



L-2022-124  
10 CFR 50.55a

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-00001

Re: Point Beach Nuclear Plant, Unit 1  
Docket 50-266  
Renewed License No. DPR-24

Refueling Outage U1R40 Owner's Activity Report (OAR-1) for Inservice Inspections

NextEra Energy Point Beach, LLC (NextEra) is submitting inservice inspection summary reports for inspections conducted prior to and during the Point Beach Nuclear Plant (PBNP) refueling outage U1R40 that concluded on April 22, 2022. The enclosed report is submitted pursuant to the requirements of Sub article IWA-6240 of Section XI of the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code and ASME Code Case N-532-5.

The Enclosure to this letter contains the summary report, Form OAR-1, "Owner's Activity Report" for NextEra Energy Point Beach Unit 1, Fifth Inservice Inspection Interval, Third Period and the IWE Third Interval Second Period.

Should there be any questions concerning this report, please contact Dianne Strand, General Manager Regulatory Affairs, at 603-583-1478.

Sincerely,

A handwritten signature in dark ink that reads "Dianne Strand".

Dianne Strand  
General Manager Regulatory Affairs

Enclosure

cc: Administrator, Region III, USNRC  
Project Manager, Point Beach Nuclear Plant, USNRC  
Resident Inspector, Point Beach Nuclear Plant, USNRC  
PSCW  
Kim Schmitt, DSPS Boilers, State of Wisconsin

**ENCLOSURE**

**NEXTERA ENERGY POINT BEACH, LLC**

**POINT BEACH NUCLEAR PLANT, UNIT 1**

**OAR-1, OWNER'S ACTIVITY REPORT FOR INSERVICE INSPECTION**

**(3 pages follow)**

## FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number: ISI-PB-U1R40-2022

Plant: NextEra Energy Point Beach Nuclear Plant  
6610 Nuclear Road  
Two Rivers, Wisconsin 54241

Unit No.: 1 Commercial Service Date: December 21, 1970 Refueling Outage No.: U1R40Current Inspection Interval: ISI-Fifth Interval, IWE-Third IntervalCurrent Inspection Period: ISI – Second Outage Third Period, IWE – Second Outage Second PeriodEdition and Addenda of Section XI applicable to the inspection plan: ISI Fifth Interval and IWE Third Interval - 2007 Edition through 2008 Addenda

Date and Revision of inspection plan: ISI – Fifth Interval February 9, 2022 Rev. 16  
IWE – March 13, 2017, Rev. 1

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

Code Cases Used: N-513-4, N-532-5, N-695-1, N-696-1, N-706-1, N-716-1, N-722-1, N-731, N-798, N-800, N-854.

## 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 U1R40 conform to the requirements of Section XI.

Signed E. Chertyshe ISI Program Owner Date 7/12/2022  
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 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.

Jeff Butowick Commissions NB 12692 A,N,I,R,IS WI 929625  
Inspector's Signature (National Board Number and Endorsements)

Date 7/12/2022

FORM OAR-1 OWNER'S ACTIVITY REPORT

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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

## FORM OAR-1 OWNER'S ACTIVITY REPORT

**TABLE 2**  
**ABSTRACT REPAIR/REPLACEMENT ACTIVITIES REQUIRED FOR CONTINUED SERVICE**

<b>Code Class</b>	<b>Item Description</b>	<b>Description of Work</b>	<b>Date Completed</b>	<b>Repair / Replacement Plan Number</b>
None	None	None	None	None