

## **10.0 Class 1 and 2 Repairs and Replacements**

As required by ASME Section XI 1989 Edition, with No Addenda, a record (Form NIS-2) of Class 1 and 2 Repairs and Replacements for work performed is included in this section of the report. Due to station processing and approval time frames, three categories of repair and replacement documentation exist for: 1) work performed during a prior refueling cycle; 2) work performed during the current refueling cycle; and 3) work completed but documentation not yet reviewed and approved. This report contains items for categories 1 and 2 only. Category 3 items will be submitted in a future report.

The following explanation is offered for category 1 documentation found in this section. Work Order 97096624 work began in November of 1997 and work was completed in October of 1998. However, the NIS-2 was not completed until October of 2000 because there was a delay in justifying a required Section XI VT-2 Examination. The work for the remaining NIS-2 forms was completed during the EOC 19 outage time frame.

The individual work request documents and manufacturers' data reports are on file at Oconee Nuclear Station.

## **10.1 Class 1 and 2 Preservice Examinations**

As required by ASME Section XI 1989 Edition, with No Addenda, Preservice Examinations were performed on ISI Class 1 and 2 during the EOC 19 outage time frame. All PSI examination data (except UT data and RT film) is filed with the Station Work Orders. The work order numbers are recorded on the NIS-2 forms that are included in this section of the outage report. The RT film is stored in the QA vault and is filed in order by the weld id. The UT data is kept on file by the ISI Coordinator at the Oconee site. The following is a list of items that received UT examination during the EOC 19 outage time frame.

Weld ID	ISI Class	Type of Inspection	Comments
1-LP-124-21	B	UT	Limited 59.74% coverage
1-LP-124-22	B	UT	
1-LP-124-23	B	UT	
1-LP-124-24	B	UT	
1-LP-124-25	B	UT	
1-LP-124-26	B	UT	
1-LP-124-27	B	UT	
1-LP-124-44	B	UT	
1-LP-124-47	B	UT	
1-LP-128-72	B	UT	

**10.1 Class 1, 2 and 3 Preservice Examinations (continued)**

Weld ID	ISI Class	Type of Inspection	Comments
1-LP-128-73	B	UT	
1-LP-128-74	B	UT	
1-LP-128-75	B	UT	
1-LP-128-76	B	UT	
1-LP-128-77	B	UT	
1-LP-128-78	B	UT	
1-LP-128-79	B	UT	
1-LP-128-80	B	UT	Limited 59.74% coverage
1-HP-367-19	B	UT	Limited 86.36% coverage
1-HP-367-20	B	UT	Limited 93.18% coverage
1-HP-367-21	B	UT	Limited 93.18.% coverage
1-HP-367-22	B	UT	
1-HP-367-28	B	UT	
1-HP-367-29	B	UT	
1-HP-367-34	B	UT	
1-HP-367-35	B	UT	
1RCP-1B2 pump studs	A	UT	

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98279598  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MNR #: 13054

4. (a) Identification of System: AS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>1-058-401A-H4330</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

*Installed new S/R 1-05A-401A-H4330 IAW NSM 13054*

7. Description of Work \_\_\_\_\_

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason

Date 1-7, 2001

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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7/21/00 to 12/04/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

D. S. Mason  
 Inspector's Signature

Commissions 601360

National Board, State, Province and Endorsements

Date JAN 07 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-5-01  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98246530  
 Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~MM~~ or MM #: 11968

4. (a) Identification of System: BA

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-19-439B-H5612</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>S/R</u> <u>1-19-439B-H5609</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

*Installed new S/R 1-19-439B-H5612 IAW OE 11968*

7. Description of Work Modified S/R 1-19-439B-H5609 IAW OE 11968

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *D. J. Mason*  
Owner or Owner's Designee, Title

Date 1-5, 2001

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/24/00 to 11/4/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

*C. J. Smith*  
Inspector's Signature

Commissions 64360

National Board, State, Province and Endorsements

Date JAN 05 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-7-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98289520  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or ~~NSM~~ #: 13066

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-51-444-H5697</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>S/R</u> <u>1-51-4378-H5698</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C	<u>S/R</u> <u>1-51-444-SR50</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work *Modified S/R 1-51-444-SR50 IAW NSM 13066*  
*Installed new S/R 1-51-437B-H5696 IAW NSM 13066*  
*Installed new S/R 1-51-444-H5697 IAW NSM 13066*

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason  
 Owner or Owner's Designee, Title

Date 1-7, 2001

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10/2/00 to 12/14/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 64360 NIC  
 National Board, State, Province and Endorsements

Date JAN 08 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-7-01

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98279596  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or ~~NA~~ #: 13054

4. (a) Identification of System: M5

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>51R</u> <u>1-01A-0-550-H2</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Modified S/R 1-01A-0-550-HZ 1AW NSM 13054

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed JB Mason  
Owner or Owner's Designee, Title

Date 1-7, 2001

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7/21/00 to 1/02/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Eric S. Smith  
Inspector's Signature

Commissions GA360

National Board, State, Province and Endorsements

Date JAN 10 2001 JAN 07 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-01  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98235360  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NEM~~ or MM #: 14549

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>1-53B-435B-DE044</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B	<u>SIR</u> <u>1-53B-5-0-435B-R24</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Modified J/R's 1-53B-435B-DE044 and 1-53B-5-0-435B-R24 IAW OE 14569

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason  
Owner or Owner's Designee, Title

Date 1-4-2001

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8/15/00 to 12/5/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

P. J. Smith  
Inspector's Signature

Commissions 6A360

National Board, State, Province and Endorsements

Date JAN 05 2001



**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98276900  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NOM~~ or MM #: 157L3

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>1-54A-3-0-435B-R1</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B	<u>SIR</u> <u>1-GH-SR-7273-03</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
C							Repaired, Replaced, Replacement	No  Yes
D							Repaired, Replaced, Replacement	No  Yes
E							Repaired, Replaced, Replacement	No  Yes
F							Repaired, Replaced, Replacement	No  Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Modified SR's 1-54A-3-0-4358-R1  
and 1-GH-ST-7273-03 IAW DE 15713

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DB Mason

Date 1-4, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/13/00 to 12/24/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature 29. [Signature]

Commissions GA 360

National Board, State, Province and Endorsements

Date

JAN 05 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98010806  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NOM~~ or MM #: 11463

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-04A-ATR-439C-2801</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>S/R</u> <u>1-04A-ATR-439B-2901</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

*Modified S/R 1-04A-ATR-439C-2801 IAW DE 11463*

7. Description of Work *Modified S/R 1-04A-AM-439B-2901 IAW DE 11463*

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

*DB Mason*

Date

1-4, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7/17/00 to 12/18/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

*097. [Signature]*

Inspector's Signature

Commissions 64360

National Board, State, Province and Endorsements

Date

JAN 05 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-41  
Sheet 1 of 2

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1D 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98279598  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or ~~MM~~ #: 13054

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Snubber on S/R 1-01A-0-403C-JH-1519	Grinnell	9021	NA	NA	NA	Repaired, Replaced, Replacement	No Yes
B	Snubber on S/R 1-01A-0-403C-JH-1519	Grinnell	26334	NA	NA	NA	Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

*Replaced Snubber on 5/R1-01A-403C-JH-1519 IAW USM 13054*

7. Description of Work \_\_\_\_\_

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

*D. J. Mason*

Date 1-7, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/23/00 to 12/24/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

*C. J. Smith*  
Inspector's Signature

Commissions GA-360

National Board, State, Province and Endorsements

Date JAN 07 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-4-01  
Sheet 2 of 2

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98279598  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or ~~Unit~~ #: 13054

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-01A-3-0-401A-H22</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>S/R</u> <u>1-01A-3-0-401A-H23</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C	<u>S/R</u> <u>1-01A-4-01A-H4347</u>	<u>Lisega</u>	<u>61290/48</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>NO</u> Yes
D	<u>S/R</u> <u>1-01A-1-1-0-401A-H44</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
E	<u>S/R</u> <u>1-01A-0-403C-JH1519</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Modified S/R 1-01A-3-0-401A-H22 IAW NSM 13054  
Modified S/R 1-01A-3-0-401A-H23 IAW NSM 13054  
Modified S/R 1-01A-401A-H4347 IAW NSM 13054

7. Description of Work Modified S/R 1-01A-1-1-0-401A-H44 IAW NSM 13054  
Modified S/R 1-01A-D-403C-JH-1519 IAW NSM 13054

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

D. J. Mason

Date

1-7, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7/21/00 to 12/7/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. Smith

Inspector's Signature

Commissions 60360

National Board, State, Province and Endorsements

Date

JAN 07 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-18-00

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98312411  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-538-50-436D-H23</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Adjusted spring cans on S/R L-538-5-0-4360 H23 to within tolerance

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
Owner or Owner's Designee, Title

Date 12-19, 2000

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-14-00 to 12-15-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 GA 360  
National Board, State, Province and Endorsements

Date DEC 22 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-26-00

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98308376

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SK</u> <u>1-51A-6-0-435B-SR58</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Welded shim to S/R 1-51A-6-A-435B-SR58

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed AS Mason Date 12-26, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10/3/00 to 12/23/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature [Signature] Commissions GA-360  
National Board, State, Province and Endorsements

Date JAN 02 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-2-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98242529  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 11768

4. (a) Identification of System: AS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-05A-401A-H4322</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Installed new S/R 1-05A-401A-H4322

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason Date 1-2, 2001  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9/20/00 to 11/26/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature [Signature] Commissions GA 360  
National Board, State, Province and Endorsements

Date JAN 02 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-2-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 95024536  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 5183

4. (a) Identification of System: AS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-05A-401A-H4218</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Installed new S/R L-05A-401A-H4218

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
Owner or Owner's Designee, Title

Date 1-2, 2000

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period "1/5/00" to "1/27/00"; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 6 # 360  
National Board, State, Province and Endorsements

Date JAN 05 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-3-01

Sheet 1 of 1

2. Plant Address: OGONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98276892  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 2-68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-51A-6-0-435B-SR59</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

S/R 1-51A-6-O-435B-SR59

7. Description of Work Replaced loose North-East 1/2" self drill anchor with a 3/4" wedge anchor

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. J. Mason

Date 1-3, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/24/00 to 12/28/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. Smith  
Inspector's Signature

Commissions GA360

National Board, State, Province and Endorsements

Date JAN 03 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-3-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98256494  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>1-01A-0-550-R5</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Repaired welds on S/R 1-A1A-0-550-R5

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason Date 1-3, 2001  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/15/00 to 12/22/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

R. T. Mason  
 Inspector's Signature

Commissions 6A 360  
 National Board, State, Province and Endorsements

Date JAN 03 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-3-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98274463  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: LPS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>L-14B-C-479A-H19C</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced item 4 on S/R L-1480-479A-H19C

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
Owner or Owner's Designee, Title

Date 1-3, 2001

**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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/22/00 to 12/27/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 61360  
National Board, State, Province and Endorsements

Date JAN 03, 2001

# **FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS** **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-26-99

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**  
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # 98079403  
 Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**  
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. ~~NSM~~ or MM # 9224

4. Identification of System 14 Class Z

5. (a) Applicable Construction Code ASME III 19 74 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-14-478E-H6012</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Removed / Replaced S/R 1-14-478E-H6012 by welding

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Records to be Attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *J. S. Mason*

Date 9-1, 19 99

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 Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-17-99 to 9-1-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

*M. B. Chapman*  
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 9-1, 19 99



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy., Seneca, S.C. 29672
- 2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

1a. Date 9-13-99  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98177401  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: MS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, July Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>5/R</u> <u>1-01A-0-550-R7</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Welded shims to S/R 1-01A-0-550-A7

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other      Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

J. S. Mason

Date 9-13, 99

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 N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-7-99 to 9-13-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
Inspector's Signature

Commissions

NC 914  
National Board; State, Province and Endorsements

Date 9-13, 99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy., Seneca, S.C. 29672
- 2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

1a. Date 10-26-99  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98161187-01  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 13636

4. (a) Identification of System: LP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 2-48 Edition, 4-48 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>1-53B-0-438C-DE055</u>	<u>Pacific Scientific</u>	<u>4026</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Removed rear bracket and rewelded on top side of tube steel - Snubber on S/R 1-53B-0-438C-DE055

