



August 29, 2006

L-2006-197
10 CFR 50.36
10 CFR 50.55a

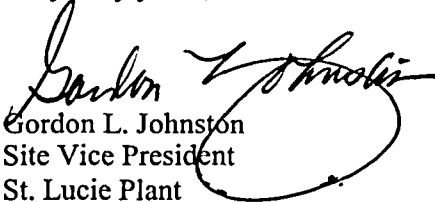
U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

Re: St. Lucie Unit 2
Docket No. 50-389
In-Service Inspection Program
Third Interval – First Period – Second Outage (SL2-16)
Owner's Activity Report (OAR-1)

Enclosed is the St. Lucie Unit 2 Third Interval, First Period, Second Outage (SL2-16), ASME Section XI Form OAR-1, Owner's Activity Report. The SL2-16 outage ended on June 11, 2006. 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.

Please contact Ken Frehafer at 772-467-7748 if there are any questions about this submittal.

Very truly yours,


Gordon L. Johnston
Site Vice President
St. Lucie Plant

Attachment

GLJ/KWF

A047

Form OAR-1 Owner's Activity Report

Report Number: ISI-PSL-2-2006

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.: SL2-16

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 *R. J. S. [Signature]* Date 7/31/06
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 Florida and employed by HSBCT of Hartford Connecticut have inspected the items described in this Owner's Activity Report, during the period 2-16-05 to 3-2-06 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 FL 477 (A, C, N, I)
Inspector's Signature National Board, State, Province, and Endorsements

Date 3-2-06

TABLE 1 (Post 2006 Outage)
 THIRD INSPECTION INTERVAL-FIRST PERIOD
 ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations	Examinations Passed	Pass Rate (%)	Examinations Failed	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	4	33%	33%	
B2.11	2				
B2.12	2				
B2.31	5				
B2.32	2				
B2.40	1				
B-D	36	12	33%	33%	
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 2006 Outage)
 THIRD INSPECTION INTERVAL-FIRST PERIOD
 ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category/Item	Examinations Scheduled	Examinations Conducted	Examinations Scheduled (Percent)	Examinations Conducted (Percent)	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	11	28%	28%	
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	1	20%	20%	
B10.10	2				
B10.20	1				
B10.30	2				

TABLE 1 (Post 2006 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Inspection Category/Item	Total Examinations Required in the Interval	Total Examinations Completed in this Period	Total Examinations Completed as a Percentage of the Interval	Total Examinations Completed as a Percentage of 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	2	50%	50%	
B12.50	4				1 valve in each group requires examination when disassembled for maintenance, Deferral Permissible
B-N-1	24	8	33%	33%	
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	6	0	0%	0%	
B13.70	6				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	2	33%	33%	VT examinations required each period

TABLE 1 (Post 2006 Outage)
THIRD INSPECTION INTERVAL-FIRST PERIOD
ABSTRACT OF EXAMINATIONS AND TESTS

Category	Total Examinations	Total Tests	% Examinations	% Tests	Notes
C-C	9	4	44%	44%	
C3.10	1				
C3.20	8				
C3.30	2				
C-F-1	106	30	28%	28%	
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 Table IWC-2500-1, note 2.
C5.51	41				
C5.61	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	10	50%	50%	
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	2	50%	100%	Currently in the 3 rd period for IWE, 100% General Exam required each period
(IWE) E-D	11	3	27%	100%	RR# IWE-01, Currently in the 3 rd period for IWE, includes exam of 1/3 of moisture barrier, Examination of 8 of the total items required if made accessible (deferral permissible).

TABLE 1 (Post 2006 Outage)
 THIRD INSPECTION INTERVAL-FIRST PERIOD
 ABSTRACT OF EXAMINATIONS AND TESTS

Examinations of Category	Examinations of Category Retestable	Examinations of Category Reschedule Response	Examinations of Category Retestable Response	Total Examinations of Category Retestable Response	
(IWE) E-G	8	3	36%	100%	RR# IWE-02, Currently in the 3 rd period for IWE, deferral permissible.
F-A					
F1.10	33	11	33%	33%	
F1.20	73	24	33%	33%	
F1.30	28	9	35%	35%	
F1.40	30	7	23%	23%	
R-A	24	6	25%	25%	RR#2 was approved February 23, 2005, to implement a risk informed inspection program.

