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AUG 30 2012

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555-0001

**SUSQUEHANNA STEAM ELECTRIC STATION
UNIT 1 17TH REFUELING OUTAGE
OWNER'S ACTIVITY REPORT
PLA-6871**

Docket No. 50-387

The attached report is for the Susquehanna Unit 1 17th Refueling Outage, which is the first Unit 1 refueling outage for the 3rd Inspection Period of the 3rd Inspection Interval for Unit 1.

The report was prepared and submitted in accordance with the requirements of ASME Code Case N-532-4.

By copy of this letter, we are transmitting the Owner's Activity Report to the Commonwealth of Pennsylvania.

This letter contains no new regulatory commitments.

If you have any questions, please contact Mr. John L. Tripoli, Manager, Nuclear Regulatory Affairs, at (570) 542-3100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey M. Helsel", is written over a large, stylized blue circular mark that partially obscures the signature. Below the signature, the name "J. M. Helsel" is printed in a black, sans-serif font.

Attachment: Unit 1 17th Refueling Outage Owner's Activity Report

Copy: NRC Region I
Mr. P. W. Finney, NRC Sr. Resident Inspector
Ms. C. J. Sanders, NRC Project Manager
Mr. L. J. Winker, DEP/BRP

ATTACHMENT TO PLA-6871

OWNER'S ACTIVITY REPORT

SUSQUEHANNA UNIT 1 17TH REFUEL OUTAGE

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number OAR-1-104

Plant Susquehanna Steam Electric Station, 769 Salem Blvd., Berwick, PA 18603
(Name and Address of Plant)

Unit No. 1 Commercial service date June 8, 1983 Refueling outage no. 17
(if applicable)

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

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

Edition and Addenda of Section XI applicable to the inspection plan. 1998 Edition through the 2000 Addenda

Date and revision of inspection plan December 21, 2011, Rev. 5

Edition and Addenda of Section XI applicable to repairs and replacements, if different than the inspection plans. N/A

Code Cases used: N-532-4
(if applicable)

CERTIFICATE OF CONFORMANCE

I certify that (a) the statements made in this report are correct; (b) the examinations and tests meet the inspection plan as required by the ASME Code, Section XI; and (c) the repair/replacement activities and evaluations supporting the completion of Refueling Outage 17 conform to the requirements of Section XI.

Signed *Robert J. Shaw* Gen. Manager-Nuclear Engineering
Owners or Owner's Designee, Title

Date 7/12/2012

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 PENNSYLVANIA and employed by OneCIS Insurance Co. of Lynn, MA have inspected the items described in this Owner's Activity Report, 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 repair/replacement activities and evaluation 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.

Charles J. [Signature]
Inspector's Signature

Commissions

NB 9544 ANI PA 2392

National Board, State, Province, and Endorsement

Date

7-17-2012

Susquehanna

Table 1

ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRED
EVALUATION FOR CONTINUED SERVICE

Examination Category and Item Number	Item Description	Evaluation Description
None		

U1-17RIO Owner's Activity Report

TABLE 2
Abstract of Repair/Replacement Activities Required For Continued Service

Code Class	Item Description	Description of Work	Date Completed	Repair/Replacement Plan number
3	NPS2, SPHRC118-2, ESW return line from HPCI Room Cooler	Welded replacement of pipe section due to through wall leak	4/7/2011	11-134-1372552-006

Form R-2 Report of Alteration:

None