

March 29, 2002
NG-02-0268

Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Mail Station 0-P1-17
Washington, DC 20555-0001

Subject: Duane Arnold Energy Center
Docket No: 50-331
Op. License No: DPR-49
Relief Requests NDE-R001 Revision 1, NDE-R028 Revision 2, NDE-R044
and NDE-R045

Reference: 1. Letter dated October 18, 1999, from NRC to E. Protsch (IES Utilities
Inc.), Safety Evaluation of Third 10-Year Interval Inservice Inspection
Program Plan Requests for Relief for Duane Arnold Energy Center
2. Letter dated March 7, 2001, from NRC to G. Van Middlesworth (NMC),
Safety Evaluation of Relief Request NDE-R028, Revision 1

File: A-100, A-286

By letter dated October 18, 1999 (Reference 1) the NRC approved several Duane Arnold Energy Center (DAEC) Inservice Inspection (ISI) Program relief requests, including NDE-R001. NDE-R001 provided relief from performing examination of essentially 100% of the weld length for certain reactor vessel welds. Based upon examination coverage obtained during examinations performed in Spring of 2001 during Refueling Outage (RFO) 17, NDE-R001 requires revision. NDE-R001, Revision 1 is provided in Attachment 1. NDE-R001 was also revised to refer to Revision 12 of Regulatory Guide 1.147 rather than Revision 11.

Relief Request NDE-R028, Revision 1 was approved by letter dated March 7, 2001 (Reference 2) and allows relief from performing 100% examinations of nozzle-to-vessel welds. This relief has been revised to incorporate additional welds examined during RFO 17. As discussed in NDE-R028, Revision 2 (Attachment 1), the configurations of the nozzle-to-vessel welds do not allow 100% examination.

In addition, Nuclear Management Company, LLC (NMC), has identified the need for two new relief requests as a result of examinations performed during RFO 17. Relief Requests NDE-R044 and NDE-R045 (Attachment 1) involve welds located off of the Recirculation Pump Suction Piping and the Scram Discharge Piping, respectively. Configuration limits the examination coverage that can be obtained for both of these welds. Additional coverage would require radiography (which would require the draining of systems which would result in increased radiation exposure, while providing only a small potential of increasing plant safety margins).

Additional information concerning the four relief requests is provided in Attachment 2.

A047

March 29, 2002

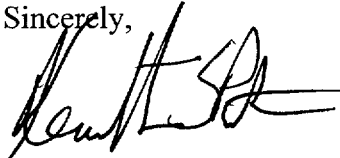
NG-02-0268

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Pursuant to the provisions of 10CFR50.55a, NMC requests approval of Relief Requests NDE-R001 Revision 1, NDE-R028 Revision 2, NDE-R044 and NDE-R045 prior to February 1, 2003 to support planning for the DAEC's Spring 2003 Refueling Outage.

Should you have any questions regarding this matter, please contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Putnam', with a stylized flourish at the end.

Kenneth S. Putnam
Manager, Licensing

Attachment 1: NDE-R001 Revision 1, NDE-R028 Revision 2, NDE-R044 and NDE-R045

Attachment 2: Supporting Information

cc: G. Park (w/a)
C. Rushworth (w/a)
G. VanMiddlesworth (w/o)
B. Mozafari (NRC-NRR) (w/a)
D. Hood (NRC-NRR) (w/a)
J. Dyer (Region III) (w/a)
NRC Resident Office (w/a)
Docu (w/a)

RELIEF REQUEST NUMBER: NDE-R001 Rev. 1

COMPONENT IDENTIFICATION

Code Class: 1
References: IWB-2500
Table IWB-2500-1
Examination Category: B-A
Item Number: B1.11, B1.22, B1.30, B1.40
Description: Circumferential Weld (Vessel)
Meridional Weld (Bottom Head)
Shell to Flange Weld
Head to Flange Weld
Component Numbers: VCB-B004, HMA-B002, VCB-C005, and HCC-C001

CODE REQUIREMENT

Section XI (1989 Edition), Table IWB-2500-1 Category B-A, Item B1.11, B1.22, B1.30, and B1.40 require a volumetric examination of applicable Class 1 pressure retaining welds, which includes essentially 100% of weld length once during the ten-year interval.

Code Case N-460 and 10CFR 50.55 permit a reduction in examination coverage of Class 1 reactor vessel welds provided the coverage reduction is less than 10%. The Duane Arnold Energy Center (DAEC) has adopted Code Case N-460 in the Inservice Inspection (ISI) Program Plan, as permitted by USNRC Regulatory Guide 1.147, Revision 12.

Relief is requested from performing essentially 100% of the weld length for reactor vessel welds VCB-B004, HMA-B002, VCB-C005, and HCC-C001.

