



# Luminant

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CP-201200045  
Log # TXX-12007

Ref. # 10CFR50.55a

January 17, 2012

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

SUBJECT: COMANCHE PEAK NUCLEAR POWER PLANT  
DOCKET NO. 50-445  
SUBMITTAL OF UNIT 1 FIFTEENTH REFUELING OUTAGE (1RF15) INSERVICE  
INSPECTION (ISI) SUMMARY REPORT (UNIT 1: 1998 EDITION OF ASME CODE  
SECTION XI THROUGH 2000 ADDENDA, INTERVAL START DATE – AUGUST 13,  
2010, THIRD INTERVAL)

Dear Sir or Madam:

In accordance with 10CFR50.55a, Luminant Generation Company LLC (Luminant Power) transmits the Inservice Inspection Summary Report for the fifteenth refueling outage of Comanche Peak Unit 1. 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 commitments regarding Comanche Peak Unit 1.


Should you have any questions, please contact Mr. Jack Hicks at (254) 897-6725.

Sincerely,

Luminant Generation Company LLC

Rafael Flores

By:

  
Fred W. Madden

Director, Oversight & Regulatory Affairs

A member of the STARS (Strategic Teaming and Resource Sharing) Alliance

Callaway · Comanche Peak · Diablo Canyon · Palo Verde · San Onofre · South Texas Project · Wolf Creek

A047  
NRK

Enclosure

c - E. E. Collins, Region IV  
B. K. Singal, NRR  
Resident Inspectors, Comanche Peak  
Luis Ponce, TDLR  
Jack Ballard, ANII, Comanche Peak

ENCLOSURE TO TXX-12007  
INSERVICE INSPECTION SUMMARY  
FOR UNIT 1  
FIFTEENTH REFUELING OUTAGE

# FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number CPNPP U1 1RF15

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

Unit No. 1 Commercial service August 13, 1990 Refueling outage 15

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

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

Edition and Addenda of Section XI applicable to the inspection plan 1998 Edition, 2000 Addenda

Date and revision of inspection plan CPNPP ISI Program Plan, Interval 3, Rev. 0, July 28, 2011

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

Code Cases Used None  
(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 1RF15 conform to the requirements of Section XI.

Signed

RD [Signature]  
Owner or Owner's Designee, Title

Date

1/11/12

## 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.

Jack Ballard  
Inspector's Signature

Commissions

NB13627 A,N,I,ES, OK 970

National Board, State, Province and Endorsements

Date

11 JAN 12

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

Examination Category and Item Number	Item Description	Evaluation Description
	None	

**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
		None		