



FPL Energy
Seabrook Station

FPL Energy Seabrook Station
P.O. Box 300
Seabrook, NH 03874
(603) 773-7000

July 21, 2008

Docket No. 50-443

SBK-L-08135

United States Nuclear Regulatory Commission
Attn.: Document Control Desk
Washington, D.C. 20555-0001

Seabrook Station
Inservice Inspection Examination Report

Enclosed is the FPL Energy Seabrook, LLC Inservice Inspection Examination Report for inspections conducted prior to and during the twelfth refueling outage that concluded on May 8, 2008. The enclosed report is submitted pursuant to the requirements of paragraph IWA-6240 of the 1995 Edition (including the 1996 addenda) of Section XI of the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code and approved ASME Code Case N-532-1. Additionally, a copy of this letter and the enclosed report are being submitted to the State of New Hampshire.

Should you have any questions regarding this information, please contact Mr. Michael Ossing, Engineering Support Manager, at (603) 773-7512.

Very truly yours,

FPL Energy Seabrook, LLC

Gene F. St. Pierre
Site Vice President

AOH
NRR

United States Nuclear Regulatory Commission
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cc: S. J. Collins, NRC Region I Administrator
G. E. Miller, NRC Project Manager, Project Directorate I-2
W. J. Raymond, NRC Senior Resident Inspector

Wayne Brigham, Boiler Inspector
New Hampshire Department of Labor
Inspection Division
PO Box 2076
Concord, NH 03302-2076

Enclosure to SBK-L-08135

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number: ISI-SBK-2008

Owner: FPL Energy Seabrook, LLC
 P.O. Box 14000
 700 Universe Boulevard
 Juno Beach, FL 33408-0420

Plant: FPL Energy Seabrook
 P.O. Box 300
 Seabrook, NH 03874

Unit No. 1 **Commercial service date** August 19, 1990 **Refueling outage no.** OR12
 (if applicable)

Current inspection interval 2nd Interval
 (1st, 2nd, 3rd, 4th, other)

Current inspection period 3rd Period
 (1st, 2nd, 3rd)

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

Date and revision of inspection plan August 28, 2006 Revision 10

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plan _____
Same as inspection plan.

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 in this report conform to the requirements of Section XI.

Certificate of Authorization No. N/A **Expiration Date** N/A
 (if applicable)

Signed WA Whitney, Materials Engineering Super. Date 7/22/08
 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 New Hampshire and employed by HSBCT of Hartford CT have inspected the items described in this Owner's Activity Report, during the period 11-10-06 to 4-28-08, 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 a loss of any kind arising from or connected with this inspection.

KW Lyford Commissions NH 709
 Inspector's Signature National Board, State, Province, and Endorsements

Date 7-25-08

TABLE 1
ABSTRACT OF EXAMINATIONS AND TESTS

SBK - 2nd Interval, 3rd Period

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	24	0	0%	25%	Percentage acceptable per IWB-2412 (a)(2). Relief Request 2IR-1 applied.
B-B	5	0	0%	60%	Relief Request 2IR-2 applied.
B-D	44	4	14%	45%	Percentage acceptable per IWB-2412 (a)(2). Relief Request 2IR-2 applied.
B-F	Included in the Risk-Informed ISI Program.				See Category R-A.
B-G-1	241	0	0%	67%	
B-G-2	74	20	71%	89%	
B-H	Category B-H items are included with Category B-K.				
B-J	Included in the Risk-Informed ISI Program.				See Category R-A.
B-K	1	0	0%	0%	Percentage acceptable per IWB-2412 (a)(5). Relief Request 2IR-12 applied.
B-L-1	There are no B-L-1 pump casing welds.				
B-L-2	1	0	0%	0%	Percentage acceptable per IWB-2412 (a)(4).
B-M-1	There are no B-M-1 valve body welds.				
B-M-2	6	0	100%	50%	Percentage acceptable per IWB-2412 (a)(4). One of each group required when disassembled.
B-N-1	3	1	0%	67%	
B-N-2	6	0	0%	0%	Percentage acceptable per IWB-2412 (a)(3).
B-N-3	1	1	100%	100%	
B-O	2	1	100%	100%	
B-P	7	1	50%	86%	Required each refueling outage.
B-Q	Steam Generator tubing is examined in accordance with Plant Technical Specifications.				
C-A	16	5	56%	75%	