8. Test Conducted: Hydrostatic    Pneumatic    Norm. Operating Press.    Other    Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. B. Mason Date 10-26, 1999  
 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 NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-14-99 to 10-26-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MBC Chapman Commissions NC 914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 10-26, 99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
- 1a. Date 3-21-00  
Sheet 1 of 1
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006
- 3a. Work Order #: 98036337  
Repair Organization Job # \_\_\_\_\_
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A
- 3b. NSM or MM #: NA
4. (a) Identification of System: L.P.S.W. 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 July, 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1A RBCU Header + water box bolting</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced</u>	<u>No</u>
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1A RBCU header + Waterbox bolting

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason  
 Owner or Owner's Designee, Title

Date 3-21-2000

#### 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 NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-24-99 to 3-21-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
 Inspector's Signature

Commissions NC 914  
 National Board, State, Province and Endorsements

Date 3-21-00

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 3-21-00  
 Sheet 1 of 1

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98034331  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: LPSW 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 July, 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>LB RBCU Header &amp; Waterbox bolting</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, or Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, or Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, or Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, or Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, or Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, or Replacement</u>	<u>Yes</u>

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1B RBCW Header + Water box bolting

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason Date 3-21, 2000  
 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-24-99 to 3-21-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M.B. Chapman Commissions NC914  
 Inspector's Signature      National Board, State, Province and Endorsements

Date \_\_\_\_\_



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 3-21-00Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98036329

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A3b. NSM or MM #: NA

4. (a) Identification of System: LPSW
4. (b) Class of System: 2
5. (a) Applicable Construction Code: ASME B31.1 July 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>IC RBCU Header + Waterbox bolting</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced</u>	<u>No</u>
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1C RBCU header + water box bolting

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason  
 Owner or Owner's Designee, Title

Date 3-21, 2000

### 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-24-99 to 3-21-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
 Inspector's Signature

Commissions NC914  
 National Board, State, Province and Endorsements

Date 3-21, 00

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-00

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98256643-02

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>04A-0-478A-NPS-H35A</u>	<u>Lisega</u>	<u>61296-34</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>Snubber on S/R</u> <u>04A-0-478A-NPS-H35A</u>	<u>Pacific Scientific</u>	<u>2406</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced snubber on S/R 04A-0-478A-NP5-H35A

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other      Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason  
 Owner or Owner's Designee, Title

Date 12-13, 2000

#### 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/5/00 to 12/10/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

P. J. [Signature]  
 Inspector's Signature

Commissions 6A360

National Board, State, Province and Endorsements

Date 14N 02 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-18-00

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98240511

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NCM~~ or MM #: 13506

4. (a) Identification of System: LPS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-14-0-480A-H56</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Permanently removed item 3 and 4 from S/R-1-140-480A-H56

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other      Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
 Owner or Owner's Designee, Title

Date 12-18, 2000

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/8/00 to 12/13/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 GA 360

National Board, State, Province and Endorsements

Date DEC 18 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-18-00  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98241783  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NCM~~ or MM #: 13545

4. (a) Identification of System: LP

4. (b) Class of System: L

5. (a) Applicable Construction Code: ANSI B31.7 2-48 Edition, 4-48 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>53A-0-479A-H7A</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Added items 6 and 7 to S/R 538-O-479A-H7A IAW DE-13545

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other      Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
 Owner or Owner's Designee, Title

Date 12-18, 2000

#### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/6/00 to 12/8/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 6A 360

National Board, State, Province and Endorsements

Date DEC 18 2000



# **FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS** **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 12-1-97

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**  
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # 97096624  
 Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**  
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System RC Class 2

5. (a) Applicable Construction Codes ANSI B31.7 1968 Edition JUNE Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

## 6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
<b>A</b>	<u>PIPING</u>	<u>D.P.C.</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>B</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPAIRED DEFECTIVE WELDS / RC-228-1 1/2 ON SUMP DRAIN  
 8. Test Conducted: ☒ <sup>ASME</sup> Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐ Exempt LINE.  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 9. Remarks Tested IAW ASME Code Cases N416-1 and N-522  
See PIP # 0-00-03063 + TT/1/A/0100/21

(Applicable Manufacturer's Data Records to be Attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/ASigned JB MasonDate 8-24, 19-2000

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 Providence of Georgia and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period October 30, 2000 to October 30, 2000; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

029. [Signature]  
Inspector's Signature

Commissions GA 360 NTC

National Board, State, Providence and Endorsements

Date Oct 30, 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
Sheet 1 of 6

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 Bm1

4. (a) Identification of System: RC - (CONTROL ROD DRIVE) (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1971 Edition, WINTER 1971 Addenda, - Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

\*ASME III 1974 NO ADDENDA

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	1046	191	CORE LOCATION M13	1976	Repaired, Replaced, Replacement	No <u>yes</u>
B			1689	481	L12	1978	Repaired, Replaced, Replacement	No <u>yes</u>
C			1036	181	K13	1976	Repaired, Replaced, Replacement	No <u>yes</u>
D			1107	347	L14	1977	Repaired, Replaced, Replacement	No <u>yes</u>
E			1165	392	LA	1977	Repaired, Replaced, Replacement	No <u>yes</u>
F	CRDM	FRAMATONE TECH. INC.	1038	183	M5	1976	Repaired, Replaced, Replacement	No <u>yes</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED CRDM'S.8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

William A. Blumhagen  
Owner or Owner's Designee, TitleDate 1-10, 2001**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Date JAN 11 2001

Commissions

GA 360 NIC  
National Board, State, Province and Endorsements

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
 Sheet 2 of 6

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 13032 Bm1

4. (a) Identification of System: RC - (CONTROL ROD DRIVE) (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1991 Edition, WINTER 1971 Addenda, - Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	J 1111	351	CORE LOCATION H14	1977	Repaired, Replaced, Replacement	No
B			J 1102	342	N4	1977	Repaired, Replaced, Replacement	No
C			J 1110	350	M3	1977	Repaired, Replaced, Replacement	No
D			J 1105	345	L2	1977	Repaired, Replaced, Replacement	No
E			J 1033	178	O5	1976	Repaired, Replaced, Replacement	No
F	CRDM	FRAMATONE TECH. INC.	J 1112	352	P6	1977	Repaired, Replaced, Replacement	No

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

William S. Blum  
 Owner or Owner's Designee, Title

QA  
TECH. SPEC Date 1-10 2001

### 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. Smith  
 Inspector's Signature

Commissions 618360 NIC

National Board, State, Province and Endorsements

Date JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
Sheet 3 of 6

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~RSM~~ or MM #: 13032 Bm1

4. (a) Identification of System: RC - (CONTROL ROD DRIVE) (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1971 Edition, WINTER 1971 Addenda, - Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	✓1101	341	CORE LOCATION B6	1977	Repaired, Replaced, Replacement	No Yes
B			✓1037	182	D12	1976	Repaired, Replaced, Replacement	No Yes
C			✓1049	194	C11	1976	Repaired, Replaced, Replacement	No Yes
D			✓1018	163	B10	1976	Repaired, Replaced, Replacement	No Yes
E			✓1039	184	E13	1976	Repaired, Replaced, Replacement	No Yes
F	CRDM	FRAMATONE TECH. INC.	✓1109	349	E11	1977	Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED CRDM'S.8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

William L. Blumhagen  
 Owner or Owner's Designee, Title

GA  
TECH. SPEC.

Date 1-10, 2001

## 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

E. J. [Signature]

Commissions

GA 360NIC

National Board, State, Province and Endorsements

Date JAN 11, 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
Sheet 4 of 6

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 Bm1

4. (a) Identification of System: RC - (CONTROL ROD DRIVE) (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III 1971 Edition, WINTER 1971 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

\* ASME III 1974 NO ADDENDA

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	✓ 1166	393	CORE LOCATION F12	1977	Repaired, Replaced, Replacement	No
B			✓ 1103	343	F14	1977	Repaired, Replaced, Replacement	No
C			✓ 1108	348	G13	1977	Repaired, Replaced, Replacement	No
D			✓ 1690	482	D10	1978	Repaired, Replaced, Replacement	No
E			✓ 1104	344	C9	1977	Repaired, Replaced, Replacement	No
F	CRDM	FRAMATONE TECH. INC.	✓ 1106	346	B8	1977	Repaired, Replaced, Replacement	No

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

PA  
TECH. SPEC. Date 1-10, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 6/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Commissions GA 360 NIC

National Board, State, Province and Endorsements

Date

JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
 Sheet 5 of 6

2. Plant Address: OGONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~RSM~~ or MM #: 13032 Bm1

4. (a) Identification of System: RC - (CONTROL ROD DRIVE) (b) Class of System: 1  
WINTER
5. (a) Applicable Construction Code: ASME II 1991 Edition, 1971 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	✓11041	186	CORE LOCATION G9	1976	Repaired, Replaced, Replacement	No Yes
B			✓11034	179	F10	1976	Repaired, Replaced, Replacement	No Yes
C			✓11042	187	D8	1976	Repaired, Replaced, Replacement	No Yes
D			✓11045	190	E9	1976	Repaired, Replaced, Replacement	No Yes
E			✓11012	157	H10	1976	Repaired, Replaced, Replacement	No Yes
F	CRDM	FRAMATONE TECH. INC.	✓11048	193	K11	1976	Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

Arthur A. Blum <sup>QA</sup>  
 Owner or Owner's Designee Title

TECH. SPEC. Date 1-10, 2001

### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

E. J. Smith  
 Inspector's Signature

Commissions

GA 360

NIC

National Board, State, Province and Endorsements

Date JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
Sheet 6 of 6

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 Bm1

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1971 Edition, WINTER 1971 Addenda, — Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	FRAMATONE TECH. INC.	✓1040	185	CORE LOCATION G11	1976	Repaired, Replaced, Replacement	No <input checked="" type="checkbox"/> Yes
B	1		✓1044	189	H12	1976	Repaired, Replaced, Replacement	No <input checked="" type="checkbox"/> Yes
C			✓1035	180	C7	1976	Repaired, Replaced, Replacement	No <input checked="" type="checkbox"/> Yes
D			✓1047	192	K3	1976	Repaired, Replaced, Replacement	No <input checked="" type="checkbox"/> Yes
E	CRDM	FRAMATONE TECH. INC.	✓1043	188	H2	1976	Repaired, Replaced, Replacement	No <input checked="" type="checkbox"/> Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED CRDM'S.8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

George H. [Signature]  
Owner or Owner's Designee, TitleDate 1-10, 2001**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Date

JAN 11 2001

Commissions

GA 360 NIC  
National Board, State, Province and Endorsements

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
Sheet 1 of 6

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 BMI

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B&W / DPCO*	NA	NA	CORE LOCATION H2	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
B					L2		Repaired, Replaced, Replacement	No <u>Yes</u>
C					K3		Repaired, Replaced, Replacement	No <u>Yes</u>
D					M3		Repaired, Replaced, Replacement	No <u>Yes</u>
E					L4		Repaired, Replaced, Replacement	No <u>Yes</u>
F	CRDM	B&W / DPCO*	NA	NA	N4	NA	Repaired, Replaced, Replacement	No <u>Yes</u>

\* DIAMOND POWER CORP. NOTE: HIGH RADIATION, CORROSION + BORON BUILDUP MADE RETRIEVAL OF ADDITIONAL DATA IMPOSSIBLE.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. T. Budwig QA Date 1-11-2001  
TECH. SPEC.  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature [Signature]

Commissions 604360 NIC

National Board, State, Province and Endorsements

Date JAN 11 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-10-01  
Sheet 2 of 6

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 BML

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, — Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B&W/DPCO*	NA	NA	CORE LOCATION M5	10W NA	Repaired, Replaced, Replacement	No <u>yes</u>
B					05		Repaired, Replaced, Replacement	No <u>yes</u>
C					P6		Repaired, Replaced, Replacement	No <u>yes</u>
D					B6		Repaired, Replaced, Replacement	No <u>yes</u>
E					C7		Repaired, Replaced, Replacement	No <u>yes</u>
F	CRDM	B&W/DPCO*	NA	NA	B8	NA	Repaired, Replaced, Replacement	No <u>yes</u>

