

# PRIORITY 1

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       50-389 St. Lucie Plant, Unit 2, Florida Power & Light Co.      05000389

AUTH. NAME      AUTHOR AFFILIATION  
 SAGER, D.A.      Florida Power & Light Co.  
 RECIPIENT AFFILIATION  
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SUBJECT: Request approval to incorporate ASME Section XI Code Case N-532, for use in St Lucie Units 1 & 2 Ten Year ISI Programs.

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FPL

August 11, 1995

L-95-226  
10 CFR 50.4  
10 CFR 50.55a

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

RE: St. Lucie Units 1 and 2  
Docket No. 50-335 and 50-389  
In-Service-Inspection Plans  
Second Ten-Year Intervals  
ASME Section XI Code Case N-532

Pursuant to 10 CFR 50.55a(a)(3), Florida Power and Light Company requests approval to incorporate ASME Section XI Code Case N-532, *Alternative Requirements to Repair and replacement Documentation Requirements and Inservice Summary Report Preparation and Submission as Required by IWA-4000 and IWA-6000, Section XI, Division 1*, for use in the St. Lucie Unit 1 and 2 Ten Year Inservice Inspection Programs. A copy of the Code Case is attached for your information.


This Code Case was approved by the Code Committee on December 12, 1994, as an alternative to the requirements of IWA-4910(d), IWA-6210(c), (d), and (e), IWA-6220, IWA-6230(b), (c), and (d), and IWA-6240(b). Use of this alternative reduces the significant burden for preparation and submittal of approximately 100-200 NIS-2 forms following repairs or replacement of components and for the preparation and submittal of the inservice inspection summary report and Form NIS-1 after each refueling outage.

By use of this code case, all inspections and tests completed each refueling outage would be listed on the abstract and attached to an Owners Activity Report(Form OAR-1). All OAR-1 Forms would be submitted following the end of the inspection period.

Use of this Code Case is requested by January 15, 1996. This will support its use following the Fall 1995 St. Lucie Unit 2 and Spring 1996 St. Lucie Unit 1 refueling outages.

Please contact us if there are any questions about this submittal.

Very truly yours,

  
D. A. Sager  
Vice President  
St. Lucie Plant

DAS/GRM

cc: Stewart D. Ebnetter, Regional Administrator, Region II, USNRC  
Senior Resident Inspector, USNRC, St. Lucie Plant

150016  
an FPL Group company

9508150292 950811  
PDR ADDEK 05000335  
Q PDR



CASES OF ASME BOILER AND PRESSURE VESSEL CODE

Approval Date: December 12, 1994

See Numeric Index for expiration  
and any reaffirmation dates.

Case N-532  
Alternative Requirements to Repair and  
Replacement Documentation Requirements and  
Inservice Summary Report Preparation and  
Submission as Required by IWA-4000 and IWA-  
6000<sup>1</sup>  
Section XI, Division 1

*Inquiry:* What alternatives may be used to the requirements of IWA-4910(d) and IWA-6210(e) for completion of Form NIS-2 following repair or replacement, and IWA-6210(c) and (d), IWA-6220, IWA-6230(b), (c), and (d), and IWA-6240(b) for preparation and submittal of the inservice summary report and Form NIS-1?

*Reply:* It is the opinion of the Committee that as an alternative to the requirements of IWA-4910(d), IWA-6210(c), (d), and (e), IWA-6220, IWA-6230(b), (c), and (d), and IWA-6240(b), the following provisions may be used. This Case shall be utilized at least until the end of the inspection period in which it was invoked.

**1.0 CERTIFICATION OF THE REPAIR OR  
REPLACEMENT**

(a) The Owner's Repair/Replacement Program shall identify use of this Case.

(b) A Repair/Replacement Plan shall be prepared in accordance with IWA-4140<sup>1</sup>, and shall be given a unique identification number.

(c) Upon completion of all required activities associated with the Repair/Replacement Plan, the Owner shall prepare a REPAIR/REPLACEMENT CERTIFICATION RECORD, FORM NIS-2A.

(d) Form NIS-2A shall be presented to the Inspector for certification.

