



U. S. Nuclear Regulatory Commission Attn: Document Control Desk Washington, D. C. 20555-00001

Re:

Turkey Point Unit 3 Docket No. 50-250

Inservice Inspection Program Owner's Activity Report (OAR-1)

Attached find the Owner's Activity Report (Form OAR-1), for Turkey Point Unit 3(PTN 3-32), Fifth Inservice Inspection Interval-Third, and IWE Third Interval-Second. The Form OAR-1, Owner's Activity Report, implements Code Case N-532-4.

Should there be any questions concerning this report, please contact Mr. Robert J. Hess, Licensing Manager, at 305-246-4112.

Sincerely,

Robert J. Hess Licensing Manager

Turkey Point Nuclear Plant

Attachment

CC:

Regional Administrator, Region II, USNRC

Senior Resident Inspector, USNRC, Turkey Point Plant

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number: ISI PTN3-32 2021

Plant:

Turkey Point Nuclear Power Plant Unit 3

9760 SW 344th Street Homestead, Florida 33035

Commercial Service Date: December 14, 1972

Refueling Outage No.: PTN 3-32

Current Inspection Interval: ISI-Fifth IWE-Third

Current Inspection Period: ISI-Third Period and IWE-Second Period

Edition and Addenda of Section XI applicable to the inspection plans: ISI Fifth Interval-2007 Edition through the 2008 Addend and IWE Third Interval-2007 Edition through the 2008 Addenda.

Date and Revision of Inspection Plans: <u>ISI Fifth Interval Effective-January 7, 2020 Rev. 2 and IWE Third Interval Effective July 15, 2018, Rev.0</u>

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

Code Cases Used: N-532-5, N-513-3, N-731, N-722-1, N-798

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 PTN3-32 conform to the requirements of Section XI.

Signad

Site Program Manager

Date 2/17/22

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 the 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 loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

NB 14084 AI, I, N

National Board Number and Endorsement

Date 2/17/20

All items identified in this OAR-1 meet the requirements of Section XI. Additional N1S-2A packages not required to be listed in Table 2 are still under review and being tracked via the corrective action program. Reference AR02419002.

FORM OAR-1 OWNER'S ACTIVITY REPORT

TABLE 1 ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT REQUIRED						
EVALUATION FOR CONTINUED SERVICE						
Examination Category and Item Number	Item Description	Evaluation Description				
NONE	NONE	NONE NONE				

TABLE 2

ABSTRACT OF REPAIR/REPLACEMENT ACTIVITIES REQUIRED FOR CONTINUED SERVICE

Code Class	Item Description	Description Of Work	Date Completed	Repair/Replacement Plan Number	
NONE	NONE	NONE	NONE	NONE	