

RA23-018

10 CFR 50.55a(g)

June 27, 2023

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

LaSalle County Station, Unit 2  
Renewed Facility Operating License No. NPF-18  
NRC Docket No. 50-374

Subject: Post-Outage Inservice Inspection (ISI) Summary Report

Constellation Energy Generation, LLC provides the attached Post-Outage Inservice Inspection (ISI) Summary Report for LaSalle County Station Unit 2, submitted in accordance with 10 CFR 50.55a, "Codes and Standards," and the American Society of Mechanical Engineers Boiler and Pressure Vessel Code, Section XI, Article IWA-6000, "Records and Reports".

The attached Post-Outage ISI Summary Report is for examinations and repair/replacement activities performed between the end on the LaSalle County Station Unit 2 eighteenth refueling outage on April 19, 2021 through the end of the nineteenth refueling outage (L2R19). This refueling outage started on February 13, 2023 and ended on March 9, 2023.

There are no regulatory commitments contained within this letter. Should you have any questions concerning this letter, please contact Ms. Laura Ekern, Acting Regulatory Assurance Manager, at (815) 415-2800.

Respectfully,



Christopher J. Smith  
Plant Manager  
LaSalle County Station

Enclosures: Form OAR-1 Owner's Activity Report

cc: Regional Administrator – NRC Region III  
NRC Senior Resident Inspector - LaSalle County Station

**FORM OAR-1 OWNER'S ACTIVITY REPORT**

Report Number L2R19  
Plant LaSalle County Station, 2601 North 21st Road, Marseilles IL 61341-9757  
Unit No. 2 Commercial service date October 17, 1984 Refueling outage no. L2R19  
(if applicable)  
Applicable inspection interval Fourth Inspection Interval (ISI), Third Inspection Interval (Containment ISI)  
(1st, 2nd, 3rd, 4th, other)  
Applicable inspection period Second Inspection Period (ISI and Containment ISI)  
(1st, 2nd, 3rd)  
Edition and Addenda of Section XI applicable to the inspection plans ASME Section XI 2007 Edition through 2008 Addenda  
Date and revision of inspection plans ISI Program Plan-February 10 2023, Revision 0  
Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans  
Same as above  
Code Cases used for inspection and evaluation: N-508-4, N-532-5, N-586-1, N-639, N-648-2, N-702-1, N-716-2, N-747, N-805  
(if applicable)  
Remarks \_\_\_\_\_

**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 L2R19 conform to the requirements of the ASME Code, Section XI.  
(refueling outage number)

Signed Timothy G. Beck Fleet ISI Date 6-15-2023  
(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 The Hartford Steam Boiler Inspection and Insurance Co of Hartford, 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 the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the repair/replacement activities and evaluations 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.

PK: [Signature] Commission 16712 A1.N.1  
(Inspector's Signature) (National Board Number and Endorsement)  
Date 6-15-23

**FORM OAR-1 OWNER'S ACTIVITY REPORT (Cont'd)**

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**Table 1  
Items With Flaws or Relevant Conditions That Required  
Evaluation for Continued Service**

Examination Category and Item Number	Item and Flaw or Relevant Condition 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