONFIGURATION
	12050-WMKS-RC-E-2	2-RC-E-2		12	81.4% UT EXAMINATION DUE TO NOZZLE TO PRESSURIZER CONFIGURATION
	12050-WMKS-RC-E-2	2-RC-E-2		13	81.4% UT EXAMINATION DUE TO NOZZLE TO PRESSURIZER CONFIGURATION
<b>C-C</b>					
	<i>C3.20</i>				
	12050-WMKS-0101A-1	32"-SHP-401-601-Q2		SW-92	66% MT EXAMINATION DUE TO OBSTRUCTION
<b>C-F-1</b>					
	<i>C5.11</i>				
	12050-WMKS-0111AJ	8"-SI-440-153A-Q2		1	49% UT EXAMINATION DUE TO VALVE TO ELBOW CONFIGURATION
	<i>C5.21</i>				
	12050-WMKS-0111AAC	3"-CH-403-1502-Q2		2A	63% UT EXAMINATION DUE TO UPSTREAM VALVE BODY TAPER
	12050-WMKS-0111AAN	2"-CH-422-1502-Q2		SW-39W	88% UT EXAMINATION DUE TO PIPE REDUCER CONFIGURATION
<b>R-A</b>					
	<i>R1.11</i>				
	12050-WMKS-0103BD-2	3"-SI-417-1502-Q1		20	53% UT EXAMINATION DUE TO PIPE TO VALVE CONFIGURATION
	12050-WMKS-0110A-1	6"-RC-438-1502-Q1		SW-9	63.5% UT EXAMINATION DUE TO COMPONENT CONFIGURATION
	12050-WMKS-0110A-1	6"-RC-439-1502-Q1		SW-17	53% UT EXAMINATION DUE TO COMPONENT CONFIGURATION

**NORTH ANNA POWER STATION  
N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT**

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

<b>Exam Category</b>	<b>Item Number</b>	<b>Item Description</b>	<b>Flaw Characterization (IWA-3300)</b>	<b>Flaw or Relevant Condition Found During Scheduled Section XI Exam or Test (Yes or No)</b>
There were no items with flaws or relevant conditions that required evaluation for continued service during N2R17				



**NORTH ANNA POWER STATION  
N2R17 OUTAGE  
FORM OAR-1 OWNER'S ACTIVITY REPORT  
TABLE 3**

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

<b>Code Class</b>	<b>Repair, Replacement, or Corrective Measure</b>	<b>Item Description</b>	<b>Description of Work</b>	<b>Flaw or Relent Condition Found During Scheduled Section XI Examination or Test (Yes or No)</b>	<b>Date Completed</b>	<b>Repair/ Replacement Plan Number</b>
3	Replacement	4" Service Water Pipe	Replaced pipe due to through wall leak	No	12/20/05	2005-001
3 (IWF)	Replacement	Service Water Pipe Restraint	Replaced bent rod eye ends due to water hammer	No	6/22/05	2005-039
2 (IWF)	Replacement	Feedwater Pipe Restraint	Replaced restraint per DCP due to crack in monoball cone	No	12/6/05	2005-105
MC	Repair	Penetration Cooler	Repaired indications in penetration cooler base material	No	12/22/05	2005-106
MC	Repair	Penetration Cooler	Repaired indications in penetration cooler base material	No	12/22/05	2005-107
MC	Replacement	Penetration Cooler	Installed plate over 2" boss hole and in sample plug hole	No	12/22/05	2005-116
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/21/05	2005-117
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/21/05	2005-118
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/20/05	2005-119
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	1/3/06	2005-120
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/22/05	2005-121
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	1/3/05	2005-122
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/23/05	2005-123
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/21/05	2005-125
MC	Replacement	Penetration Cooler	Installed seal plates in penetration cooler	No	12/22/05	2005-126
MC	Replacement	Penetration Cooler	Installed plug in penetration sleeve where bottom boss was removed	No	12/21/05	2005-128
MC	Replacement	Penetration Cooler	Installed plug in penetration sleeve where bottom boss was removed	No	12/22/05	2005-129

<b>Code Class</b>	<b>Repair, Replacement, or Corrective Measure</b>	<b>Item Description</b>	<b>Description of Work</b>	<b>Flaw or Releant Condition Found During Scheduled Section XI Examination or Test (Yes or No)</b>	<b>Date Completed</b>	<b>Repair/ Replacement Plan Number</b>
MC	Replacement	Penetration Cooler	Installed plate for top boss in penetration cooler	No	1/9/06	2005-130
MC	Replacement	Penetration Cooler	Installed plate for bottom boss in penetration cooler	No	12/21/05	2005-131
MC	Replacement	Penetration Cooler	Installed plate for bottom boss in penetration cooler	No	12/22/05	2005-132
1	Replacement	½" Tubing	Replaced section of tubing due to arc strike	No	12/21/05	2005-133