

# VISTRA ENERGY



Timothy A. Hope  
Manager, Regulatory Affairs  
Luminant  
P.O. Box 1002  
6322 North FM 56  
Glen Rose, TX 76043  
o 254.897.6370  
m 817.360.6882

CP-201800086  
TXX-18008

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

Ref: 10 CFR 50.55a

02/07/2018

SUBJECT: COMANCHE PEAK NUCLEAR POWER PLANT  
DOCKET NO. 50-445  
SUBMITTAL OF UNIT 1 NINETEENTH REFUELING OUTAGE (1RF19)  
INSERVICE INSPECTION (ISI) SUMMARY REPORT  
(2007 EDITION OF ASME CODE, SECTION XI, 2008 ADDENDA  
UNIT 1 THIRD INTERVAL START DATE: AUGUST 13, 2010  
UNIT 1 THIRD INTERVAL END DATE: AUGUST 12, 2020)

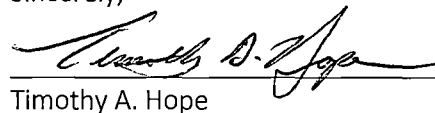
Dear Sir or Madam:

In accordance with the requirements of 10CFR50.55a, Vistra Operations Company LLC (Vistra OpCo), the operator of Comanche Peak Nuclear Power Plant Units 1 and 2 (herein referred to as CPNPP), herewith submits the Inservice Inspection (ISI) Summary Report for the nineteenth refueling outage of Comanche Peak Unit 1 (1RF19). 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 CPNPP Unit 1.

Should you have questions concerning this submittal, please contact Jack C. Hicks at 254-897-6725, or e-mail at jack.hicks@luminant.com.

Sincerely,



Timothy A. Hope

AD47  
NRR



## FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number CPNPP Unit 1 1RF19

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

Unit No. 1 Commercial service August 13, 1990 Refueling outage 19

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

Current inspection period 3rd  
(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, 8/13/14


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 1RF19 conform to the requirements of Section XI.

Signed

  
MATIAS, ENG. PROGRAMS  
Owner or Owner's Designee, Title

Date

2/1/18

### 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.

  
Inspector's Signature

Commissions

13976 ANI TX1868

National Board, State, Province and Endorsements

Date

2/1/18

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

Examination Category and Item Number	Item Description	Evaluation Description
B15.20	Pressure Retaining Components	EV-CR-2017-012392-3

**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
		<b>NONE</b>		