BASIS FOR RELIEF

The DAEC plant design was completed and a license to operate was requested in 1971. The reactor vessel was designed and installed to ASME Section III, 1965 Edition, 1967 Addenda. The parameters for accessibility for Inservice Inspection were not requirements at that time and therefore not necessarily factored into component and system configurations, thereby creating conditions where ASME Section XI Code required examination coverage of reactor vessel welds can not be obtained.

During refueling outage (RFO) 14, the DAEC performed the augmented weld examination of the reactor vessel using the General Electric GERIS 2000 ultrasonic examination system. The extent of examination coverage is outlined in the following table. The amount of coverage which will be obtainable when the third ten-year interval examinations are performed was based on the percentages obtained during RFO 14. Relief is therefore requested for the third ten-year interval for the four welds for which less than 90% coverage will be obtainable – VCB-B004, HMA-B002, VCB-C005, and HCC-C001.

REACTOR VESSEL WELD LIMITED EXAMINATION TABLE

ASME Item No.	Weld Description	Weld ID	Accessible Exam Coverage	Comments
B1.11	Circumferential weld	VCB-B1	96.5%	
B1.11	Circumferential weld	VCB-A2	96.7%	
B1.11	Circumferential weld	VCB-B3	96.7%	
B1.11	Circumferential weld	VCB-B4	86.91%	
B1.12	Longitudinal Welds	VLA-A001	96.6%	
B1.12	Longitudinal Welds	VLA-A002	96.7%	
B1.12	Longitudinal Welds	VLB-A001	95.4%	
B1.12	Longitudinal Welds	VLB-A002	95.8%	
B1.12	Longitudinal Welds	VLC-B001	93.8%	
B1.12	Longitudinal Welds	VLC-B002	93.4%	
B1.12	Longitudinal Welds	VLD-B001	96.7%	
B1.12	Longitudinal Welds	VLD-B002	96.7%	
B1.21	Circ Weld (Bott Hd)	HCA-B001	100%	
B1.22	Meridional Welds (Bottom Head)	HMA-B002	80.3%	
B1.30	Shell to Flange Welds	VCB-C005	42.7%	(one side)
B1.40	Head to Flange Welds	HCC-C001	70.54%	(one side)
B1.51	Repair Welds (Beltline Region)	(VLA-A002) 118 R1	96.9%	Right side of weld, 31" X 38" area, Y=119" to 150"

VCB-B004

This is the Course 3 to Course 4 circumferential weld. The vessel stabilizers and an insulation support ring are located at the location and limit the examination to 86.91%. The insulation support ring is located 18" from the weld. The bottom of the stabilizer brackets are located on the weld. In order to perform the additional 13.09% of the weld, the stabilizers would require removal. Removing the vessel stabilizers is not a feasible option.

HMA-B002

This weld is located at the vessel skirt. There is a portion of the weld above and below the vessel skirt. Therefore the vessel skirt limits the examination coverage to approximately 80.3%. In order to perform the additional 19.7% of the weld, the vessel skirt would require removal and then reinstallation. This is not a feasible option.

VCB-C005

This is the Vessel to Flange weld. This weld is examined from the flange surface and the vessel wall. The examination is limited to approximately 42.7% due to the configuration of the weld. There is no feasible option in order to examine the additional 57.3%.

HCC-C001

This is the Head to Flange weld. This weld was examined from the head surface and is limited due to the configuration of the weld. There is no feasible option in order to examine the additional 29.46%. A third of this weld was examined in RFO14 (1st period) with a weld coverage of 36.8%. The second third was examined in RFO17 (2nd period) with a weld coverage of 70.54%. The third that was examined in RFO14 will be re-examined to obtain the 70.54% in the 3rd period.

ALTERNATE EXAMINATION

Pursuant to 10CFR50.55a(a)(3)(ii), the DAEC proposes to examine, once during the ten year interval, the applicable pressure retaining reactor vessel welds to the maximum extent practical within the limitations of the examination technique or design of the component. The welds and approximate coverage are:

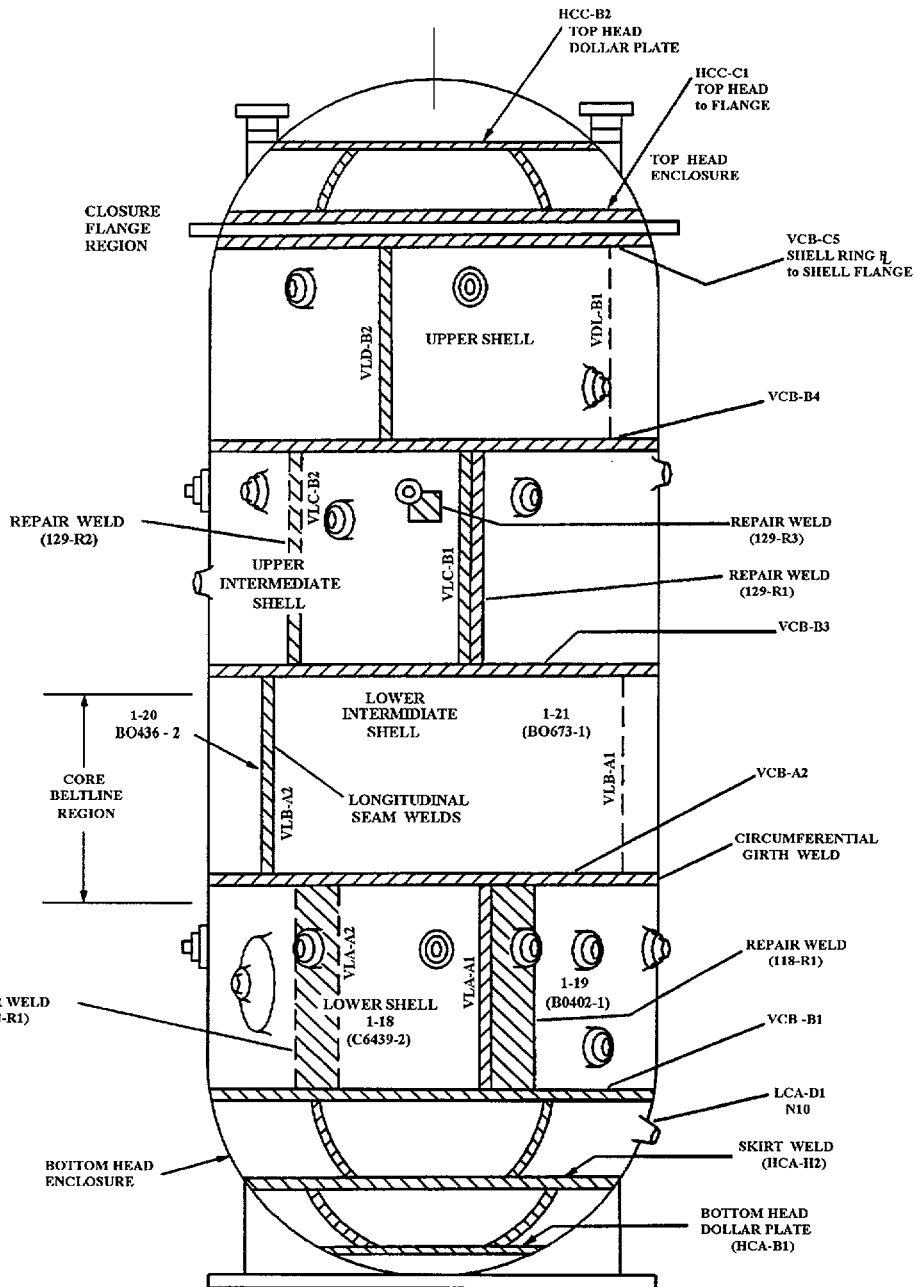
VCB-B004	86.91%
HMA-B002	80.3%
VCB-C005	42.7%
HCC-C001	70.54%

The inaccessible portions of the reactor vessel welds will continue to be subject to the applicable system pressure test requirements of IWA and IWB-5000 with a VT-2 visual examination.

APPLICABLE TIME PERIOD

Relief is requested for the third ten-year interval of the Inservice Inspection Program for DAEC.

Reactor vessel



SCHEMATIC OF THE RPV SHOWING ARRANGEMENT
OF VESSEL PLATES AND WELDS

RELIEF REQUEST NUMBER: NDE-R028 (Rev. 2)

COMPONENT IDENTIFICATION

Code Class:	1
References:	IWB-2500 Table IWB-2500-1
Examination Category:	B-D
Item Number:	B3.90
Description:	Nozzle-to-Vessel Welds
Component Numbers:	See "List of Nozzle-to-Vessel Welds" for Component Identification

CODE REQUIREMENT

Section XI (1989 Edition), Table IWB-2500-1 Category B-D, Item B3.90, requires a volumetric examination, which includes essentially 100% of the weld, once during the ten year interval. The examination volume is defined in Figure IWB-2500-7(b).

Code Case N-460 permits a reduction in examination coverage of Class 1 welds provided the coverage reduction is less than 10%. The Duane Arnold Energy Center (DAEC) has adopted Code Case N-460 in the Inservice Inspection (ISI) Program Plan, as permitted by USNRC Regulatory Guide 1.147, Revision 12.

Relief is requested from performing essentially 100% of the weld length for those welds identified in the "List of Nozzle-to-Vessel Welds."