St. Lucie Unit 2
THIRD INSPECTION INTERVAL-FIRST PERIOD
2006 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	SDC HX 2B	Replace SDC HX head bolting	CHECK IF YES <input type="checkbox"/>	3/31/2006	SL 2-05272
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-10	CW-3000-7002:REPLACE SUPPORT FASTENERS	CHECK IF YES <input type="checkbox"/>	2/24/2006	SL 2-05275
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2B	Replace Pump Cover Studs	CHECK IF YES <input type="checkbox"/>	12/27/2003	SL 2-02075
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8212	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04218
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-08-18A	Replace Valve Plug Assembly	CHECK IF YES <input type="checkbox"/>	1/15/2005	SL 2-04219
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-79	Replace flange bolting	CHECK IF YES <input type="checkbox"/>	2/17/2005	SL 2-04222
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	SL 2-04223
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"/>	1/28/2005	SL 2-04224
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	SL 2-04225
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	SL 2-04226
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8202	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2006	SL 2-04227

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 type="checkbox"/> Corrective Measure	V3524	Replace valve disc.	CHECK IF YES <input type="checkbox"/>	1/22/2005	SL 2-04228
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-03-1C	Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	6/21/2006	SL 2-04229
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-03-1D	Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	1/27/2005	SL 2-04230
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V21205	Replace Valve and Bolting	CHECK IF YES <input type="checkbox"/>	12/8/2003	SL 2-03178
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-10	Weld Repair of Corrosion	CHECK IF YES <input type="checkbox"/>	12/10/2003	SL 2-03177
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	2C ICW PP	Install rebuilt ICW pump	CHECK IF YES <input type="checkbox"/>	1/22/2004	SL 2-03178
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-02-1C	Replace Bonnet Bolting	CHECK IF YES <input type="checkbox"/>	10/11/2004	SL 2-03181
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2B	Replace fluid block assembly	CHECK IF YES <input type="checkbox"/>	1/22/2004	SL 2-03182
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2C	Replace fluid block assembly	CHECK IF YES <input type="checkbox"/>	1/22/2004	SL 2-03183
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CHG PP 2A	Replace fluid block assembly	CHECK IF YES <input type="checkbox"/>	12/8/2003	SL 2-03184
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	VZ324	Replace Safety Relief Valve Bellows	CHECK IF YES <input type="checkbox"/>	3/18/2004	SL 2-03185

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	FS-591	Replaced Flange Bolting	CHECK IF YES <input type="checkbox"/>	9/17/2004	SL 2-04196
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2326	Replace Relief Valve and Bolting.	CHECK IF YES <input type="checkbox"/>	2/20/2006	SL 2-04197
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-03-2A	Replaced Flange Bolting	CHECK IF YES <input type="checkbox"/>	9/13/2004	SL 2-04200
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2338	Replace valve and adjacent piping by welding	CHECK IF YES <input type="checkbox"/>	1/25/2006	SL 2-04201
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8209	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04202
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8214	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04203
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8215	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04204
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	SL 2-04205
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A	Repace flange bolting	CHECK IF YES <input type="checkbox"/>	12/17/2004	SL 2-04210
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8216	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04211
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8210	OVERHAUL VALVE. REINSTALL VALVE USING NEW INLET BOLTING.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04212

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	CCW HDX 2A	Replace Channel Head Bolting	CHECK IF YES <input type="checkbox"/>	12/15/2004	SL 2-04213
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-2080-14	Modify support to meet GL56-06 requirements.	CHECK IF YES <input type="checkbox"/>	2/2/2005	SL 2-04220
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	LCV-2110P	Replace stem and disc assy.	CHECK IF YES <input type="checkbox"/>	1/30/2005	SL 2-04233
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	SL 2-05235
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-06-19A	Replace Stem/Plug, Body/Bonnet bolting	CHECK IF YES <input type="checkbox"/>	2/3/2005	SL 2-05262
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	SL 2-05263
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	SL 2-04187
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SH21246	Replace vent valve	CHECK IF YES <input type="checkbox"/>	2/10/2004	SL 2-04188
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SH21241	Replace Drain Valve	CHECK IF YES <input type="checkbox"/>	2/10/2004	SL 2-04189
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-4-1B	Replace bolting	CHECK IF YES <input type="checkbox"/>	2/24/2004	SL 2-04190
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3495	Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	1/25/2005	SL 2-04192

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 checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-03-1B	Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	1/27/2006	SL 2-04193
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FE-5332	Replace Flange Bolting	CHECK IF YES <input type="checkbox"/>	2/7/2005	SL 2-04191
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-73	Replace Flange Bolting and Load Pin	CHECK IF YES <input type="checkbox"/>	2/6/2005	SL 2-05238
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	SL 2-05238
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SI-4204-12708	Replace snubber	CHECK IF YES <input type="checkbox"/>	2/7/2005	SL 2-05239
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SO-03-20	Replace 2B HPSI PP Diach flange bolting	CHECK IF YES <input type="checkbox"/>	1/21/2005	SL 2-05240
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-25-36	Replace Valve disc	CHECK IF YES <input type="checkbox"/>	1/18/2005	SL 2-05241
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	SL 2-05243
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-29	Attach patch plate by bolting	CHECK IF YES <input type="checkbox"/>	1/22/2005	SL 2-05244
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3414	Seal Weld	CHECK IF YES <input type="checkbox"/>	1/22/2005	SL 2-05249
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	SL 2-05250