TABLE 1
ABSTRACT OF EXAMINATIONS AND TESTS (continued)

SBK – 2nd Interval, 3rd Period

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
C-B	5	0	0%	100%	
C-C	5	3	100%	100%	
C-D	There are no category C-D items.				
C-F-1	140	36	69%	88%	
C-F-2	157	22	100%	100%	
C-G	There are no category C-G items.				
C-H	25	14	56%	92%	Required each Period.
D-A	11	4	80%	91%	
D-B	17	7	41%	80%	Required each Period. Code Case N-498-4 applied to hydrostatic tests.
E-A	161	140	87%	96%	Required each Period per 10CFR50.55a(b)(ix)(E).
E-C	15	8	89%	93%	
E-D	3	3	100%	100%	
E-G	16	5	100%	100%	
F-A	202	41	98%	99%	
L-A	24	0	0%	67%	Required every 5 years per IWL-2410(a).
R-A	72	11	48%	83%	Risk-Informed Relief Request approved by NRC TAC No. MB1799.

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)
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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

SBK – 2nd Interval, 3rd Period

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/No)	Date Completed	Repair/ Replacement Plan Number
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-446	Replacement of Valve and Pipe Flange	CHECK IF YES <input type="checkbox"/>	11/1/2007	01C2161
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-121	Flange Bolting Replacement	CHECK IF YES <input type="checkbox"/>	11/1/2007	01W001851
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-837	Piping Flange Replacement	CHECK IF YES <input type="checkbox"/>	11/1/2007	0218601
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-145	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	4/3/2007	0225974
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-229	Replacement of Bolting	CHECK IF YES <input type="checkbox"/>	11/1/2007	0333852
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-173	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	11/1/2007	0342128
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-32	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	4/3/2007	0342131
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-P-1C	Replacement of Pump Seal Cartridge	CHECK IF YES <input type="checkbox"/>	11/21/2007	0401449
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-EP-43	Replacement of Bellows Tie Rod	CHECK IF YES <input type="checkbox"/>	2/21/2007	0425623
3	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-474	Replacement of Relief Valve Disc and Nozzle Machining	CHECK IF YES <input type="checkbox"/>	2/7/2008	0441089
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-89 (spare)	Replacement of Disc and Bonnet Nuts	CHECK IF YES <input type="checkbox"/>	4/29/2008	0522092
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-P-1B	Replacement of Pump Seal Cartridge	CHECK IF YES <input type="checkbox"/>	8/15/2007	0517783
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-P-1D	Replacement of Pump Seal Cartridge	CHECK IF YES <input type="checkbox"/>	8/15/2007	0517787

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1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-115	Replacement of Code Safety Valve	CHECK IF YES <input type="checkbox"/>	4/29/2008	0517909
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-116	Replacement of Code Safety Valve	CHECK IF YES <input type="checkbox"/>	4/29/2008	0517909
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-117	Replacement of Code Safety Valve	CHECK IF YES <input type="checkbox"/>	4/29/2008	0517909
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CS-V-148	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	4/24/2008	0517927
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-V-32	Machining of Valve Nozzle	CHECK IF YES <input type="checkbox"/>	4/24/2008	0517956
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-V-32	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	4/25/2008	0517956
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CS-V-250	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	2/29/2008	0518100
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CS-V-410	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	2/7/2008	0526395
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-24	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	4/29/2008	0526397
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CS-V-173	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/29/2008	0526398
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	DM-V-18	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/30/2008	0526404
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-474	Valve Replacement	CHECK IF YES <input type="checkbox"/>	2/7/2008	0526407
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	WLD-V-213	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/29/2008	0526410

