

VISTRA ENERGY



Jack C. Hicks
Manager, Regulatory Affairs
Luminant
P.O. Box 1002
6322 North FM 56
Glen Rose, TX 76043
o 254.897.6725

CP-201900496
TXX-19082

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

Ref 10 CFR 50.55a

August 26, 2019

SUBJECT: COMANCHE PEAK NUCLEAR POWER PLANT
DOCKET NO. 50-445
INSERVICE INSPECTION (ISI) OWNER'S ACTIVITY REPORTS (OAR-1 FORMS) FOR
UNIT 1 REFUELING OUTAGE 20 (1RF20)

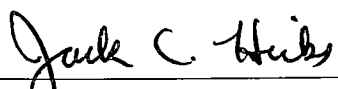
Dear Sir or Madam:

Vistra Operations Company LLC ("Vistra OpCo") hereby submits the Inservice Inspection (ISI) Owner's Activity Reports (OAR-1 Forms) covering ISI activities associated with the Comanche Peak Nuclear Power Plant (CPNPP) Unit 1 Refueling Outage 20 (1RF20). The enclosed reports are provided pursuant to the ASME Boiler and Pressure Vessel Code, Section XI.

This communication contains no new commitments regarding CPNPP Unit 1.

Should you have any questions, please contact Jim Barnette at (254) 897-5866 or James.Barnette@luminant.com.

Sincerely,



Jack C. Hicks

AD47
NRK

Enclosures:

- 1 Form OAR-1 Owner's Activity Report for CPNPP Unit 1 ISI - 1RF20
- 2 Form OAR-1 owner's Activity Report for CPNPP Unit 1 Containment ISI - 1RF20

c - Scott A. Morris, Region IV
Natreon Jordan, NRR
Resident Inspectors, Comanche Peak
Brian Welch, ANII, Comanche Peak

Enclosure 1 with TXX-19082

ENCLOSURE 1

COMANCHE PEAK NUCLEAR POWER PLANT

Form OAR-1 Owner's Activity Report for CPNPP Unit 1 ISI - 1RF20
(2 pages)

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number CPNPP Unit 1 ISI - 1RF20

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

Unit No. 1 Commercial service August 13, 1990 Refueling outage 20

Current inspection interval 3rd
(1st, 2nd, 3rd, 4th, other)

Current inspection period 3rd
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 2007 Edition, 2008 Addenda

Date and revision of inspection plan Unit 1 ISI Program Plan, Interval 3 Rev. 2, April 17, 2019

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

Code Cases Used N-532-4, N-613-2, N-648-1, N-722-1, N-729-4, N-798, N-800, N-845
(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 XI; and (c) the repair/replacement activities and evaluations supporting the completion of 1RF20 conform to the requirements of Section XI.

Signed

CK Tran ENGINEERING PROGRAMS MANAGER
Owner or Owner's Designee, Title

Date

8/20/19

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.

[Signature]
Inspector's Signature

Commissions

NB12581 B,C,N,E,NS,NSC,NSI,N / TX1717

National Board, State, Province and Endorsements

Date

8-22-19

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

Examination Category and Item Number	Item Description	Evaluation Description
N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A

ENCLOSURE 2

COMANCHE PEAK NUCLEAR POWER PLANT

Form OAR-1 Owner's Activity Report for CPNPP Unit 1 Containment ISI – 1RF20
(2 pages)

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number CPNPP Unit 1 Containment ISI - 1RF20

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

Unit No. 1 Commercial service August 13, 1990 Refueling outage 20

Current inspection interval 3rd
(1st, 2nd, 3rd, 4th, other)

Current inspection period 2nd
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plan 2007 Edition, 2008 Addenda

Date and revision of inspection plan Units 1 and 2 Third Containment ISI Interval Rev. 0, June 12, 2014

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

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 XI; and (c) the repair/replacement activities and evaluations supporting the completion of 1RF20 conform to the requirements of Section XI.

Signed

CPNPP Engineering Programs Manager
Owner or Owner's Designee, Title

Date

8/20/19

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.

[Signature]
Inspector's Signature

Commissions

NB12501 B,C,N,I,NS,NSC,NSI,R / TX1717

National Board, State, Province and Endorsements

Date

8-22-19

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

Examination Category and Item Number	Item Description	Evaluation Description
L-A, L1.11	Accessible Concrete Surface Areas	EV-CR-2018-008535-2

**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
N/A	N/A	N/A	N/A	N/A