



Callaway Plant

February 19, 2015

ULNRC-06173

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

10 CFR 50.55a

Ladies and Gentlemen:

**DOCKET NUMBER 50-483  
CALLAWAY PLANT UNIT 1  
UNION ELECTRIC CO.  
FACILITY OPERATING LICENSE NPF-30  
OWNER'S ACTIVITY REPORTS (OAR-1 FORMS) FOR REFUEL 20**

Please find enclosed the Owner's Activity Reports (OAR-1 forms) for Cycle 20 and Refuel 20 activities at Callaway Plant. The reports are submitted pursuant to the provisions of ASME Boiler and Pressure Vessel Code Case N-532-4, "Alternative Requirements to Repair and Replacement Documentation Requirements and Inservice Summary Report Preparation and Submission."

The OAR-1 forms enclosed are associated with the following Cycle 20 and Refuel 20 activities at Callaway Plant:

1. Inservice Inspection and Repair/Replacement activities, and
2. Containment Inservice Inspection pursuant to ASME Section XI, subsection IWE.

In accordance with Code Case N-532-4, each attached OAR-1 form includes a listing of items with flaws or relevant conditions that required evaluation for continued service (Table 1) and an abstract of repair/replacement activities required for continued service (Table 2). This letter does not contain new commitments. If there are any questions, please contact Jim Kovar at (314) 225-1478.

Sincerely,

Scott Maglio  
Manager, Regulatory Affairs

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February 19, 2015  
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JPK/

Enclosure: OAR-1 forms (2)

cc: Mr. Marc L. Dapas  
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U. S. Nuclear Regulatory Commission  
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Callaway Resident Office  
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Mr. Fred Lyon  
Project Manager, Callaway Plant  
Office of Nuclear Reactor Regulation  
U. S. Nuclear Regulatory Commission  
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**Index and send hardcopy to QA File A160.0761**

**Hardcopy:**

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Mr. John O'Neill (Pillsbury Winthrop Shaw Pittman LLP)  
Missouri Public Service Commission

# CALLAWAY NUCLEAR PLANT FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number 20

Plant Callaway Energy Center, P. O. Box 620, Fulton, MO 65251

Unit No. 1 Commercial service date 12/19/1984 Refueling outage no. 20  
(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 plans 1998 Edition with 2000 Addenda

Date and revision of inspection plans 9/10/2014, Revision 7


Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans Same as  
Inspection plan

Code Cases used N-532-4, N-661-1  
(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 20  
(refueling outage number)

conform to the requirements of Section XI.

Signed  SUPERVISING ENGR  
Owner or Owner's Designee, Title ENGR PROGRAMS Date 2-19-2015

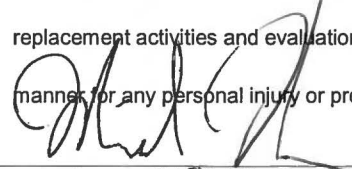
MICHAEL HOHN II

## 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 Missouri and employed by HSBCT of Hartford, CT

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.

 Commissions NB#10989, N, I, C, M, O, S, 4  
Inspector's Signature National Board, State, Province, and Endorsements

PIN# 116655  
Date 19 FEB 2015

## CALLAWAY NUCLEAR PLANT

TABLE 1  
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRED  
EVALUATION FOR CONTINUED SERVICE

Examination Category and Item Number	Item Description	Evaluation Description
F-A, F1.10	EP01R010231A, mechanical snubber. Loose bolting on pipe clamp.	Job 13505184.510 adjusted loose clamp bolt. CAR 201407838.

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	Component Cooling Water Heat Exchanger	Base metal repair of through wall leak on heat exchanger shell manway.	10/26/2014	11006180
3	Essential Service Water Piping	Encapsulation repairs of through wall leak on Essential Service Water System piping. Piping/encapsulations were subsequently replaced during Refueling Outage 20.	8/7/2014 10/27/2014	14003465 14003510

# CALLAWAY NUCLEAR PLANT FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number 20

Plant Callaway Plant

Unit No. 1 Commercial service date 12/19/1984 Refueling outage no. 20  
(if applicable)

Current inspection interval 2<sup>nd</sup> (IWE Program)  
(1st, 2nd, 3rd, 4th, other)

Current inspection period 2<sup>nd</sup> (IWE Program)  
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plans 2001 Edition with 2003 Addenda (IWE Program)

Date and revision of inspection plans IWE Program: 12/08/2009, Rev. 3

Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans N/A

Code Cases used N-532-4, N-685  
(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 20 (refueling outage number) conform to the requirements of Section XI.

Signed Larry Braden IWE Program Owner Date 1/6/15  
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 MISSOURI and employed by HSB GS of HARTFORD, Ct. 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.

Michael J. [Signature] Commissions NB\*10989 A,N,I,C. MO\*584  
Inspector's Signature National Board, State, Province, and Endorsements

Date 13 JAN 2015

## CALLAWAY NUCLEAR PLANT

TABLE 1  
ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRED  
EVALUATION FOR CONTINUED SERVICE

Examination Category and Item Number	Item Description	Evaluation Description
E-A, E1.11	Containment Liner Plate Barrel	CAR 201407183 documents a few areas of identified blistered paint on the Containment Liner Plate Barrel. The evaluation determined the blistered paint was not a result of corrosion or other distress to the liner base metal and the condition was therefore acceptable.
E-A, E1.11	Containment In-core Tunnel Sump Liner	CAR 201407240 identified corrosion and paint degradation on the In-core Tunnel Sump Liner. The degradation subsequently was removed.
E-C, E4.11	Containment In-core Tunnel Sump Liner	201408183 documented three localized areas of pitting after removal of the degradation identified in CAR 201407240. These areas were evaluated and it was determined the In-core Tunnel Sump Liner was acceptable for continued use.

TABLE 2  
ABSTRACT OF REPAIR/REPLACEMENT ACTIVITIES REQUIRED FOR CONTINUED SERVICE

Code Class	Item Description	Description of Work	Date Completed	Repair/Replacement Plan Number
None	None	None	None	None