\* DIAMOND POWER CORP. NOTE: HIGH RADIATION, CORROSION & BORON BUILDUP MADE RETRIEVAL OF ADDITIONAL DATA IMPOSSIBLE.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed B. T. Blodgett TECH. SPEC. Date 1-11, 2001  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

B. T. Blodgett  
 Inspector's Signature

Commissions 64360 NIC  
 National Board, State, Province and Endorsements

Date JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
 Sheet 3 of 6

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 13032 BMI

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, - Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B&W/DPCO*	NA	NA	CORE LOCATION D8	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
B					C9		Repaired, Replaced, Replacement	No <u>Yes</u>
C					B10		Repaired, Replaced, Replacement	No <u>Yes</u>
D					E9		Repaired, Replaced, Replacement	No <u>Yes</u>
E					D10		Repaired, Replaced, Replacement	No <u>Yes</u>
F	CRDM	B&W/DPCO*	NA	NA	C11	NA	Repaired, Replaced, Replacement	No <u>Yes</u>

\* DIAMOND POWER CORP. NOTE: HIGH RADIATION, CORROSION & BORON BUILDUP MADE RETRIEVAL OF ADDITIONAL DATA IMPOSSIBLE.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. J. Blodgett QA Date 1-11-01  
TECH. SPEC.  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/01/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Commissions LA 360 NIC

National Board, State, Province and Endorsements

Date

JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
 Sheet 4 of 6

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 BMI

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B+W/DPCO*	NA	NA	CORE LOCATION G9	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
B					F10		Repaired, Replaced, Replacement	No <u>Yes</u>
C					E11		Repaired, Replaced, Replacement	No <u>Yes</u>
D					D12		Repaired, Replaced, Replacement	No <u>Yes</u>
E					H10		Repaired, Replaced, Replacement	No <u>Yes</u>
F	CRDM	B+W/DPCO*	NA	NA	G11	NA	Repaired, Replaced, Replacement	No <u>Yes</u>

\* DIAMOND POWER CORP. NOTE: HIGH RADIATION, CORROSION & BORON BUILDUP MADE RETRIEVAL OF ADDITIONAL DATA IMPOSSIBLE.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. J. Blum <sup>QA</sup> TECH. SPEC Date 1-11-01  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 GA 360 NIC  
 Inspector's Signature National Board, State, Province and Endorsements

Date JAN 11 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
Sheet 5 of 6

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 BMI

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B+W/DPCO*	NA	NA	CORE LOCATION F12	NA	Repaired, Replaced, Replacement	No <u>yes</u>
B					E13		Repaired, Replaced, Replacement	No <u>yes</u>
C					K11		Repaired, Replaced, Replacement	No <u>yes</u>
D					H12		Repaired, Replaced, Replacement	No <u>yes</u>
E					G13		Repaired, Replaced, Replacement	No <u>yes</u>
F	CRDM	B+W/DPCO*	NA	NA	F14	NA	Repaired, Replaced, Replacement	No <u>yes</u>

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NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED CRDM'S.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

A. A. Blumhagen, Tech. Super  
 Owner or Owner's Designee, Title

Date 1-11-01

#### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

E. J. Smith  
 Inspector's Signature

Commissions

GA 360 NIC  
 National Board, State, Province and Endorsements

Date JAN 11 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-10-01  
Sheet 6 of 6

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98261437  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13032 BMI

4. (a) Identification of System: RC (CONTROL ROD DRIVE) 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, 1967 Addenda, — Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM	B+W/DPCO*	NA	NA	CORE LOCATION L12	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
B					K13		Repaired, Replaced, Replacement	No <u>Yes</u>
C					H14		Repaired, Replaced, Replacement	No <u>Yes</u>
D					M13		Repaired, Replaced, Replacement	No <u>Yes</u>
E	CRDM	B+W/DPCO*	NA	NA	L14	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
F							Repaired, Replaced, Replacement	No <u>Yes</u>

\* DIAMOND POWER CORP. NOTE HIGH RADIATION, CORROSION & BORON BUILDUP MADE RETRIEVAL OF ADDITIONAL DATA IMPOSSIBLE.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED CRDM'S8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

D. Z. Blum  
Owner or Owner's Designee, TitleTECH. SUPPORTDate 1-11-2001**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/00 to 1/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

C. T. Smith

Commissions

GA 360NIC

National Board, State, Province and Endorsements

Date JAN 11, 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-7-01  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98289520  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. ~~NSM~~ or MM #: 13066

4. (a) Identification of System: HP 4. (b) Class of System: 2+3
5. (a) Applicable Construction Code: ANSI B31.7 2/68 Edition, 6/68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>PIPING</u>	<u>D.P. Co.</u>	<u>N/A</u>	<u>N/A</u>		<u>7/73</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED RCP SEAL PIPING.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

D. S. Mason

Date 1-11, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period, 10/1/00 to 12/21/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Date

JAN 11 2001

Commissions

GA 360

NIC

National Board, State, Province and Endorsements

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-5-01  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98341679  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 15722

4. (a) Identification of System: RC 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, - Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

## 6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Reactor Vessel	The Babcock + Wilcox Co	AI-101	N-101	N/A	1969	Repaired, Replaced, Replacement	No <u>Yes</u>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Removed 8 thermocouple nozzles & plugged penetrations.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 2234 psig Test Temp. 500 °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

Repairs to thermocouple penetrations #1, 3, 4, 6, 7, & 8 were performed in accordance with ASME Section XI, Subsection IWB + IWA, 1989 edition, no addenda. Penetrations #2 & 5 were performed in accordance with ASME Section XI, Subsection IWB + IWA, 1992 edition, no addenda. All Penetrations were repaired in accordance with ASME Section III, Subsection NB, 1999ed. All activities were in accordance with the IWB 7000 Replacement/Modification sub section.  
 (Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

Basil W. Cunniff  
 Owner or Owner's Designee, Title

Date JAN 11, 2001

#### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/03/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Date JAN 11 2001

Commissions

GA 360

NIC

National Board, State, Province and Endorsements

FRAMATOME  
TECHNOLOGIES

## ENGINEERING INFORMATION RECORD

Document Identifier 51 - 5010970-00Title Duke OCO-1 TC Bottom Code Reconciliation

PREPARED BY:

REVIEWED BY:

Name HW BehnkeName DE MatthewsSignature *H. Behnke* Date 12/31/00Signature *DE Matthews* Date 1/3/01Technical Manager Statement: Initials *MSC*

Reviewer is Independent.

## RECORD OF REVISION:

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the thermocouple nozzle repair at the Duke OCO-1 nuclear unit. This repair was the removal of the existing nozzle and replacing the pressure boundary with a weld pad on the inside surface of the head. The repair applied to thermocouple nozzles 1,3,4,6,7 and 8. Nozzles 2 and 5 were repaired in a different fashion and addressed in FTI document 51-5010971. Based on the conclusions herein, the repair meets the requirements of the current Design Specification, ASME Section III and Section XI Code.



## ENGINEERING INFORMATION RECORD

Document Identifier 51 - 5010970-00

Title Duke OCO-1 TC Bottom Code Reconciliation

### PREPARED BY:

### REVIEWED BY:

Name HW Behnke

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date 12/31/00

Signature \_\_\_\_\_ Date \_\_\_\_\_

Technical Manager Statement: Initials \_\_\_\_\_

Reviewer is Independent.

### RECORD OF REVISION:

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the thermocouple nozzle repair at the Duke OCO-1 nuclear unit. This repair was the removal of the existing nozzle and replacing the pressure boundary with a weld pad on the inside surface of the head. The repair applied to thermocouple nozzles 1,3,4,6,7 and 8. Nozzles 2 and 5 were repaired in a different fashion and addressed in FTI document 51-5010971. Based on the conclusions herein, the repair meets the requirements of the current Design Specification, ASME Section III and Section XI Code.



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7.0	References	5	51-5010970-00

## 1.0 Purpose

- 1.1 This reconciliation is prepared in accordance with the requirements specified in Article IWA-4170 of Reference 7.3. The reconciliation of ASME Section III 1989 Edition with no Addenda (Reference 7.2) to the 1965 Edition through Summer 1967 Addenda, Class A, (Reference 7.1, original Code of construction) will be provided herein for the reactor vessel thermocouple nozzles repair.
- 1.2 This document will address the Design Specification (Reference 7.4) and the aforementioned Codes for the thermocouple nozzle repair.
- 1.3 The repair is illustrated in Reference 7.7. It consists of removing the original nozzle, verifying by dye penetrant examination that there are no rejectable indications in the remaining J-prep weld plus buttering and restoring the pressure boundary with a weld pad. A plug is used in the opening to provide backing for the weld pad over the penetration.

## 2.0 Design Specification and Construction Codes

### 2.1 Requirements

The original thermocouple nozzle construction is in accordance with Reference 7.1 and 7.4.

The repair is in accordance with References 7.2, 7.3, and 7.4.

### 2.2 Design, Fabrication, and Examination

#### 2.2.1 Design

The original nozzle was a  $\frac{3}{4}$  inch sch 160 SB-167 tube attached to the reactor vessel head by a partial penetration weld. The purpose of the nozzle was to house a surveillance instrument related to the reactor vessel vent valves. The instrument was determined not to be needed and the nozzles have been capped by a blind flange for several years. The current purpose of the nozzles was to provide a pressure boundary closure for the penetration.

The original construction code was limited to the reactor vessel proper and deferred to the Design Specification for interface requirements with the reactor vessel. A later Edition of the ASME Section III Code which is more encompassing of the entire Class 1 nuclear system is being used to better define design criteria for the repair. NB-1132.1 defines a pressure retaining attachment as a structural attachment. The attachment is considered a part of the component (which is the reactor vessel). The replacement design has been shown to meet the design requirements of the Design Specification in accordance with the NB-3200 requirements for vessels. The Code stress evaluation is in

Ref. 7.5. Satisfying the analysis requirements of Ref. 7.3 also satisfies the requirements of the original construction Code.

### 2.2.2 Fabrication

The plug material is SB-166 Alloy 690 and is approved for Code construction per Code Case N-474 Rev.2. The installation welding was performed in accordance with NB-4430 as required by NB-3354. All welding requirements of the 1989 Edition of Section III were satisfied and are equivalent to the original construction Code requirements. Post weld heat treat was not required.

### 2.2.3 Examination

The major change between Reference 7.1 and Reference 7.2 methodology is the use of ASME Section V per Reference 7.2 instead of Appendix IX which is required by Reference 7.1. The acceptance criteria have not changed between Ref.7.1 and 7.2. The examination of the base material was performed per the 1992 Edition Section III NB. The 1992 requirements are equivalent to both the 1989 and original construction Code requirements. The repair weld was examined in accordance with NB-5262 of Ref.7.2 (Structural attachment welds). These requirements meet or exceed those of References 7.1 and are therefore acceptable.

## 3.0 Mechanical Interfaces, Fits, and Tolerances

The mechanical interfaces, fits, and tolerances of the nozzle with the reactor vessel were eliminated with the removal of the nozzle. The replacement attachment has no interfaces except with the local area around the existing reactor vessel head penetration. There are no internal interferences with this area therefore the interface requirement is satisfied.

## 4.0 Modified or Altered Designs

The repair complies with requirements of a later Section III Construction Code and therefore there are no modifying requirements.

## 5.0 Materials Compatibility with Installation and System Requirements

The plug material is not exposed to the reactor coolant environment but is a material which is considered acceptable for use within the Oconee-1 reactor coolant environment. The alloy 152 weld metal is the filler metal of choice for use with 690 base material and is considered to have superior corrosion resistance to the filler metal used in the original construction. The repair also includes overlaying alloy 152 weld metal over the existing 182 structural weld to isolate the less corrosion resistant material from the reactor coolant environment. Reference 7.8 discusses the improved corrosion resistance.

## 6.0 Conclusion

Based on the preceding discussions and the NRC approval of Reference 7.2 as an acceptable construction code, the pad repair is acceptable for the Ocone-1 head penetration repair.

