

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number II-RF8

Owner Wolf Creek Nuclear Operating Corporation
(Name and Address of Owner)

Plant Wolf Creek Generating Station, 1550 Oxen Lane Northeast, Burlington, Kansas 66839
(Name and Address of Plant)

Unit No. 1 Commercial service date 9-3-85 Refueling outage no. 8
(If applicable)

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

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

Edition and Addenda of Section XI applicable to the inspection plan 1980 Edition through Winter 1981 Addenda

Date and revision of inspection plan WCRE-07 Rev. 1, dated 7-30-92

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

CERTIFICATE OF CONFORMANCE

I certify that the statements made in this Owner's Activity Report are correct, and that the examinations, tests, repairs, replacements, evaluations, and corrective measures represented by this report conform to the requirements of Section XI.

Certificate of Authorization No. N/A Expiration Date _____
(If applicable)

Signed [Signature] - INSERVICE INSPECTION ENGINEER Date 06/06/94
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 the State or Province of KANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of KS have inspected the items described in this Owner's Activity Report, during the period 9-3-85 to 4-7-96, 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 examinations, tests, repairs, replacements, evaluations and corrective measures 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] Commissions KS #299
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/26/96 * FACTORY MUTUAL ENGINEERING ASSOCIATION

This form (E00127) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300

TABLE 1
ABSTRACT OF EXAMINATIONS AND TESTS

Examination Category	Total Examinations Required for The Interval	Total Examinations Credited for This Period	Total Examinations Credited (%) For The Period	Total Examinations Credited (%) To Date for The Interval	Remarks
B-A	26	18	100%	100%	
B-B	8	4	100%	100%	
B-D	36	14	100%	100%	
B-E	59	59	100%	100%	
B-F	28	10	100%	100%	
B-G-1	270	1	100%	100%	See Note 1
B-G-2	57	20	100%	100%	
B-H	5	2	100%	100%	
B-J	325	98	100%	100%	
B-L-2	1	0	Note 2	Note 2	
B-M-2	Note 3	1	Note 3	Note 3	
B-N-1	4	2	100%	100%	
B-N-2	6	6	100%	100%	
B-N-3	1	1	100%	100%	
B-O	5	0	0%	100%	
B-P	Note 4	Note 4	100%	100%	
C-A	9	3	100%	100%	
C-B	12	5	100%	100%	
C-C	70	23	100%	100%	
C-D	1	0	N/A	100%	
C-F	84	46	100%	100%	See Note 6
C-G	1	0	N/A	100%	
C-H	Note 4	Note 4	100%	100%	
D-A	11	4	100%	100%	See Note 5
D-B	99	36	100%	100%	See Note 5
F-A	37	10	100%	100%	
F-B	145	43	100%	100%	
F-C	324	118	100%	100%	

Note 1: The number of Category B-G-1 examinations are determined by the listing in the ISI Program Plan. A portion of the examinations are determined individually by bolt, nut, etc., as done for the Reactor Pressure Vessel, and others are determined by sets of bolts. The 24 Reactor Coolant Pump Main Flange Bolts are identified as one examination, as is reflected for Period 3, for all 24 bolts.

Note 2: Relief Request IIR-38 was granted for performance of examination only when a planned maintenance activity is performed on the pump that would allow access to examine the internal surface of the casing. No activities that would have allowed internal access were performed during this interval.

Note 3: Relief Request IIR-40 was granted for performance of examination only when a planned maintenance activity is performed on the valve that would allow access to examine the internal surface of the valve body. Five examinations were completed prior to granting of relief, one examination performed in Period 3 as reflected in table.

Note 4: Visual Examinations (VT-2) are performed as required for a fuel cycle, 40 month, and the 10-year system hydrostatic testing basis. Data reflects 100% accomplishment of the testing requirements.

Note 5: Numbers do not reflect pressure testing (VT-2). Note 4 applies.

Note 6: Augmented examinations required by NUREG 0800 are not reflected in this table. These examinations were completed for the interval as required.

**TABLE 2
 ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT
 REQUIRED EVALUATION FOR CONTINUED SERVICE**

Examination Category	Item Number	Item Description	Flaw Characterization (IWA-3300)	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes or No)
There were no components containing flaws or relevant conditions that required an evaluation to determine acceptability for continued service.				

**TABLE 3
 ABSTRACT OF REPAIRS, REPLACEMENTS, OR CORRECTIVE MEASURES
 REQUIRED FOR CONTINUED SERVICE**

Code Class	Repair, Replacement, or Corrective Measure	Item Description	Description of Work	Flaw or Relevant Condition Found During Scheduled Section XI Examination or Test (Yes/No)	Date Complete	Repair/ Replacement Plan Number
No components contained a flaw or relevant condition exceeding acceptance criteria that required repair, replacement, or corrective measures.						