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	SL 2-05252
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-1	Replace valve Internals. Bonnet seal weld	CHECK IF YES <input type="checkbox"/>	1/31/2005	SL 2-05254
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	SL 2-05255
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V21208	Replace Bolting	CHECK IF YES <input type="checkbox"/>	1/27/2005	SL 2-05257
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	SL 2-05258
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MY-08-19B	Replace Stem/Plug. Body/Bonnet bolting	CHECK IF YES <input type="checkbox"/>	2/3/2005	SL 2-05261
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	SL 2-05265
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"/>	1/22/2006	SL 2-05237
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SG 2B	Replace Primary Manway Studs	CHECK IF YES <input type="checkbox"/>	2/6/2005	SL 2-05285
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	SL 2-05267
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2325	Replace Disc Insert, nozzle & Bellows as PM.	CHECK IF YES <input type="checkbox"/>	6/17/2005	SL 2-05268

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 type="checkbox"/> Corrective Measure	V1200	Replace Safety Valve Inlet Bolting	CHECK IF YES <input type="checkbox"/>	6/27/2006	SL 2-05277
A	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-2	Restore Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	6/18/2006	SL 2-05281
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2324	Replace Relief Valve with new valve.	CHECK IF YES <input type="checkbox"/>	2/20/2006	SL 2-06001
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-07-1B	Replace Support Clamp Bolting	CHECK IF YES <input type="checkbox"/>	6/26/2006	SL 2-06028
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	LTDN HT EXCH	Bolting Replacement	CHECK IF YES <input type="checkbox"/>	6/20/2006	SL 2-06003
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V07001	Replace Hinge Pin Plug	CHECK IF YES <input type="checkbox"/>	6/18/2006	SL 2-06004
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CVV-98	Install Piping Modification by Welding	CHECK IF YES <input type="checkbox"/>	5/17/2006	SL 2-06006
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-105	Install Piping Modification by Welding	CHECK IF YES <input type="checkbox"/>	5/31/2006	SL 2-06007
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1B	Install new strainer SS-21-1B by bolting and welded piping connections.	CHECK IF YES <input type="checkbox"/>	5/30/2006	SL 2-06011
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A	Install new strainer SS-21-1A by bolting and welded piping connections.	CHECK IF YES <input type="checkbox"/>	5/18/2006	SL 2-06012
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CH-531	Replace flange bolting.	CHECK IF YES <input type="checkbox"/>	6/18/2006	SL 2-08013

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 checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2338	Restore Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	5/11/2006	SL 2-06010
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A	Modify/Install Supports by Welding for SS-21-1A Installation	CHECK IF YES <input type="checkbox"/>	5/13/2006	SL 2-06014
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1B	Modify/Install Supports by Welding for SS-21-1B Installation	CHECK IF YES <input type="checkbox"/>	5/28/2006	SL 2-06015
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-8227-58	MODIFY CW-8027-58 by Welding	CHECK IF YES <input type="checkbox"/>	5/14/2006	SL 2-06014
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FE-3311	Replace Flange Bolting	CHECK IF YES <input type="checkbox"/>	5/19/2006	SL 2-06017
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8203	Rebuild Main Steam Safety Relief Valve	CHECK IF YES <input type="checkbox"/>	5/24/2006	SL 2-06018
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V8205	Rebuild Main Steam Safety Relief Valve	CHECK IF YES <input type="checkbox"/>	5/24/2006	SL 2-06019
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3527	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/19/2006	SL 2-06020
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A	Modify pipe system. Install Blind Flanges by Bolting	CHECK IF YES <input type="checkbox"/>	4/28/2006	SL 2-06021
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1B	Modify pipe system. Install new blind flanges.	CHECK IF YES <input type="checkbox"/>	5/28/2006	SL 2-06022
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	HCV-14-8A	REPLACE VLV HCV-14-8A and BOLTING	CHECK IF YES <input type="checkbox"/>	5/9/2006	SL 2-06024

