



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

Charles A. Bottemiller  
Manager  
Plant Licensing

GNRO-2006/00044

August 10, 2006

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

Attention: Document Control Desk

Subject: Corrections to Inservice Inspection Summary Report  
Grand Gulf Nuclear Station  
Unit 1  
Docket No. 50-416  
License No. NPF-29

Reference: GNRO-2006/00002 dated January 13, 2006

Dear Sir or Madam:

The reason for this submittal is to make the following corrections to the above referenced letter:

- correct the Insurance Company name listed in the OAR-1 Owner's Activity Report Form, and
- correct a typographical error made in TABLE 3.

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.

A047

GNRO-2006/00044

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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,



CAB/WBA

Attachment: Summary Report OAR-1-00007

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/O-7D1A  
Washington, DC 20555-0001

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

**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

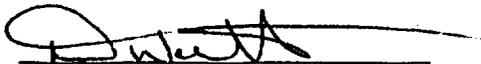
ENTERGY OPERATIONS, INC.

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-J-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 ABS GROUP INC. OF HOUSTON, TEXAS ~~Factory Mutual Insurance Company of Houston, TX~~ to 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

*Correct*  
 8-3-06  
 BL  
 8-3-06

| <b>Table 1<br/>Limited Examinations</b> |                |   |                     |                              |
|---|----------------|---|---------------------|------------------------------|
| <b>Item #</b>                           | <b>Item ID</b> | <b>Description</b>                      | <b>Coverage (%)</b> | <b>Reason for Limitation</b> |
| 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<br>Circumferential Weld | 75%                 | Configuration<br>Access      |
| B01.040                                 | B13-AG         | Head to Flange<br>Circumferential Weld  | 77.2%               | Configuration<br>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**

| <b>Examination Category</b> | <b>Total Examinations Required For The Interval</b> | <b>Total Examinations Credited For This Period</b> | <b>Total Examinations Credited (%) For The Period</b> | <b>Total Examinations Credited (%) To Date For The Interval</b> | <b>Remarks</b> |
|-----------------------------|---|--|---|---|----------------|
| 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**

| <b>Examination Category</b> | <b>Total Examinations Required For The Interval</b> | <b>Total Examinations Credited For This Period</b> | <b>Total Examinations Credited (%) For The Period</b> | <b>Total Examinations Credited (%) To Date For The Interval</b> | <b>Remarks</b> |
|-----------------------------|---|--|---|---|----------------|
| 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**

| <b>Examination 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 Examination (Yes or No)</b> |
|-----------------------------|--------------------|-------------------------|---|---|
| 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.

QIP41G011C03, QIP41G011C04, QIP41G010C11, QSP41G013C03, QIP41G011C08, QIP41G011R02, QIP41G011C10, QSP41G010H09, QIP41G011C05, QIP41G011R07, QIP41G050R02, QSP41G010C12, QIP41G011C01, QIP41G011R01, QIP41G010R03 and QIP41G011C04.

**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<br>-2003  | 05/23/2005     | WO-51798                        |
| 3          | Replacement                                | Pipe Hangers Note 3  | Reworked in accordance with ER-GG-0138-000      | No<br>-2003  | 05/20/2005     | WO-50417                        |
| 3          | Repair                                     | Condenser QSZ51B002B | Weld Repair of Condenser End Bells              | No   | 07/16/2004     | WO-50326790                     |
|            |  |                      |   |  |                |                                 |

*On 5-3-06  
by E.F. ee  
8-3-06  
for 8-3-06*

Note 1 - QIP41G011C01, C02, C03, C04 and C06.

Note 2 - QIP41G011C05.

Note 3 - QIP41G011C01, C03 and C04.