



ASME Code Case N-532-5

LR-N18-0124

**NOV 14 2018**

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

Hope Creek Generating Station  
Renewed Facility Operating License No. NPF-57  
Docket No. 50-354

Subject: Correction to In-Service Inspection Activities – 90 Day Report, Nineteenth Refueling Outage

Reference: LR-N15-0157, "In-Service Inspection Activities – 90 Day Report, Nineteenth Refueling Outage," dated July 30, 2015.

This letter submits the corrected Owner's Activity Report (Attachment 1) for In-service Inspection (ISI) activities conducted at the Hope Creek Generating Station during the nineteenth refueling outage. The original report, (Reference 1) omitted the use of Code Case N-613-1. This report correction is submitted in accordance with Code Case N-532-5, "Repair/Replacement Activity Documentation Requirements and In-Service Summary Report Preparation and Submission Section XI, Division1."

There are no regulatory commitments in this correspondence.

If you have any questions regarding this correspondence, please contact Mr. Thomas MacEwen at (856) 339-1097.

Sincerely,

A handwritten signature in black ink, appearing to read "ETC" or similar, written in a cursive style.

Edward T Casulli  
Plant Manager - Hope Creek

ttm

Attachment 1: Form OAR-1, Owner's Activity Report

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cc: Mr. David Lew, Acting Regional Administrator - USNRC Region I  
Mr. James Kim, USNRC Project Manager - Hope Creek  
Mr. Justin Hawkins, USNRC Senior Resident Inspector - Hope Creek (X24)  
Mr. Patrick Mulligan, Manager IV, NJ Bureau of Nuclear Engineering  
Mr. Thomas MacEwen, Hope Creek Commitment Coordinator (H02)  
Mr. Lee Marabella, Corporate Commitment Coordinator (N21)

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Attachment 1  
Form OAR-1 Owner's Activity Report

# FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number HCRFO19 Revision 1

Plant Hope Creek Generating Station

Unit No. 1 Commercial service date December 20, 1986 Refueling outage no. 19  
(if applicable)

Current inspection interval ISI - Third (3<sup>rd</sup>), CISI - Second (2<sup>nd</sup>)  
(1st, 2nd, 3rd, 4th, other)

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

Edition and Addenda of Section XI applicable to the inspection plans 2001 Edition, 2003 Addenda

Date and revision of inspection plans Revision 2, April - 2015

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

Code Cases used for inspection and evaluation: N-460, N-532-5, N-613-1  
(if applicable, including cases modified by Case N-532 and later revisions)

## 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 HCRFO19 conform to the requirements of Section XI.  
(refueling outage number)

Signed Donnamarie Bush / ISI Program Owner Donnamarie Bush Date 11/5/2018  
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 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.

Christopher M Miskin MISKIN Commission NB 15537 A, N, I, R  
Inspector's Signature (National Board Number and Endorsement)

Date 11/5/2018

# FORM OAR-1 OWNER'S ACTIVITY REPORT

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

<b>Examination Category and Item Number</b>	<b>Item Description</b>	<b>Evaluation Description</b>
None	None	None

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

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