<sup>1</sup>All references to IWA-4000 and IWA-6000 used in this Case refer to the 1992 Edition.

(e) The completed Form NIS-2A shall be maintained by the Owner.

(f) The Owner shall maintain an index of Repair/Replacement Plans in accordance with IWA-6340. The index shall identify the identification number required by (b) above and the inspection interval and period during which each repair or replacement was completed.

**2.0 OWNER'S ACTIVITY REPORT  
PREPARATION AND SUBMITTAL**

An OWNER'S ACTIVITY REPORT FORM OAR-1 shall be prepared and certified upon completion of each refueling outage. Each Form OAR-1 prepared during an inspection period shall be submitted following the end of the inspection period. Each Form OAR-1 shall contain the following:

(a) Abstract of applicable examinations and tests with the information and format of Table 1.

(b) A listing of item(s) with flaws or relevant conditions that required evaluation to determine acceptability for continued service, whether or not the flaw or relevant condition was discovered during a scheduled examination or test. The listing shall provide the information in the format of Table 2.

(c) Abstract for repairs, replacements and corrective measures performed, which were required due to an item containing a flaw or relevant condition that exceeded IWB-3000, IWC-3000, IWD-3000, IWE-3000, IWF-3000, or IWL-3000 acceptance criteria; even though the discovery of the flaw or relevant condition that necessitated the repair, replacement or corrective measure, may not have resulted from an examination or test required by this Division. If acceptance criteria for a particular item is not specified in this Division, the provisions of IWA-3100(b) shall be used to determine which repairs, replacements, and corrective measures are required to be included in the abstract. The abstract shall provide the information in the format of Table 3.

FORM NIS-2A REPAIR/REPLACEMENT CERTIFICATION RECORD

OWNER'S CERTIFICATE OF CONFORMANCE

I certify that the \_\_\_\_\_ represent by Repair/Replacement  
repair or replacement

Plan number \_\_\_\_\_ conforms to the requirements of Section XI.

Type Code Symbol Stamp \_\_\_\_\_

Certificate of Authorization No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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 \_\_\_\_\_ and employed by \_\_\_\_\_ of \_\_\_\_\_ have inspected the items described in Repair/Replacement Plan number \_\_\_\_\_ during the period \_\_\_\_\_ to \_\_\_\_\_, and state that to the best of my knowledge and belief, the Owner has performed all the activities described in the Repair/Replacement Plan 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 activities described in the Repair/Replacement Plan. 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.

\_\_\_\_\_  
Inspector's Signature                      Commissions                      National Board, State, Province, and Endorsements

Date \_\_\_\_\_

This form (E00126) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

CASES OF ASME BOILER AND PRESSURE VESSEL CODE

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number \_\_\_\_\_

Owner \_\_\_\_\_  
(Name and Address of Owner)

Plant \_\_\_\_\_  
(Name and Address of Plant)

Unit No. \_\_\_\_\_ Commercial service date \_\_\_\_\_ Refueling outage no. \_\_\_\_\_  
(if applicable)

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

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

Edition and Addenda of Section XI applicable to the inspection plan \_\_\_\_\_

Date and revision of inspection plan \_\_\_\_\_

Edition and Addenda of Section XI applicable to repairs and replacements different from the 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 by this report conform to the requirements of Section XI.

Certificate of Authorization No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(if applicable)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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 \_\_\_\_\_ and employed by \_\_\_\_\_ of \_\_\_\_\_ have inspected the items described in this Owner's Activity Report, during the period \_\_\_\_\_ to \_\_\_\_\_ 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.

Inspector's Signature \_\_\_\_\_ Commissions \_\_\_\_\_  
National Board, State, Province, and Endorsements

Date \_\_\_\_\_

This form (E00127) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.

SAMPLE

CASES OF ASME BOILER AND PRESSURE VESSEL CODE

TABLE 1  
ABSTRACT OF EXAMINATIONS AND TESTS

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
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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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TABLE 3  
ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES  
REQUIRED FOR CONTINUED SERVICE

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 Complete	Repair/ Replacement Plan Number
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