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3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-407	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/26/2008	0526429
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-343	Replacement of Nozzle	CHECK IF YES <input type="checkbox"/>	4/25/2008	0526430
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-343	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/25/2008	0526430
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-647	Valve Replacement	CHECK IF YES <input type="checkbox"/>	4/25/2008	0526433
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FW-V-116	Valve Replacement	CHECK IF YES <input type="checkbox"/>	1/21/2008	0527434
2	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FW-V-116	Replacement of Bolting Material and Welding on Valve	CHECK IF YES <input type="checkbox"/>	1/21/2008	0527434
2	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FW-V-116	Temporary Support for Valve Enclosure Device	CHECK IF YES <input type="checkbox"/>	1/21/2008	0527434
3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	FW-V-64	Welding of Set Screw to Disc	CHECK IF YES <input type="checkbox"/>	4/5/2007	0535141
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-V-468	Replacement of Stem and Disc	CHECK IF YES <input type="checkbox"/>	4/5/2007	0537043
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	DG-V-124	Replacement of Relief Valve	CHECK IF YES <input type="checkbox"/>	2/4/2008	0545439
3	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-1817	Repair and Replacement of Service Water Piping	CHECK IF YES <input type="checkbox"/>	4/30/2008	0602970
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-1817	Replacement of Flange Bolting	CHECK IF YES <input type="checkbox"/>	4/30/2008	0602970
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CBS-1209	Piping Modification	CHECK IF YES <input type="checkbox"/>	11/1/2007	0615084

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2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CBS-1209	Piping Modification	CHECK IF YES <input type="checkbox"/>	11/1/2007	0615086
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CBS-1205	Piping Modification	CHECK IF YES <input type="checkbox"/>	11/5/2007	0615087
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	RC-E-11C	Installation of Heli-Coil Insert in S/G Hand Hole	CHECK IF YES <input type="checkbox"/>	4/3/2007	0615565
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-1802	Replacement of Flange Bolting	CHECK IF YES <input type="checkbox"/>	4/29/2008	0617099
3	<input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-1802	Repair and Replacement of Service Water Piping	CHECK IF YES <input type="checkbox"/>	4/29/2008	0617099
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-840	Replacement of Relief Valve	CHECK IF YES <input type="checkbox"/>	2/12/2008	0633198
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-840	Replacement of Relief Valve	CHECK IF YES <input type="checkbox"/>	5/8/2008	0633835
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	1219-SG-01 1219-RG-02	Attachment of Pipe Supports	CHECK IF YES <input type="checkbox"/>	8/28/2007	0643870
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	391-SG-7	Attachment of Pipe Support	CHECK IF YES <input type="checkbox"/>	10/29/2007	0643884
2	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	1219-SG-01	Adding of Shims to Pipe Support	CHECK IF YES <input type="checkbox"/>	1/26/2008	0643892
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	CC-V-474	Replacement of Valve	CHECK IF YES <input type="checkbox"/>	5/8/2008	0700269
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	DM-V-18	Replacement of Relief Valve	CHECK IF YES <input type="checkbox"/>	4/29/2008	0700271
1	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Corrective Measure	343-RM-3	Replacement of Pipe Snubber	CHECK IF YES <input checked="" type="checkbox"/>	4/17/2008	0711989
3	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	DG-V-118	Replacement of Relief Valve	CHECK IF YES <input type="checkbox"/>	2/4/2008	0718996

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3	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Corrective Measure	SW-1801	Attachment of Branch Connection to Service Water Piping	CHECK IF YES <input type="checkbox"/>	10/16/2007	0728103
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Corrective Measure	204-RM-11	Replacement of Pipe Snubber	CHECK IF YES <input checked="" type="checkbox"/>	4/10/2008	0813422
2	<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Corrective Measure	4003-RM-9	Replacement of Pipe Snubber	CHECK IF YES <input checked="" type="checkbox"/>	4/26/2008	0814366