



**Luminant**

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CP-201600869  
TXX-16103

Ref. # 10CFR50.55a

August 31, 2016

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

**SUBJECT:** COMANCHE PEAK NUCLEAR POWER PLANT  
DOCKET NO. 50-445  
SUBMITTAL OF UNIT 1 EIGHTEENTH REFUELING OUTAGE (1RF18)  
INSERVICE INSPECTION (ISI) SUMMARY REPORT  
(2007 EDITION OF ASME CODE, SECTION XI, 2008 ADDENDA  
THIRD INTERVAL START DATE: AUGUST 13, 2010  
THIRD INTERVAL END DATE: AUGUST 12, 2020)

Dear Sir or Madam:

In accordance with 10CFR50.55a, Luminant Generation Company LLC (Luminant Power) transmits the Inservice Inspection Summary Report for the eighteenth refueling outage of Comanche Peak Unit 1. The enclosed report is being provided to you pursuant to the ASME Boiler and Pressure Vessel Code, Section XI, paragraph IWA-6240(b). A copy of this report is also forwarded to the Chief Inspector in accordance with the Texas Boiler Law & Rules and Regulations, paragraph 65.100.g.4.

This communication contains no new licensing basis commitments regarding Comanche Peak Unit 1.

Should you have any questions, please contact Mr. Aaron Thomas at (254) 897-6637.

Sincerely,

Luminant Generation Company LLC

Timothy A. Hope

A047  
NRR

Enclosure - Inservice Inspection Summary for Unit 1 Eighteenth Refueling Outage

c - Kriss Kennedy, Region IV  
Margaret M. Watford, NRR  
Resident Inspectors, Comanche Peak  
Robert Free, TDLR  
Jeremy Shaffer, ANII, Comanche Peak

ENCLOSURE WITH TXX-16103  
INSERVICE INSPECTION SUMMARY REPORT  
FOR UNIT 1  
EIGHTEENTH REFUELING OUTAGE

**FORM OAR-1 OWNER'S ACTIVITY REPORT**

Report Number CPNPP U1 1RF18

Plant Comanche Peak Nuclear Power Plant P.O. Box 1002 Glen Rose, Texas 76043

Unit No. 1 Commercial service August 13, 1990 Refueling outage 18

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

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

Edition and Addenda of Section XI applicable to the inspection plan 2007 Edition, 2008 Addenda


Date and revision of inspection plan CPNPP Unit 1 ISI Program Plan, Interval 3, Rev. 1, August 13, 2014

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

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 IX; and (c) the repair/replacement activities and evaluations supporting the completion of 1RF18 conform to the requirements of Section XI.

Signed  ENGINEERING PROGRAMS MANAGER Date 8/22/16  
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 of Province of Texas and employed by Hartford Steam Boiler Inspection and Insurance Company of Connecticut, 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 B794 A-1 TX 7032  
Inspector's Signature National Board, State, Province and Endorsements

Date 8/22/16

2.22.16

**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 F1.30B	Strut SW-1-AB-001-H1 found bent.	EV-CR-2016-003811-3 evaluated to be acceptable for service.

**TABLE 2  
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES  
REQUIRED FOR CONTINUED SERVICE**

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