## 7.0 References

- 7.1 ASME Code Section III, 1965 Edition including Summer 1967 Addenda.
- 7.2 ASME Code Section III, 1989 Edition.
- 7.3 ASME Code Section XI, 1992 Edition.
- 7.4 B&W Design Specification CS-3-22 dated 10/13/70
- 7.5 FTI Calculation package 32-5010789-00
- 7.6 FTI Dwg. 02-5010775B-01 "TC Nozzle Plug"
- 7.7 FTI Dwg 02-5010774D-03, "TC Nozzle Plug Welding."
- 7.8 FTI Doc. 51-5010963-01 "Corrosion Evaluation for OCO-1 Penetration Repair"

20440-7 (12/95)

FRAMATOME  
TECHNOLOGIES

## ENGINEERING INFORMATION RECORD

Document Identifier 51 - 5010971- 00Title Duke OCO-1 TC Top Pad Code Reconciliation

## PREPARED BY:

## REVIEWED BY:

Name HW BehnkeName DE MatthewsSignature For James H Behnke Date 12/31/00Signature DE Matthews Date 1/2/01

Technical Manager Statement: Initials

MSE

Reviewer is Independent.

RECORD OF REVISION:

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the repair of thermocouple nozzles 2 and 5 at the Duke OCO-1 nuclear unit. This repair involved the removal of the existing nozzle and replacing the pressure boundary with a weld pad on the outside of the head. The removal of flaws in the existing partial penetration weld resulted in a geometry not suitable for repair from the ID. The repair was performed to alternate welding repair requirements of Section XI and the design requirements of Section III. Based on the conclusions herein, the repair sufficiently meets the requirements of the current Design Specification, ASME Section III and Section XI Code to be considered acceptable.



## ENGINEERING INFORMATION RECORD

Document Identifier 51 - 5010971- 00

Title Duke OCO-1 TC Top Pad Code Reconciliation

### PREPARED BY:

### REVIEWED BY:

Name HW Behnke

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date 12/31/00

Signature \_\_\_\_\_ Date \_\_\_\_\_

Technical Manager Statement: Initials \_\_\_\_\_

Reviewer is Independent.

### RECORD OF REVISION:

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the repair of thermocouple nozzles 2 and 5 at the Duke OCO-1 nuclear unit. This repair involved the removal of the existing nozzle and replacing the pressure boundary with a weld pad on the outside of the head. The removal of flaws in the existing partial penetration weld resulted in a geometry not suitable for repair from the ID. The repair was performed to alternate welding repair requirements of Section XI and the design requirements of Section III. Based on the conclusions herein, the repair sufficiently meets the requirements of the current Design Specification , ASME Section III and Section XI Code to be considered acceptable.

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4.0	Modified or Altered Designs	4	51-5010971-00
5.0	Materials Compatibility with Installation and System Requirements	4	51-5010971-00
6.0	Conclusion	4	51-5010971-00
7.0	References	4	51-5010971-00

## 1.0 Purpose

- 1.1 This reconciliation is prepared in accordance with the requirements specified in Article IWA-4170 of Reference 7.3. The reconciliation of ASME Section III 1989 Edition with no Addenda (Reference 7.2) to the 1965 Edition through Summer 1967 Addenda, Class A, (Reference 7.1, original Code of construction) will be provided herein for the reactor vessel thermocouple nozzles repair. In addition the repair referenced the alternate repair methods of Ref. 7.3 due to the inability to perform the welding in accordance with original construction Code. All of the alternate repair provisions could not be met and these are included in the justification.
- 1.2 This document will address the Design Specification (Reference 7.4) and the aforementioned Codes for the thermocouple nozzle repair.
- 1.3 The repair is illustrated in Reference 7.7. It consists of removing the original nozzle, verifying by dye penetrant examination that there are no rejectable indications in the remaining J-prep weld and restoring the pressure boundary with a weld pad on the OD of the head. A plug is used in the opening to provide backing for the weld pad over the penetration. The final excavated size of the existing partial penetration weld was unacceptable to weld a pad over. Therefore, the pressure boundary was restored by welding a pad over the penetration on the outside of the head. The welding was performed using the temper bead technique of Section XI IWA-4530.

## 2.0 Design Specification and Construction Codes

### 2.1 Requirements

The original thermocouple nozzle construction is in accordance with Reference 7.1 and 7.4.

The repair is in accordance with References 7.2, 7.3, and 7.4.

### 2.2 Design, Fabrication, and Examination

#### 2.2.1 Design

The original nozzle was a  $\frac{3}{4}$  inch sch 160 SB-167 tube attached to the reactor vessel head by a partial penetration weld. The purpose of the nozzle was to house a surveillance instrument related to the reactor vessel vent valves. The instrument was determined not to be needed and the nozzles have been capped by a blind flange for several years. The current purpose of the nozzles was to provide a pressure boundary closure for the penetration.

The original construction code was limited to the reactor vessel proper and deferred to the Design Specification for interface requirements with the reactor vessel. A later Edition of the ASME Section III Code



which is more encompassing of the entire Class 1 nuclear system is being used to better define design criteria for the repair. NB-1132.1 defines a pressure retaining attachment as a structural attachment. The attachment is considered a part of the component (which is the reactor vessel). The replacement design has been shown to meet the design requirements of the Design Specification in accordance with the NB-3200 requirements for vessels. The Code stress evaluation is in Ref. 7.5. Satisfying the analysis requirements of Ref. 7.3 also satisfies the requirements of the original construction Code.

An addition analysis was performed to demonstrate that the as left cavity on the inside surface of the head was acceptable. There were no indications left in the excavation, as confirmed by dye penetrant examination, therefore satisfaction of Section III NB rules is sufficient justification and no flaw evaluation is required.

#### 2.2.2 Fabrication

The plug material is SB-166 Alloy 690 and is approved for Code construction per Code Case N-474 Rev.2. The installation welding was performed in accordance with IWA-4530 of Ref. 7.3. An alternate welding repair method was required to perform the attachment weld to the vessel without post weld heat treat. The reactor vessel head is a P3 Gr3 material which would require a post weld heat treat by the construction Code. The construction Code heat treat is not feasible for the existing head location. All weld qualification and execution requirements of ref. 7.3 were satisfied with the exception of the specified NDE.

#### 2.2.3 Examination

The major change between Reference 7.1 and Reference 7.2 methodology is the use of ASME Section V per Reference 7.2 instead of Appendix IX which is required by Reference 7.1. The acceptance criteria have not changed between Ref.7.1 and 7.2. The examination of the plug material was performed per the 1992 Edition Section III NB. The 1992 requirements are equivalent to both the 1989 and original construction Code requirements. The repair weld examination requirements are specified in Ref. 7.3 and are performed in accordance with 1989 Edition of Section III NB. Interferences around the weld pad prevented 100% of the "Code" band of 5 inches. The radiographic examination of the weld pad was also not achievable. The first requirement of the dye penetrant examination is considered satisfied in that all available base metal within the band plus 100 % of the weld pad was examined. The Code band on the base metal requirement is to check for other flaws which may be present as well as the repaired flaw. In this case a flaw on the outside head surface

was not being repaired and the extent of the examination was sufficient to demonstrate no indications were produced as a result of the welding. Radiographic examination was considered neither practical nor applicable for the pad geometry. The x-ray path would have been through the pad, head and excavated area on the inside of the head. Interpretation would have been very difficult. An ultrasonic examination was substituted for the RT exam and was qualified to evaluate defects in the pad and pad to base metal interface. This examination method is considered adequate and superior to the radiographic method for this geometry.

### 3.0 Mechanical Interfaces, Fits, and Tolerances

The mechanical interfaces, fits, and tolerances of the nozzle with the reactor vessel were eliminated with the removal of the nozzle. The replacement attachment has no interfaces except with the local area around the existing reactor vessel head penetration. There are no external interferences with the pad area therefore, the interface requirement is satisfied.

### 4.0 Modified or Altered Designs

The repair geometry required modification from Section III construction in two areas. The repair did not lend itself to the prescribed post weld heat treat therefore the alternate weld repair method of ASME Section XI was used. The NDE requirements of the Alternate repair method could not be fully complied with but examinations were performed to provide equivalent assurance of weld quality.

### 5.0 Materials Compatibility with Installation and System Requirements

The plug material, SB-166 Alloy 690, is considered acceptable for use within the Oconee-1 reactor coolant environment. The alloy 152 weld metal is the filler metal of choice for use with 690 base material and is considered to have superior corrosion resistance to the 182 filler metal used in the original construction. The repair resulted in exposure of the low alloy base metal both at the repair area and in the penetration bore. An evaluation has been performed, Ref. 7.8, concluding that unacceptable corrosion of the low alloy head base metal will not occur during future service.

### 6.0 Conclusion

Based on the preceding discussions and the NRC approval of Reference 7.2, 7.3 and concurrence with the modified requirements, the pad repair is acceptable for the Oconee-1 top head penetration repair.

## 7.0 References

- 7.1 ASME Code Section III, 1965 Edition including Summer 1967 Addenda.
- 7.2 ASME Code Section III, 1989 Edition.
- 7.3 ASME Code Section XI, 1992 Edition.
- 7.4 B&W Design Specification CS-3-22 dated 10-13-70
- 7.5 FTI Calculation package 32-5010954-00
- 7.6 FTI Dwg. 02-5010952B-02 "TC Nozzle Penetration OD Plug"
- 7.7 FTI Dwg 02-5010948C-02, "ONS-1 TC Nozzle Penetration OD Plugging"
- 7.8 FTI Doc. 51-5010963-01 "Corrosion Evaluation for OCO-1 Penetration Repair"

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 01/11/01  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98343925  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: RC 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III 1965 Edition, Summer 1967 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

## 6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Reactor Vessel	The Babcock + Wilcox Co.	N-101	N-101	N/A	1969	Repaired, Replaced, Replacement	No <u>Yes</u>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Repaired CRDM #21 weld - Tempar Bead repair

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press Other Exempt

Pressure 2234 psig Test Temp. 500 °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

Repairs to CRDM #21 were performed in accordance with ASME Section III, Subsection NB, 1989 edition, no addenda, and Section XI, Subsection IWA + IWB, 1992 edition, no addenda.

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

Basil W. Conway  
 Owner or Owner's Designee, Title

Date 01/11/01

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/03/00 to 01/11/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

E. J. S. S.  
 Inspector's Signature

Commissions GA

NIC

National Board, State, Province and Endorsements

Date JAN 11 2001

20440-7 (12/95)



## ENGINEERING INFORMATION RECORD

Document Identifier 51 - 5010972-00Title Duke OCO-1 CRDM Nozzle 21 Code Reconciliation

PREPARED BY:

REVIEWED BY:

Name HW BehnkeName DE MatthewsSignature HW Behnke Date 12/31/00Signature DE Matthews Date 1/3/01

Technical Manager Statement: Initials

MSC

Reviewer is Independent.

RECORD OF REVISION:

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the control rod drive mechanism (CRDM) nozzle repair at the Duke OCO-1 nuclear unit. This repair was the removal of an unacceptable indication in the partial penetration weld and restoring the weld using a temper bead weld repair. The repair was performed to the alternate welding repair requirements of Section XI and the design requirements of Section III. Based on the conclusions herein, the repair meets the requirements of the current Design Specification, ASME Section III and the intent of the Section XI Code. Full compliance with the Section XI NDE requirements could not be satisfied due to geometrical restraints.


**FRAMATOME**  
 TECHNOLOGIES

## ENGINEERING INFORMATION RECORD

 Document Identifier 51 - 5010972-00

 Title Duke OCO-1 CRDM Nozzle 21 Code Reconciliation
**PREPARED BY:**
**REVIEWED BY:**

 Name HW Behnke

Name \_\_\_\_\_

 Signature \_\_\_\_\_ Date 12/31/00

Signature \_\_\_\_\_ Date \_\_\_\_\_

Technical Manager Statement: Initials \_\_\_\_\_

Reviewer is Independent.

**RECORD OF REVISION:**

<u>Rev. No.</u>	<u>Change Sect/Para.</u>	<u>Description/Change Authorization</u>
00	Initial Issue	N/A

Contract 4101425

This reconciliation addresses the control rod drive mechanism (CRDM) nozzle repair at the Duke OCO-1 nuclear unit. This repair was the removal of an unacceptable indication in the partial penetration weld and restoring the weld using a temper bead weld repair. The repair was performed to the alternate welding repair requirements of Section XI and the design requirements of Section III. Based on the conclusions herein, the repair meets the requirements of the current Design Specification, ASME Section III and the intent of the Section XI Code. Full compliance with the Section XI NDE requirements could not be satisfied due to geometrical restraints.

