

WOLF CREEK

NUCLEAR OPERATING CORPORATION

Robert C. Hagan
Vice President, Engineering

October 31, 1995

ET 95-0112

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Mail Station P1-137
Washington, D. C. 20555

Subject: Docket 50-482: Request for Use of Code Case N-532

Gentlemen:

Pursuant to the provisions of 10 CFR 50.55a(a)(3), Wolf Creek Nuclear Operating Corporation (WCNOC) requests approval for use of 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," at Wolf Creek Generating Station, with one exception regarding reporting of corrective measures as detailed below.

Code Case N-532 provides an alternative to the current ASME Section XI repair and replacement documentation requirements as well as regulatory reporting requirements relating to Inservice Inspection (ISI). This alternative will reduce the resources required to prepare NIS-2 forms and prepare and submit the ISI Summary Report currently required after each refueling outage. This is a significant reduction in the administrative burden required by IWA-6000. The use of Code Case N-532 only affects documentation and reporting requirements and does not affect the level of quality or safety provided by the Inservice Inspection Program.

Code Case N-532 was approved by the ASME Boiler and Pressure Vessel Code Committee on December 12, 1994, but is not included in the most recent listing of NRC approved code cases in Revision 11 of Regulatory Guide 1.147, "Inservice Inspection Code Case Acceptability - ASME Section XI Division 1." A copy of Code Case N-532 is attached for your convenience.

The NRC Staff has made recommendations supporting the development of Code Case N-532 in SECY-94-093 "NRC Staff Assessment of Reporting Requirements for Power Reactor Licensees." The use of Code Case N-532 is consistent with the recommendations of SECY-94-093.

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PDR ADOCK 05000482
Q PDR

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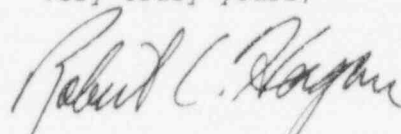
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This request to use Code Case N-532 includes compliance with the code case with one exception regarding reporting of corrective measures. Corrective measures are maintenance activities that do not involve repairs (welding, brazing, or metal removal) nor replacements of pressure boundary items nor support items. Corrective measures required to be reported by Code Case N-532 are routine activities such as tightening threaded fittings to eliminate leakage, torquing of fasteners to eliminate leakage at bolted connections, replacing valve packing due to unacceptable packing leakage, tightening loosened mechanical connections on supports, adjustment and realignment of supports, cleanup of corrosion on components resulting from leakage, etc. Including these routine maintenance activities in the OAR-1 form required by Code Case N-532 is a significant expansion of current requirements. In addition, it is an unnecessary reporting burden and provides little benefit. Reporting of corrective measures has no safety significance and clutters the reporting of the meaningful information of repairs, replacements, and evaluations performed to accept flaws and relevant conditions exceeding Section XI acceptance criteria. Therefore, use of Code Case N-532 is requested without the provisions in paragraph 2(c) for reporting corrective measures. All other provisions of Code Case N-532 will be met.

Except as noted above, WCNOG considers the alternate documentation and reporting requirements of Code Case N-532 to be a reasonable alternative to the existing requirements. Since the use of this alternative only affects documentation and reporting requirements, WCNOG considers this alternative to provide an acceptable level of quality and safety. Approval for use of Code Case N-532, with the noted exception, is requested by January 12, 1996 to support the refueling outage scheduled to begin in early March 1996.

If you have any questions concerning this matter, please contact me at (316) 364-8831, extension 4553, or Mr. Richard D. Flannigan at extension 4500.

Very truly yours,



Robert C. Hagan

RCH/jra

Attachment

cc: L. J. Callan (NRC), w/a
D. F. Kirsch (NRC), w/a
J. F. Ringwald (NRC), w/a
J. C. Stone (NRC), w/a

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-
6000¹
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-4140¹, 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.

¹All 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.

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

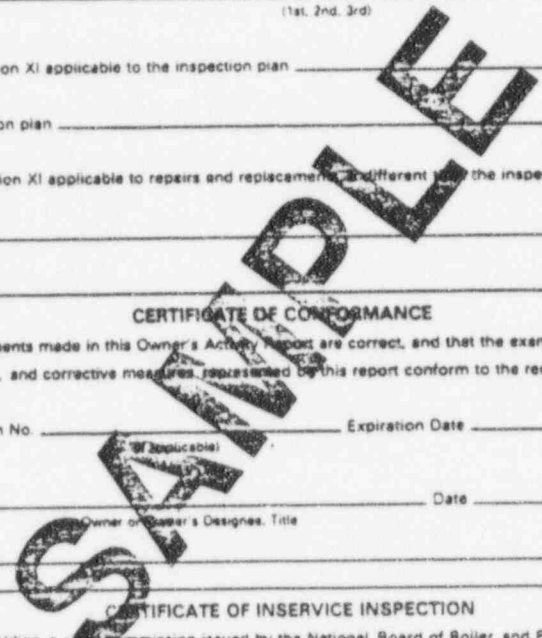
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of _____ and employed by _____ of _____ have inspected the items described in this Owner's Activity Report, during the period _____ to _____ and state that to 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 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.



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 |
|----------------------|--|---|--|--|---------|
|----------------------|--|---|--|--|---------|

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) |
|----------------------|-------------|------------------|----------------------------------|--|
|----------------------|-------------|------------------|----------------------------------|--|

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 |
|------------|--|------------------|---------------------|---|---------------|---------------------------------|
|------------|--|------------------|---------------------|---|---------------|---------------------------------|