



10 CFR 50.55a

LR-N15-0157

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United States Nuclear Regulatory Commission
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Hope Creek Generating Station
Renewed Facility Operating License No. NPF-57
Docket No. 50-354

Subject INSERVICE INSPECTION ACTIVITIES – 90 DAY REPORT
 NINETEENTH REFUELING OUTAGE

This letter submits the ninety-day report (Attachment- Form OAR-1, Owner's Activity Report) for Inservice Inspection (ISI) activities conducted at the Hope Creek Generating Station during the nineteenth refueling outage. This report is submitted in accordance with 10 CFR 50.55a(g), Section XI of the ASME Boiler and Pressure Vessel Code (2001 Edition through 2003 Addenda and 2001 Edition through 2003 Addenda for IWE), and Regulatory Guide 1.147 Acceptable Code Case Number N-532-5.

There are no regulatory commitments contained in this correspondence.

Should you have any questions regarding this correspondence, please contact Philip J. Duca at 856-339-1640.

A handwritten signature in black ink, appearing to read "Eric S. Carr", with a long horizontal flourish extending to the right.

Eric S. Carr
Plant Manager – Hope Creek

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

cc: Mr. Daniel Dorman, Regional Administrator – Region 1
US Nuclear Regulatory Commission

Ms. Carlene Parker – Project Manager Hope Creek USNRC

Mr. Justin Hawkins - NRC Senior Resident Inspector - Hope Creek (X24)

Mr. Thomas MacEwen - Hope Creek Commitment Coordinator (H02)

Mr. Lee Marabella - Corporate Commitment Coordinator (N21)

Mr. P. Mulligan, Manager IV
Bureau of Nuclear Engineering
New Jersey Department of Environmental Protection
PO Box 420
Trenton, New Jersey 08625

Attachment
Form OAR-1, Owner's Activity Report

Page 1

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number HCRFO19

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 (3rd), CISI - Second (2nd)
(1st, 2nd, 3rd, 4th, other)

Current Inspection period ISI - Third (3rd), CISI - Third (3rd)
(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 and N-532-5
(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 Jeffrey Stevenson / ISI Program Owner
Owner or Owner's Designee, Title

Date 7/20/15

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 HSB Global Standards 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.

David Sherer

Inspector's Signature

Commission NB 10562 A.I.N.

(National Board Number and Endorsement)

Date 7-20-2015

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

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