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5.0	Materials Compatibility with Installation and System Requirements	5	51-5010972-00
6.0	Conclusion	5	51-5010972-00
7.0	References	5	51-5010972-00



## 1.0 Purpose

- 1.1 This reconciliation is prepared in accordance with the requirements specified in Article IWA-4170 of Reference 7.3. The reconciliation of ASME Section III 1989 Edition with no Addenda (Reference 7.2) to the 1965 Edition through Summer 1967 Addenda, Class A, (Reference 7.1, original Code of construction) will be provided herein for the reactor vessel CRDM nozzles repair. In addition the repair referenced the alternate repair methods of Ref. 7.3 due to the inability to perform the welding in accordance with original construction Code. All of the alternate repair provisions could not be met and these are included in the justification.
- 1.2 This document will address the Design Specification (Reference 7.4) and the aforementioned Codes for the CRDM nozzle repair.
- 1.3 The repair is illustrated in Reference 7.6. It consists of removing the flaw indication, verifying by dye penetrant examination that there are no rejectable indications in the remaining J-prep weld or ferritic base metal and restoring the pressure boundary with a temper bead process to essentially the original geometry. In addition a layer of corrosive resistant 152 weld is deposited over the remaining partial penetration and butter weld area to isolate the less corrosion resistant 182 from the reactor coolant environment. The welding was performed using the temper bead technique of Section XI IWA-4530.

## 2.0 Design Specification and Construction Codes

### 2.1 Requirements

The original CRDM nozzle construction is in accordance with Reference 7.1 and 7.4.

The repair is in accordance with References 7.2, 7.3, and 7.4.

### 2.2 Design, Fabrication, and Examination

#### 2.2.1 Design

The original nozzle was a SB-167 tube attached to the reactor vessel head by a partial penetration weld. The purpose of the nozzle is to provide access and support for a CRDM which is used to regulate the core. The original filler metal was alloy 182 which has a strength below the low alloy steel base metal but has a similar thermal coefficient of expansion.

The new design is configured the same as the original weld but uses alloy 152 filler metal. This filler is qualified in accordance Ref. 7.3 and the strength of the 152 is equivalent to the original 182 weld metal and SB-167 base material. The 152 does have a thermal coefficient of expansion slightly higher than the original weld. The Code stress

evaluation in Ref. 7.5 demonstrates the analysis requirements of Ref. 7.3 are satisfied. This Code stress evaluation performed would also satisfy the requirements of the original Section III.

The added 1/8 inch of 152 weld metal for corrosion resistance improvement has no negative impact on the stress analysis and can be neglected.

## 2.2.2 Fabrication

The installation welding was performed in accordance with IWA-4530 of Ref. 7.3. An alternate welding repair method was required to perform the attachment weld to the vessel without post weld heat treat. The reactor vessel head is a P3 Gr3 material which would require a post weld heat treat by the construction Code. The construction Code heat treat is not feasible for the existing head location. All weld qualification and execution requirements of ref. 7.3 were satisfied with the exception of the required NDE.

## 2.2.3 Examination

The major change between Reference 7.1 and Reference 7.2 methodology is the use of ASME Section V per Reference 7.2 instead of Appendix IX which is required by Reference 7.1. The acceptance criteria have not changed between Ref. 7.1 and 7.2. The repair weld examination requirements are specified in Ref. 7.3. The existing nozzle is an obstruction which prevents a 100% of the "Code" band of 5 inches. In addition the radiographic examination of the weld repair area is not achievable. The first requirement of the dye penetrant examination is considered satisfied in that all available base metal within the band plus 100 % of the weld repair surface is examined. The Code band on the base metal requirement is to check for other flaws which may be present as well as the repaired flaw. In this case an extensive excavation was created to verify that the existing flaw had been removed. In addition the weld surrounding the nozzle and the ID surface of the nozzle were dye penetrant tested to verify absence of indications. The final weld surface, available base metal in the 5 inch band and the area around the nozzle will be dye penetrant tested following the weld repair. Radiographic examination was considered neither practical nor meaningful for the repair geometry. The nozzle itself provided an obstruction for the x-ray path and interpretation would have been very difficult. An ultrasonic examination will be substituted for the RT examination and qualified to evaluate defects in the repair weld and base metal interface. This examination method is considered adequate and superior to the radiographic method for this geometry.

### 3.0 Mechanical Interfaces, Fits, and Tolerances

The mechanical interfaces, fits, and tolerances of the nozzle with the reactor vessel will be unaltered. The nozzle does have a clearance requirement with the leadscrew support which is attached to the CRDM itself. The nozzle free path will be verified after the weld repair which will insure the clearance requirement is satisfied.

### 4.0 Modified or Altered Designs

The repair geometry required modification from Section III construction in two areas. The repair did not lend itself to the prescribed post weld heat treat therefore the alternate weld repair method of ASME Section XI was used. The NDE requirements of the alternate repair method could not be fully complied with but examinations were performed to provide equivalent assurance of weld quality.

### 5.0 Materials Compatibility with Installation and System Requirements

The alloy 152 weld metal is the filler metal of choice for use in the primary coolant environment. It is compatible for welding with the existing base metal, 182 filler and alloy 600 nozzle. The 152 weld metal has superior resistance to stress corrosion cracking relative to the original 182. Ref. 7.7 discusses the corrosion resistance of the 152 weld metal.

### 6.0 Conclusion

Based on the preceding discussions and the NRC approval of Reference 7.2, 7.3 and concurrence with the modified requirements, the weld repair is acceptable for the Ocone-1 CRDM nozzle repair.

### 7.0 References

- 7.1 ASME Code Section III, 1965 Edition including Summer 1967 Addenda.
- 7.2 ASME Code Section III, 1989 Edition.
- 7.3 ASME Code Section XI, 1992 Edition.
- 7.4 B&W Design Specification CS-3-22 dated 10/13/70
- 7.5 FTI Calculation package 32-5010958-00
- 7.6 FTI Dwg. 02-5010919D-04 "CRDM Nozzle Weld Repair"
- 7.7 FTI Doc. 51-5010963-01 "Corrosion Evaluation for OCO-1 Penetration Repair"

## FORM N-1A MANUFACTURERS' DATA REPORT FOR NUCLEAR VESSELS

Alternate Form for Single Chamber Completely Shop-Fabricated Vessels Only

620-0003-51-52

As required by the Provisions of the ASME Code Rules

1. Manufactured by The Babcock & Wilcox Company Barberton, Ohio  
(Name and address of Manufacturer) Courtney,

2. Manufactured for Duke Power Company, Oconee Nuclear Power Station, South Carolina  
(Name and address of Purchaser)

3. Type Reactor Vessel No. ( N-101 ) ( Natl. Bd. No. N-101 ) Year Built 1969  
(Vessel No.) (Natl. Bd. No.) (Year & State No.) 14' 3 3/8" ID Over Heads

4. Shell: Material SA508C1-2 T.S. 80000 Thk. 12" & 8.438 In. Diam. 14' 0 3/8" Length 38' 3 7/16"  
(Kind & Spec. No.) (Min. of rings specified)

5. Seams: Long Butt H.T. Yes X.R. Yes Efficiency 100%  
(If Class B)

Girth Butt H.T. Yes X.R. Yes No. of Courses 5

6. Heads: (a) Material SA508-2-1332 T.S. 80000 (b) Material SA508-2-1332 T.S. 80000  
Location SA533B-1339 Crown SA533B-1339 Knuckle SA533B-1339 Elliptical SA533B-1339 Conical SA533B-1339 Flat SA533B-1339 Side to Pressure  
(Top, bottom, ends) Thickness Radius Radius Ratio Area Angle Radius Diameter (Convex or Concave)

(a) Bottom 5" 87 1/4" IR Concave  
(b) Top 6 5/8" & 7" 87 1/4" IR Concave

Removable, bolts used SA540-23, 60, 145,000 Other fastening SA540-23, 60, 145,000  
(Top Head) (Material, Spec. No., T.S. Size, Number) (Describe or Attach Sketch)

Ed. Flg. 200" OD x 152 3/8" ID x SA508-2-1332 Shell Flg. 200" OD x 167 7/8" ID x SA508-2-1332  
(Material, Spec. No., T.S. Size, Number) (Describe or Attach Sketch)

7. Constructed for operating pressure 2500 psi at max. temp. 650 °F. at temp. of 40 °F. Hydrostatic Test 3125 psi.  
(Describe or Attach Sketch)

8. Safety or Relief Valve Outlets: Number 1 Size 1/2" Location Top

9. Nozzles: Vessel Cladd Internally 125" Min. Thk. Austenetic Stainless Steel

Purpose (Inlet, Outlet, Drain)	Number	Diam. or Size	Type	Material	Thickness	Reinforcement Material	How Attached
Core Flood	2	12 5/8" ID	Weld	SA508-2-1332	2 5/16"	Integral	Welded
Safe End	2	11.430" ID	Weld	336-65aF8M	1.535"	Integral	Welded

10. Inspection Manholes, No. 1 Size 12" Location Top  
Openings: Handholes, No. 1 Size 12" Location Top  
Threaded, No. 1 Size 12" Location Top

11. Supports: Skirt Yes With Flange Lugs (Number) Legs (Number) Other (Describe) Attached Welded  
(Yes or No) (Where & How)

12. Inlet 4 28 5/8" ID Weld SA508-2-1332 2 9/16" Integral Welded  
Outlet 2 36 5/8" ID Weld SA508-2-1332 3 3/16" Integral Welded  
Inst. Noz. 52 .611" ID Weld SB-167 .208" Integral Welded  
C.Rod Adapter 69 .2.765" ID Weld SB-167 .648" Integral Welded  
C.Rod Body 69 .2.765" ID Weld SB-167 .630" Integral Welded

Class A Reactor Vessel

(Brief description of purpose of the vessel—State Contents.)

If Postweld Heat-Treated.

List other internal or external pressure with coincident temperature when applicable.

We certify that the statements made in this report are correct and that all details of material design, construction, and workmanship of this vessel conform to the ASME Code for Nuclear Vessels.

Date December 2, 1969 Signed The Babcock & Wilcox Company By DE Lane  
(Manufacturer)Certificate of Authorization Expires December 31, 1970

## CERTIFICATION OF DESIGN

Design information on file at The Babcock & Wilcox Company Barberton, Ohio  
Stress analysis report on file at The Babcock & Wilcox Company Barberton, Ohio  
Design specifications certified by Glenn J. Snyder Prof. Eng. State Va. Reg. No. 2035  
Stress analysis report certified by James P. Butti Prof. Eng. State Ohio Reg. No. 2-34640

## CERTIFICATE OF SHOP INSPECTION

VESSEL MADE BY The Babcock & Wilcox Company at Mount Vernon, IndianaI, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors, do hereby certify that I am duly qualified to inspect and certify the construction of the above vessel and that I have inspected the pressure vessel described in this manufacturer's data report on 11-27-1969 and state that to the best of my knowledge and belief, the manufacturer has constructed this pressure vessel in accordance with the ASME Code for Nuclear Vessels.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure vessel described in this manufacturer's data 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.

Date 11-27-1969 Inspector's Signature DE Lane Commission NB # 3764 National Board of Boiler and Pressure Vessel Inspectors

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-16-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98257065  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LPSW 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7/67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	Repaired, Replaced, Replacement	<u>NO</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED BOLTING ON 18" RCP UPPER OIL COOLER LPSW INLET & OUTLET FLANGES & LPSW AIR COOLER INLET FLANGES.
8. Test Conducted: Hydrostatic ☐ Pneumatic ☐ Nom. Operating Press. ☐ Other ☒ Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

## 9. Remarks

(Applicable Manufacturer's Data Records to be attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

P. J. Bludagh QA TECH SPEC  
 Owner or Owner's Designee, Title

Date 1-16-01

## 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/15/00 to 12/13/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Commissions

64360 NIC  
 National Board, State, Province and Endorsements

Date JAN 16 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-27-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 7 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98253747  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: -

4. (a) Identification of System: RC

4. (b) Class of System: A(1) 1359-1 1338-3 ALT-1

5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, 1332-2, 3, 4 1339-1, 1336 Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1B-OTSG BOLTING</u>	<u>B+W</u>	<u>620-0003-55-2</u>	<u>N-104</u>		<u>1969</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACE NUT & STUD ON 1B LOWER PRIMARY  
MANWAY. <sup>OTSG</sup>

8. Test Conducted: Hydrostatic

Pneumatic

Nom. Operating Press.