TABLE 3
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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	P-23	Cut and reweld CCW piping line CC-138 to replace expansion bellows at Penetration P-23.	CHECK IF YES <input type="checkbox"/>	5/30/2006	SL 2-06026
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-07-1A	Replace FCV-07-1A by welding and bolted installation.	CHECK IF YES <input type="checkbox"/>	5/20/2006	SL 2-06027
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-07-1B	Replace FCV-07-1B by welding and bolted installation.	CHECK IF YES <input type="checkbox"/>	5/26/2006	SL 2-06028
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	BAM PP 2B	Replace BAM Pump support bolting	CHECK IF YES <input type="checkbox"/>	5/22/2006	SL 2-06029
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SS-21-1A / CW-8027-48	MODIFY CW-8027-48 by Welding	CHECK IF YES <input type="checkbox"/>	5/13/2006	SL 2-06014
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RWT	Add Nozzle Connection to RWT Upper Manway Cover by welding	CHECK IF YES <input type="checkbox"/>	4/26/2006	SL 2-06030
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3526	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/19/2006	SL 2-06031
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-73	REPLACE 4" WNRFL FLANGE by WELDING.	CHECK IF YES <input type="checkbox"/>	5/6/2006	SL 2-06032
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-2	Replace Pilot & Main Discs, and Bonnet	CHECK IF YES <input type="checkbox"/>	5/20/2006	SL 2-05281
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3258	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/16/2006	SL 2-06034
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	MV-08-14	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/29/2006	SL 2-06036

TABLE 3
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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	V09119	Replace Bonnet Bolting	CHECK IF YES <input type="checkbox"/>	5/8/2006	SL 2-06039
C	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure		Replace Item 1 of CW-8027-48	CHECK IF YES <input type="checkbox"/>	5/13/2006	SL 2-06014
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3247	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/18/2006	SL 2-06036
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	050	Replace Snubber	CHECK IF YES <input type="checkbox"/>	5/23/2006	SL 2-06038
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V1475	Replace PORV Inlet bolting.	CHECK IF YES <input type="checkbox"/>	5/29/2006	SL 2-06040
1	<input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-175	Tighten loose pipe clamp at Snubber 2-033.	CHECK IF YES <input type="checkbox"/>	5/24/2006	SL 2-06041
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V07120	Replace Flange Bolting	CHECK IF YES <input type="checkbox"/>	5/11/2006	SL 2-06043
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SPS-417 (2-190)	REPLACE SNUBBER # 2-190 on Line I-3-RC-109	CHECK IF YES <input type="checkbox"/>	5/19/2006	SL 2-06044
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V3483	REPLACE DISC & SPINDLE	CHECK IF YES <input type="checkbox"/>	5/18/2006	SL 2-06045
3	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-8	Welded repair of corrosion area	CHECK IF YES <input type="checkbox"/>	5/15/2006	SL 2-06046
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SG 2A	Replace two primary manway nuts.	CHECK IF YES <input type="checkbox"/>	5/27/2006	SL 2-06047

TABLE 3
Abstract of Repairs, Replacements, or Corrective Measures
Required for Continued Service
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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	V21162	Replace Flange Bolting	CHECK IF YES <input type="checkbox"/>	5/15/2006	SL 2-06046
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-3000-77	Remove & Replace Restraint Member by Welding	CHECK IF YES <input type="checkbox"/>	5/15/2006	SL 2-06046
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CW-21	Replace Flange Bolting	CHECK IF YES <input type="checkbox"/>	5/15/2006	SL 2-06046
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RX	Install New QuickLoc Flanges by mechanical means.	CHECK IF YES <input type="checkbox"/>	5/20/2006	SL 2-06049
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	090	Replace Snubber 2-090	CHECK IF YES <input type="checkbox"/>	5/19/2006	SL 2-06050
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V181270	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/22/2006	SL 2-06051
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-4	Replace Main and Pilot Discs.	CHECK IF YES <input type="checkbox"/>	5/26/2006	SL 2-06052
1	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SE-02-4	Restore Bonnet Seal Weld	CHECK IF YES <input type="checkbox"/>	5/26/2006	SL 2-06052
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V1215	Replace flange bolting, V1215	CHECK IF YES <input type="checkbox"/>	5/24/2006	SL 2-06053
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FCV-23-4	Replace Valve Disc	CHECK IF YES <input type="checkbox"/>	5/29/2006	SL 2-06057
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	V2324	Replace valve disc, spindle, bellows	CHECK IF YES <input type="checkbox"/>	7/12/2006	SL 2-06058

TABLE 3
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 Required for Continued Service
 FSL 2 - 3rd Interval, 1st Period

Co./s 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	V2324	Modify piping by welding	CHECK IF YES <input type="checkbox"/>	7/10/2006	SL 2-06059