Other

Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

Owner or Owner's Designee, Title

Date

12-27, 2000

## 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/21/00 to 12/21/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

Commissions

6A360NIC

National Board, State, Province and Endorsements

Date JAN 16, 2001



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-28-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98248693  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 14564

4. (a) Identification of System: SF 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III 1973 Edition, SUMMER 1975 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV.</u> <u>1SF-82</u>	<u>BORG WARNER</u>	<u>58980</u>	<u>Z187</u>		<u>1980</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>VLV.</u> <u>1SF-82</u>	<u>VELAN INC.</u>	<u>002007</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>PIPING</u>	<u>D.P.CO.</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED VLV. ISF-82.

8. Test Conducted: Hydrostatic

Pneumatic

Norm. Operating Press.

Other

Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks

Tested IAW ASME Code Case N444-1

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

[Signature]Date 1-22, 2001

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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/22/00 to 1-08-01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature

[Signature]

Commissions

GA 360 NIC

National Board, State, Province and Endorsements

Date JAN 23 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-28-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98334933  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: —

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, 3/69 Addenda, — Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1969, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Column 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>1A/OTSG MPDW</u> <u>HEADER FLANGE B+W</u>		<u>NOZZLE</u> <u>NO. 16</u>	<u>NA</u>		<u>1969</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u> Yes
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work WELD BUILDUP 1A-0756 MFDW HEADER FLANGE SEATING SURFACE TO OBTAIN ORIGINAL FLANGE TOLERANCES.
8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

## 9. Remarks

(Applicable Manufacturer's Data Records to be attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed A. Z. Blitbaugh QA Date 12-28, 2000  
TECH. SPEC.  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/17/00 to 12/20/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

07. [Signature]  
 Inspector's Signature

Commissions LA 360

National Board, State, Province and Endorsements

Date JAN 05 2001

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-2-01

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed-By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98334933  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: MFDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, ERRATA 1969 Addenda, NA Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING ON OTSG-1A AT MFW RISER No. 16</u>	<u>B+W</u>	<u>620-0003-55-1</u>	<u>N-103</u>		<u>1969</u>	<u>Repaired, Replaced, Replacement</u>	<u>NO</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED BOLTING ON 1A-OTSG MFDW  
RISER TO SHELL & RISER TO HEADER FLANGES.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

John A. Blum  
Owner or Owner's Designer, Title

Date 1-2, 2001

#### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/15/00 to 12/20/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. Smith  
Inspector's Signature

Commissions 6A360

National Board, State, Province and Endorsements

Date JAN 04 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 3-22-00  
 Sheet 1 of 1

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98117245-08  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: HPI 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 Edition, 2/68-W/6/68 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	Repaired, Replaced, Replacement	<u>No</u>
B							Repaired, Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED BOLTING ON SUCTION FLANGES TO 1B HPI PUMP.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed William A. Buehler QA SPECIALIST Date 3-22-00  
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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-1-99 to 3-27-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M.B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 3-27-00



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company526 S. Church Street, Charlotte NC 28201-10061a. Date 4-27-00Sheet 1 of 12. Plant Address: OCONEE NUCLEAR STATION7800 ROCHESTER HWY, SENECA, S.C. 296722a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)3. Work Performed By: Duke Power CompanyAddress: 526 S. Church Street, Charlotte NC 28201-10063a. Work Order #: 98075108

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A3b. NSM or MM #: NA4. (a) Identification of System: LP4. (b) Class of System: 25. (a) Applicable Construction Code: ANSI B31.7Edition, 2/1968Addenda, W/6/1968

Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							Repaired, Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED STUFFING BOX EXTENSION BOLTS ON 1A-LPI PUMP.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

William A. Burdick  
 Owner or Owner's Designee, Title

ON SPECIALIST Date 4-27-00

### 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-9-99 to 6-5-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

WBC Chapman  
 Inspector's Signature

Commissions

NC914

National Board, State, Province and Endorsements

Date 6-5-00

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12-20-00  
 Sheet 1 of 1

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98161495  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: FDW 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ASME B31.1 7/67 Edition, - Addenda, - Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P. Co.	NA.	NA	NA	7-73	Repaired, Replaced, Replacement	NO
B							Repaired, Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPAIRED WELD BETWEEN HANGER LUG  
& PIPE WELD #1 FDW-0203-4AA FOR HANGER NO. 1-03A-  
1-0-400A-H29.
8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

## 9. Remarks

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(Applicable Manufacturer's Data Records to be attached)

## CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

A. J. Blumenthal GATECH Date 12-20-00  
 Owner or Owner's Designee, Title SPEC.

## 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10/16/00 to 12/15/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. Smith  
 Inspector's Signature

Commissions LA 360

National Board, State, Province and Endorsements

Date DEC 22 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12-22-00  
 Sheet 1 of 1

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98235733  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or ~~MM~~ #: 14578

4. (a) Identification of System: RC 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME II 1965 Edition, SUMMER 1967 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>OTSG-1A</u>	<u>B+W</u>	<u>620-0003-55-1</u>	<u>N-103</u>		<u>1969</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work PLUGGED 76 TUBES & REBOILED 75 TUBES IN OTSG 1A.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Z. Blum

Owner or Owner's Designee, Title

QA TECH.  
SPEC.

Date 12-22-00

#### 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 12/18/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature P. J. Smith

Commissions GA 340

National Board, State, Province and Endorsements

Date JAN 02 2001

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12-22-00  
 Sheet 1 of 1

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98235740

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 14579

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III 1965 Edition, SUMMER 1967 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>OTSG-1B</u>	<u>BAW</u>	<u>620-0003-55-2</u>	<u>N-104</u>		<u>1969</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work PLUGGED 154 TUBES + REROLLED 129 TUBES ON 1B-OTSG.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Z. Blodgett

Owner or Owner's Designee, Title

QA TECH. SPEC.

Date 12-22-00

### 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/23/00 to 12/18/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

89. [Signature]

Inspector's Signature

Commissions 6A360

National Board, State, Province and Endorsements

Date JAN 02 2001



**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company526 S. Church Street, Charlotte NC 28201-10061a. Date 8/12/99Sheet 1 of 1

2. Plant Address:

OCONEE NUCLEAR STA.P.O. BOX 1439 SEVECA S.C. 296792a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)3. Work Performed By: Duke Power CompanyAddress: 526 S. Church Street, Charlotte NC 28201-10063a. Work Order #: 99070913

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A3b. NSM or MM #: NA

4. (a) Identification of System:

RC

4. (b) Class of System:

1

5. (a) Applicable Construction Code: ASME III Edition, 1967 Addenda, SUMMER Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING FOR RCP 1A2</u>	<u>WESTINGHOUSE REC. CORP.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>MAIN FLANGE</u>						<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED 7 RCP 1A2 MAIN FLANGE BOLTS.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature]  
 Owner or Owner's Designee Title

Date 8-12-99

#### 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 06-04-99 to 8-12-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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

NC914

National Board, State, Province and Endorsements

Date 8-12-99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 9-16-99  
Sheet 1 of 1

2. Plant Address: DEONEE NUC. STA.  
P.O. BOX 1439 SENECA, S.C. 29679

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98125534  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: MFDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, JULY 1967 Addenda, MARCH 1969 Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	OTSG-1B MFDW RISER	B+W	620-0003-55-2/N-104			1969	Repaired, Replaced, Replacement	<u>No</u> Yes
B	#28 BOLTING						Repaired, Replaced, Replacement	No Yes
C	OTSG-1B MFDW RISER	B+W	620-0003-55-2/N-104			1969	Repaired, Replaced, Replacement	<u>No</u> Yes
D	#29 BOLTING						Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED BOLTING ON OTSG-1B MFW  
RISERS #'S 28 + 29.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

William B. Buttrick  
Owner or Owner's Designee, Title

Date 9-16-99**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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-24-99 to 9-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M.B. Chapman  
Inspector's Signature

Commissions

NC 914  
National Board, State, Province and Endorsements

Date 9-16-99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company526 S. Church Street, Charlotte NC 28201-10061a. Date 9-16-99Sheet 1 of 1

2. Plant Address:

OCONEE Nuc. STA.  
P.O. Box 1439 SENECA, S.C. 296792a. Unit: ① 2 3 Shared (specify Units \_\_\_\_\_)3. Work Performed By: Duke Power CompanyAddress: 526 S. Church Street, Charlotte NC 28201-10063a. Work Order #: 98125533

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A3b. NSM or MM #: N/A

4. (a) Identification of System:

MFDW

4. (b) Class of System:

2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, JULY 1967 Addenda, MARCH 1969 Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	OTSG MFW RISER # 1 BOILING. B+W		OTSG S/N 620-0003-55-1/N-103		NA	1969	Repaired, Replaced, Replacement	<u>No</u> Yes
B	OTSG MFW RISER # 2 BOILING. B+W		OTSG S/N 620-0003-55-1/N-103		NA	1969	Repaired, Replaced, Replacement	<u>No</u> Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

REPLACED BOLTING ON OTSG-1A MFW.  
RISERS NO. 1 & 2. TO SHELL CONNECTIONS.

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

Owner or Owner's Designee, Title

Date

9-16, 99**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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-24-99 to 9-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M.B. Chapman  
Inspector's Signature

Commissions

NC 914  
National Board, State, Province and Endorsements

Date 9-16, 99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 3-2-00  
Sheet 1 of 1

3a. Work Order #: 98248685  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: RC 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ANSI B31.7 Edition, 2/68 w/6/68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

## 6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>PIPING</u>	<u>D.P.C.</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	<u>Repaired, Replaced, Replacement</u>	<u>NO</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work REPLACED ELBOW BELOW 1BZ COLD LEG DRAIN NOZZLE.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

PERFORMED NDE + SYS. LEAKAGE TEST PER ASME CODE CASE N-416.1 IN LIEU OF HYDRO.

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason  
Owner or Owner's Designee, Title

Date 3-6, 2000

#### 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-17-00 to 3-6-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
Inspector's Signature

Commissions NC 914

National Board, State, Province and Endorsements

Date 3-6, 00



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units SPARE)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 3-21-00  
Sheet 1 of 1

3a. Work Order #: 98182919  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: NA

4. (a) Identification of System: LPSW 4. (b) Class of System: B(2)
5. (a) Applicable Construction Code: ANSI B31.1 Edition, 7/69 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

## 6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	R.C.P. OIL COOLER	BERLIN CHAPMAN	07423	NA		1968	Repaired, Replaced, Replacement	NO
B							Repaired, Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work PERFORMED BMR'S ON SPARE R.C.P.  
BEARING OIL COOLER SHELL FLANGES SEATING AREAS, 7 EA.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other (Exempt)

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

M. J. Blumhagen QA SPECIALIST Date 3-21-00  
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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-15-00 to 3-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
Inspector's Signature

Commissions

NC914  
National Board, State, Province and Endorsements

Date 3-22-00

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-11-02

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98100622-01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: C

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 1C-187	Fisher	10663354	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1 flange nut on IC-187

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Johns QC Specialist Date 12-11, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/28/99 to 6/14/99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

E. J. Smith  
Inspector's Signature

Commissions LA-360  
National Board, State, Province and Endorsements

Date DEC 22 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/7/00  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98254797-01  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
* A	Valve ILP-60	Varec	C-67029	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

\* ILP-60 + ILP-61 are as one component with the same valve serial number

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced pressure pallet assembly in valve ILP-60

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Johnson / QC Specialist Date 12/11, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/30/00 to 12/3/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 6A360  
National Board, State, Province and Endorsements

Date DEC 22 2000

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/7/00  
Sheet 1 of 1

2. Plant Address: OGONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98254608-01  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve ILP-61	Varec	C-67029	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

\* ILP-60 + ILP-61 are as one component with the same valve serial number

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced vacuum pallet assembly in valve ILP-61

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt 892

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PHOON / QC Specialist Date 12/11, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/30/00 to 12/3/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. G. Smith  
Inspector's Signature

Commissions 6A360  
National Board, State, Province and Endorsements

Date DEC 22 2000



# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1/3/01  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98254775-01  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: Sec. III 1983 Edition, W-84 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve IFDW-317	Anderson Greenwood	N28864	2269	N/A	1994	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced in-line flange bolting on IFOW-317

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atzohs / QC Specialist    Date 01-03, 2001  
 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/30/00 to 12/12/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. J. [Signature]  
 Inspector's Signature

Commissions GA 360  
 National Board, State, Province and Endorsements

Date JAN 04 2001

**As Required by the Provisions of the ASME Code, Section III, Division 1**

Pg. 1 of 2

- SECRET**

FORM NPV-1 (Back — Pg. 2 of 2)

Certificate Holder's Serial No. N28864 - N28875

8. Design conditions 1330 (pressure) psi 650 (temperature) °F or valve pressure class 900# (1)
9. Cold working pressure 2160 psi at 100°F
10. Hydrostatic test 3250 psi. Disk differential test pressure 2400 psi
11. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CERTIFICATION OF DESIGN

Design Specification certified by BRAXTON LEROY PEELE, JR. P.E. State SC Reg. no. 7076  
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2823 Expires 9-10-96  
 Date 1/25/94 Name ANDERSON, GREENWOOD & CO. Signed Joseph A. Parker  
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF 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 TEXAS and employed by C.U.I.C. of BOSTON, MA have inspected the pump, or valve, described in this Data Report on 1-26-94, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data 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.

Date 1-26-94 Signed John R. Powell Commissions 187582 NA TEX 803  
 (Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

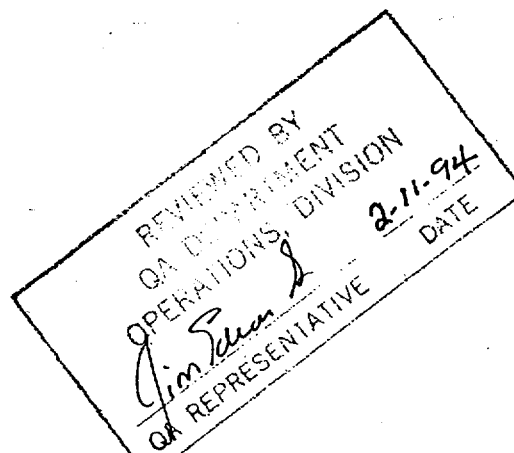
**AGCO®****KEYSTONE**

A Subsidiary of Keystone International, Inc.

**Anderson, Greenwood & Co.***January 25, 1994***ANDERSON, GREENWOOD & CO.****S/O: 14.0619.01****P/N: N04.2502.511 REV. A****VALVE ASSEMBLY CV1B-0690-SSM-N2****QUANTITY 12****S/N: N28864 - N28875****NATIONAL BOARD # 2269 - 2280****DUKE POWER COMPANY****P/O: E26479-K2****ITEM 1 (DMV-935)****SPEC: OSS-0245.00-00-0004 REV 2****CERTIFICATE OF CONFORMANCE**

*I hereby certify that the above referenced valves supplied to Duke Power Company in accordance with their purchase order requirements were manufactured in compliance with the requirements of the ASME Code Section III, Class 2, 1983 Edition, W-84 Addendum, and the Duke Power Company's Design Specification.*

*The referenced valves were supplied in accordance with our ASME Section III QA Manual, Revision F, dated 12/20/93, which meets the requirements of ASME Section III, Division I, Subsection NCA, Para 4000, and were shipped from 3950 Greenbriar, Stafford, Tx.*

**ANDERSON, GREENWOOD & CO.***J. Parks***Joe Parks, QA Specialist****QA Department****JAP/kjm**

# DUKE POWER COMPANY QUALITY ASSURANCE DEPARTMENT SUPPLIER QUALITY ASSURANCE CERTIFICATION

PAGE	2
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Name of Supplier ANDERSON, GREENWOOD & CO. S/O: 14.0619.01  
 Date 1/21/94  
 Address of Supplier Plant 3950 GREENBRIAR Mill Power Order No. E26479-K2  
STAFFORD, TX 77477 Duke Item or Req. No. DMV-935  
 Spec. No. OSS-0245.00-00-0004 Rev. 2  
 Supplier ID Nos. SERIAL NO. N28864 - N28875  
 Description of Component(s) or Material(s) VALVE ASSEMBLY CV1B-0690-SSM-N2  
N02-2502-511 REV A

☐ Attached Documentation covers all Components/Materials on Mill Power Order.

☒ Attached Documentation covers partial shipment of Components/Materials on Mill Power Order.

The following listed tests, inspections and reports have been completed as required by the specification:

<input checked="" type="checkbox"/> Physical & Chemical Analysis <input checked="" type="checkbox"/> Hydro (Test Pressure — PSIG <u>3250</u> ) <input checked="" type="checkbox"/> Design Report <input type="checkbox"/> Radiographic Test <input type="checkbox"/> Penetrant Test <input checked="" type="checkbox"/> Operating Test <input checked="" type="checkbox"/> Dimensional Check	<input type="checkbox"/> Major Repair Records & Charts <input checked="" type="checkbox"/> Personnel Qualifications on Record <input checked="" type="checkbox"/> Stress Report <input type="checkbox"/> Ultrasonic Test <input type="checkbox"/> Repair NDE <input type="checkbox"/> Performance Curve <input type="checkbox"/> Deviation Record # _____	<input checked="" type="checkbox"/> Heat Treatment <input type="checkbox"/> Magnetic Particle <input checked="" type="checkbox"/> Cleanliness <input checked="" type="checkbox"/> ASME Data Report
--	---	---

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

This certifies that the listed Component(s) or Material(s) conform to the requirements of the above referenced Duke Power documents including all codes, standards, test requirements and Quality Assurance requirements invoked therein.

JOE PARKS *J. Parks*

Supplier Representative Authorized Signature

Title QA SPECIALIST Date 1/25/94

(See Instructions)

FOR INFORMATION ONLY

G5B

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**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-7-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98289520 - 39  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: 13066 Am1

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve IHP-302	Crosby	N67965-00-000	N/A	N/A	1985	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

\* Nuts were issued to Work Order 98170435-01 but were transferred to NSM 13066 for installation of valve.



Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced in-line flange nuts on valve IHP-302

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed P. J. Bludagh QA Date 1-7, 2001  
Owner or Owner's Designee, Title TECH. SPEC.

**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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/13/00 to 12/14/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

Inspector's Signature [Signature] Commissions GA360 NIC  
Date JAN 07 2001 National Board, State, Province and Endorsements

# **FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS** **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date **8-18-99**

Sheet **1** of **1**

2. Plant **Oconee Nuclear Station**  
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # **98078757-01**  
 Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**  
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # **—**

4. Identification of System **LPSW** Class **2**

5. (a) Applicable Construction Code **B31.1** 19 **67** Edition, **—** Addenda, **—** Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
<b>A</b>	<b>Valve LPSW-10</b>	<b>Crane</b>	<b>47.5XR</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>B</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body / Bonnet bolting material on ILPSW - 10

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Records to be Attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed QC Specialist Alton  
 Owner or Owner's Designee, Title

Date 8-18, 19 99

**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 Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-25-99 to 8-18-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

M.B. Chapman  
 Inspector's Signature

Commissions NC914  
 National Board, State, Providence and Endorsements

Date 8-18, 19 99

# **FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS** **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-24-99

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**  
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # 98007027-01  
 Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**  
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # \_\_\_\_\_

4. Identification of System LP Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6/68 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1LP-69	Aloyco	6801254	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Form NIS-2 (Back)**

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1 Body / Bonnet bolt + 2 nuts on LLP-69

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_

(Applicable Manufacturer's Data Records to be Attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altobelli QC Specialist  
Owner or Owner's Designee, Title

Date 8-24, 19 99

**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 Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-4-99 to 8-24-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

M.B. Chapman  
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 8-24, 19 99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

## As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**  
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date **8-25-99**

Sheet **1** of **1**

2. Plant **Oconee Nuclear Station**  
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # **98127875-11**  
Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
Address **526 S. Church Street, Charlotte, NC 28201-1006**  
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # **—**

4. Identification of System **MS** Class **2**

5. (a) Applicable Construction Code **B31.1** 19**67** Edition, **—** Addenda, **—** Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1ms-82	Crane	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced 1 Body / Bonnet nut on 1mS-82

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Records to be Attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altoona QC Specialist  
 Owner or Owner's Designee, Title

Date 8-25, 19 99

### 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 Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-9-99 to 8-30-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

MB Chapman  
 Inspector's Signature

Commissions NC914  
 National Board, State, Providence and Endorsements

Date 8-30, 1999

# **FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS** **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-30-99

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**  
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3a. Work Order # 98081291-01  
 Repair Organization Job # \_\_\_\_\_

3. Work Performed By **Duke Power Company**  
 Address **526 S. Church Street, Charlotte, NC 28201-1006**  
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # \_\_\_\_\_

4. Identification of System LP Class 2

5. (a) Applicable Construction Code B31.7 19 68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ILP-20	Powell	Unavailable	N/A	Fig. # 1523 W.E.	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes



**Form NIS-2 (Back)**

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body / Bonnet Bolting on Valve 1LP-20

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

Pressure \_\_\_\_\_ psig

Test Temp. \_\_\_\_\_ °F

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Applicable Manufacturer's Data Records to be Attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. B. Chapman QC Specialist  
 Owner or Owner's Designee, Title

Date 8-30, 1999

**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 Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-4-99 to 8-30-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's 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 examinations and corrective measures described in this Owner's 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.

M. B. Chapman  
 Inspector's Signature

Commissions NC 914  
 National Board, State, Providence and Endorsements

Date 8-30, 1999

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 9-16-99

Sheet 1 of 1

2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy., Seneca, S.C. 29672

2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 97095289-01

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve ILP-21	Powell	Unavailable	N/A	Model 1523WE	N/A	Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet bolting in ILP-21

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

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(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atobh OC Specialist Date 9-16-99  
 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-4-99 to 9-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

WBC Chapman    Commissions NC914  
 Inspector's Signature    National Board, State, Province and Endorsements

Date 9-16-99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy., Seneca, S.C. 29672
- 2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006
- 3a. Work Order #: 97109927-01  
Repair Organization Job # \_\_\_\_\_
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A
- 3b. NSM or MM #: \_\_\_\_\_
4. (a) Identification of System: LP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: B31.7 68 Edition, 6-68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1LP-13	Crane	21447-07	N/A	N/A	N/A	Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body / Bonnet Nuts on ILP-13

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Platoon QC Specialist Date 9-16, 99  
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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-31-99 to 9-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 9-16, 99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company526 S. Church Street, Charlotte NC 28201-10061a. Date 9-23-99Sheet 1 of 12. Plant Address: Oconee Nuclear Station7800 Rochester Hwy., Seneca, S.C. 296722a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)3. Work Performed By: Duke Power CompanyAddress: 526 S. Church Street, Charlotte NC 28201-10063a. Work Order #: 98078754-01

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LPSW4. (b) Class of System: 25. (a) Applicable Construction Code: B31.1 7/67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve LPSW-14	Crane	Unavailable	N/A	N/A	N/A	Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
C							Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
D							Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
E							Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
F							Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet bolting in ILPSW-14

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

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(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. B. Chapman Date 9-23, 99  
 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-2-99 to 9-27-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M. B. Chapman  
 Inspector's Signature

Commissions NC 914  
 National Board, State, Province and Endorsements

Date 9-27, 99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 9-23-99

Sheet 1 of 1

2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy, Seneca, S.C. 29672

2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98078755-01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 7/67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ILPSW-12	Crane	47.5XR	N/A	N/A	N/A	Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes



## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet Nuts on ILPSW-12

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PHOOKS QC Specialist Date 9-23, 99  
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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-31-99 to 9-27-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman    Commissions NC914  
Inspector's Signature    National Board, State, Province and Endorsements

Date 9-27, 99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 10/21/99  
Sheet 1 of 1

2. Plant Address: Oconee Nuclear Station  
7800 Rochester Hwy, Seneca, S.C. 29672

2a. Unit: ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98149191-01  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 2/68 Edition, 6/68 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve IBS-12	Unavailable	Unavailable	Unavailable	N/A	N/A	Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet Bolting material 1BS-21

8. Test Conducted: Hydrostatic      Pneumatic      Nom. Operating Press.      Other Exempt

Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig      Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atkins QC Specialist      Date 10-21, 99  
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 NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-14-99 to 10-25-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 10-25, 99

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11/10/99  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: (1) 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98100670-01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 7/67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve FDW-232	Anchor Darling	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

## Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet bolting in IFDW-232

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atcham AC Specialist Date 11-10, 1999  
 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 NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-28-99 to 10-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman  
 Inspector's Signature

Commissions NC914  
 National Board, State, Province and Endorsements

Date 11-10-99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 11-10-99  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98100669-01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: FDW 4. (b) Class of System: 2
5. (a) Applicable Construction Code: B31.1 7/67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve IFDW-233	Anchor Darling	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced body / bonnet bolting in 1FDW-233

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atcham QC Specialist Date 11-10-1999  
 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 NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-25-99 to 11-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB. Chapman  
 Inspector's Signature

Commissions NC914  
 National Board, State, Province and Endorsements

Date 11-10-99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12/1/99  
Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98100666-04  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP 4. (b) Class of System: 1
5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1HP-188	Velan	Unavailable	N/A	Model # B12-3114B-13m	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes



NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Body/Bonnet bolting in IHP-188

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altoob QC Specialist Date 12-1, 1999  
 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-11-99 to 12-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-2, 99

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company526 S. Church Street, Charlotte NC 28201-10061a. Date 2/22/00Sheet 1 of 12. Plant Address: OCONEE NUCLEAR STATION7800 ROCHESTER HWY, SENECA, S.C. 296722a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)3. Work Performed By: Duke Power CompanyAddress: 526 S. Church Street, Charlotte NC 28201-10063a. Work Order #: 98013313-01

Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: CF4. (b) Class of System: 15. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ICF-13	Crane	Unavailable	N/A	Model # 7164-U-C	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced disc in valve 1CF-13

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altohn OC Specialist Date 2-22-2000  
 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-5-99 to 2-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

MB Chapman  
 Inspector's Signature

Commissions NC 914

National Board, State, Province and Endorsements

Date 2-22-00

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 2-22-00Sheet 1 of 1

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98109463 -01  
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: CF 4. (b) Class of System: I
5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ICF-11	Crane	Unavailable	N/A	Model # 7164-U-C	N/A	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced disc in valve 1CF-11

8. Test Conducted: Hydrostatic    Pneumatic    Nom. Operating Press.    Other Exempt

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
 Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

#### CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Attohm  
 Owner or Owner's Designee, Title

Date 2-22, 2000

#### 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-4-99 to 2-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

M.B. Chapman  
 Inspector's Signature

Commissions NC 914  
 National Board, State, Province and Endorsements

Date 2-22, 00

**FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS**  
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/13/00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98170436-01  
Repair Organization Job # \_\_\_\_\_

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1HP-71	Crosby	N67965-00-0001	N/A	N/A	1985	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced inlet flange nuts on IHP-71

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Abbas QC Specialist Date 12/13, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11/30/00 to 12/07/00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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 6A36D  
National Board, State, Province and Endorsements

Date DEC 22 2000

# FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/21/00  
 Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

3. Work Performed By: Duke Power Company  
 Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98176771-01  
 Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1968 Edition, 1968 Addenda, \_\_\_\_\_ Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve ILP-20	Wm Powell	58149	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes



Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced disc in valve ILP-20

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed P. Hoots QC Specialist Date 12-21, 2000  
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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12/2/00 to 12-12-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's 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.

C. T. Smith  
Inspector's Signature

Commissions GA 360  
National Board, State, Province and Endorsements

Date DEC 22 2000

## 11.0 Pressure Testing

This section shows a compilation of Pressure Tests conducted from refueling outage EOC-18 through refueling outage EOC-19.

### *Outage Summary*

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Examinations Credited For This Outage</b>
B-E	System Hydrostatic Test (IWB-5222)	0
B-P	System Leakage Test (IWB-5221)	1
B-P	System Hydrostatic Test (IWB-5222)	0
C-H	System Inservice/Functional Test (IWC-5221)	16
C-H	System Hydrostatic Test (IWC-5222)	1

A detailed description of each Examination Category listed above is located in subsection 11.1 of this report. Results of each Examination Category are located in subsection 11.2 of this report.

This section shows a complete status of Pressure Tests conducted during the second period.

*Period Summary*

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Examinations Required For This Period</b>	<b>Total Examinations Credited For This Period</b>	<b>(%) Examinations Complete For This Period</b>
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	2	2	100%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	51 <sup>1</sup>	37	72.55%
C-H	System Hydrostatic Test (IWC-5222)	9	4	44.44%

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<sup>1</sup> These pressure tests were tracked as "Item Numbers" during the first inspection period and are tracked as "Examination Zones" starting with the second inspection period.

### 11.1 Required Examinations This Outage:

A listing of each pressure test and associated VT-2 Visual Examination conducted from EOC-18 through EOC-19 is included in this section.

The information shown below is a field description for the listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain systems or portions of systems that make up a pressure test.
Boundary Drawing	=	Detail drawing of pressure test boundary.
Required Test	=	Information that shows the required tests for the examination zone – (L) Leakage Test, (I) Inservice Test, (F) Functional Test, or (H) Hydrostatic Test.
System Name	=	Name of pressure retaining component system
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
ASME Item Number(s)	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
Comments	=	General and/or Detail Description

# Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 19

Int = 3  
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ1L-1	O-ISIL-100A-1.1	X				Reactor Coolant	VT-2	QAL-15	B15.10 B15.30 B15.50 B15.60 B15.70 C7.30 C7.70	N/A
	O-ISIL-100A-1.2	X				Reactor Coolant	VT-2	QAL-15	B15.20 B15.50 B15.70 C7.30 C7.70	N/A
	O-ISIL-100A-1.3	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.60	N/A
	O-ISIL-101A-1.1	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-101A-1.4	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-101A-1.5	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-1.1	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-1.2	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-1.3	X				Reactor Coolant	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-110A-1.1	X				Chemical Addition	VT-2	QAL-15	B15.50 B15.70	N/A

**Duke Power Company - Oconee Unit 1**  
**Pressure Testing Zone Number Listing**

**Outage 19**

**Int = 3**  
**Period = 2**

<b>Zone Number</b>	<b>Boundary Drawing</b>	<b>Required Test L / I / F / H</b>				<b>System Name</b>	<b>Required Inspection</b>	<b>Required Procedure</b>	<b>ASME Item Number(s)</b>	<b>Comments</b>
	O-ISIL-110A-1.4	X				Chemical Addition	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-127B-1.2	X				High Pressure Service Water	VT-2	QAL-15	B15.50 B15.70	N/A

# Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 19

Int = 3  
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
IZ1L-27B	O-ISIL-102A-1.1		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1H-27B	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	N/A
OZ1L-1	O-ISIL-100A-1.1	X				Reactor Coolant	VT-2	QAL-15	B15.10 B15.30 B15.50 B15.60 B15.70 C7.30 C7.70	N/A
	O-ISIL-100A-1.2	X				Reactor Coolant	VT-2	QAL-15	B15.20 B15.50 B15.70 C7.30 C7.70	N/A
OZ1L-26	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.10 C7.30 C7.50 C7.70	N/A
OZ1L-27B	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1L-28	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.50 C7.70	N/A
OZ1L-29	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1L-30	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	N/A

[illegible]



# Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 19

Int = 3  
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ1L-6	O-ISIL-101A-1.2		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70 D1.11	N/A
	O-ISIL-109A-1.1		X			Purification Demineralizers	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1L-65	O-ISIL-124B-1.4		X	X		Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1L-89	O-ISIL-116C-1.1		X			Hydrogen Purge	VT-2	QAL-15	C7.30 C7.70	N/A
OZ1L-90	O-ISIL-116C-1.1		X			Hydrogen Purge	VT-2	QAL-15	C7.30 C7.40	N/A
OZ1L-91	O-ISIL-116C-1.1		X			Hydrogen Purge	VT-2	QAL-15	C7.30 C7.40	N/A

## 11.2 Examination Results For This Outage:

The results of each pressure test and associated VT-2 Visual Examination conducted from EOC-18 through EOC-19 are included in this section.

The information shown below is a field description for the Class 1 and Class 2 listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain extremity valves that make up a test
Boundary Drawing	=	Detail drawing of pressure test boundary
Outage	=	The number for the refueling outage cycle of this report
Test Status	=	Complete or Partial
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage)
VT-2 Examiner	=	The name of the Level II Visual examiner
VT-2 Date	=	Date VT-2 visual examination was performed

Current Interval = 3  
Current Period = 2  
Class = A

**Duke Power Company - Oconee Unit 1**  
**Pressure Testing VT-2 Examination Results**

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ1L-1	O-ISIL-100A-1.1	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-100A-1.2	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-100A-1.3	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-101A-1.1	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-101A-1.4	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-101A-1.5	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-102A-1.1	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-102A-1.2	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-102A-1.3	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-110A-1.1	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-110A-1.4	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-127B-1.2	19	Complete	Clear	N/A	01/10/2001

Current Interval = 3  
 Current Period = 2  
 Class = B

**Duke Power Company - Oconee Unit 1**  
**Pressure Testing VT-2 Examination Results**

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
IZ1L-27B	O-ISIL-102A-1.1	19	Complete	Clear	N/A	11/25/2000
OZ1H-27B	O-ISIH-102A-1.2	19	Complete	Clear	N/A	11/25/2000
OZ1L-1	O-ISIL-100A-1.1	19	Complete	Clear	N/A	01/10/2001
	O-ISIL-100A-1.2	19	Complete	Clear	N/A	01/10/2001
OZ1L-26	O-ISIL-102A-1.2	19	Partial	Clear	N/A	11/25/2000
OZ1L-27B	O-ISIL-102A-1.2	19	Complete	Clear	N/A	11/25/2000
OZ1L-28	O-ISIL-102A-1.2	19	Complete	Clear	N/A	11/25/2000
OZ1L-29	O-ISIL-102A-1.2	19	Complete	Clear	N/A	11/25/2000
OZ1L-30	O-ISIL-102A-1.2	19	Complete	Clear	N/A	11/25/2000
OZ1L-32	O-ISIL-102A-1.3	19	Complete	Clear	N/A	11/20/2000
	O-ISIL-127B-1.2	19	Complete	Clear	N/A	11/23/2000
OZ1L-33	O-ISIL-102A-1.3	19	Complete	Clear	n/a	11/20/2000
	O-ISIL-127B-1.2	19	Complete	Clear	N/A	11/20/2000
OZ1L-34	O-ISIL-104A-1.1	19	Complete	Clear	N/A	11/30/2000
OZ1L-44	O-ISIL-110A-1.1	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-121B-1.3	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-121B-1.5	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-121D-1.1	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-121D-1.2	19	Complete	Clear	N/A	01/11/2001
	O-ISIL-122A-1.1	19	Complete	Clear	N/A	01/11/2001
OZ1L-6	O-ISIL-101A-1.2	19	Complete	Clear	N/A	01/09/2001
	O-ISIL-109A-1.1	19	Complete	Clear	N/A	01/09/2001
OZ1L-65	O-ISIL-124B-1.4	19	Complete	Clear	N/A	01/10/2001

Current Interval = 3  
Current Period = 2  
Class = B

**Duke Power Company - Oconee Unit 1**  
**Pressure Testing VT-2 Examination Results**

<b>Zone Number</b>	<b>Boundary Drawing</b>	<b>Outage</b>	<b>Test Status</b>	<b>Test Result</b>	<b>VT-2 Examiner</b>	<b>VT-2 Date</b>
OZ1L-89	O-ISIL-116C-1.1	19	Complete	Clear	N/A	12/07/2000
OZ1L-90	O-ISIL-116C-1.1	19	Complete	Clear	N/A	12/07/2000
OZ1L-91	O-ISIL-116C-1.1	19	Complete	Clear	N/A	12/07/2000

11.3 Reportable Indications:

None