BASIS FOR RELIEF

Due to the design of these welds it is not feasible to effectively perform a volumetric examination of 100% of the volume as described in IWB-2500-7(b). The nozzle-to-vessel welds are accessible from the vessel side, but examination cannot be performed from the nozzle side because of the forging curvature. In addition to component configuration certain nozzle-to-vessel weld examinations are further limited by reactor pressure vessel (RPV) design obstructions (such as RPV appurtenances). In accordance with 10CFR50.55a(g)(6)(i) relief requests may be granted when the examination requirements are shown to be impractical.

ALTERNATE EXAMINATION

The DAEC proposes to perform volumetric examination from the vessel side of the nozzle-to-vessel welds identified in the "List of Nozzle-to-Vessel Welds." Because of the design of these welds, there are no alternative examination techniques currently available to increase the examination volume.

List of Nozzle-to-Vessel Welds

Nozzle ID	Period Examined	Code Coverage*	Remarks
CRA-D001	1	61.3%	Control Rod Drive
CSA-D001	1	63%	Core Spray
CSB-D001	1	66%	Core Spray
FWA-D001	1	56.5%	Feedwater
HVA-D001	1	66.0%	Head Vent
HSB-D001	2	70.9%	Head Spare
JPA-D001	1	61.1%	Jet Pump
MSA-D001	1	59.6%	Main Steam
MSB-D001	2	63%	Main Steam
RHA-D001	1	65.7%	Head Spray
RCA-D001	2	59%	Recirculation Suction
RCB-D001	1	57%	Recirculation Suction
RRA-D001	1	63%	Recirculation Inlet
RRB-D001	1	63%	Recirculation Inlet
RRC-D001	1	63%	Recirculation Inlet
RRD-D001	1	51.4%	Recirculation Inlet
RRE-D001	1	64%	Recirculation Inlet
RRF-D001	2	73.36%	Recirculation Inlet
RRH-D001	1	64%	Recirculation Inlet
VIA-D001	2	86.2%	Vessel Instrumentation
VIC-D001	2	86.2%	Vessel Instrumentation
VID-D001	2	63%	Vessel Instrumentation
VIE-D001	1	66%	Vessel Instrumentation
VIF-D001	2	86.2%	Vessel Instrumentation

*Due to the nozzle design it is not feasible to effectively exam 100% of the required code volume as defined in Figure IWB-2500-7(b).

APPLICABLE TIME PERIOD

Relief is requested for the third ten-year interval of the Inservice Inspection Program for DAEC.

RELIEF REQUEST NUMBER: NDE-R044

COMPONENT IDENTIFICATION

Code Classes: 1
References: IWA-2500,
Table IWB-2500-1
Examination Categories: B-J
Item Numbers: B9.11
Description: All pressure retaining welds
Component Numbers: RCB-J030 Recirculation System Weld

CODE REQUIREMENT

Section XI (1989 Edition), Table IWB-2500-1 Category B-J, Item B9.11 requires a volumetric and surface examination which includes essentially 100% of weld length once during the ten year interval.

Relief is requested from performing essentially 100% of the weld length for Recirculation System Weld RCB-J030.

BASIS FOR RELIEF

Per Table IWB 2500-1, applicable Class 1 pressure retaining welds are required to be volumetrically and/or surface examined, essentially 100% of the weld, once every ten years. DAEC has adopted Code Case N-460 in the ISI Program Plan, as permitted by USNRC Regulatory Guide 1.147, Revision 12. Code Case N-460 permits a reduction in examination coverage of Class 1 welds provided that the coverage reduction is less than 10%.

This weld is a branch connection configuration (weld-o-let onto the 22" Recirculation Piping) and located off the Recirculation Pump Suction Piping. The configuration limits the examination from one side (weld-o-let side). This results in approximately 38% code required coverage of the weld volume. Supplemental angles (60RL and 35S) were used to increase the coverage to 38%. In order to perform a radiography of the weld, draining the Recirculation System would be required, which would result in an increase in exposure to personnel by a factor of 1.7 (150 mr/hr vs. 255 mr/hr) for a total of 1.02 Rem for the additional 62% coverage. The benefit of examining the additional 62% weld volume has only a small potential of increasing plant safety margins and a very disproportionate impact on expenditures of plant manpower and radiation exposure.

ALTERNATE EXAMINATION

As an alternative to existing Section XI requirements per 10CFR 50.55a(a)(3)(i), DAEC proposes to perform volumetric examination of 38% of the weld volume. DAEC will examine applicable pressure retaining piping welds to the maximum extent practical within the limitations of the examination technique or design of the component. Should reportable indications be found in the accessible portions of the listed weld, an engineering evaluation will be performed to determine if the inaccessible portion of the weld would be affected.

Subsequent to examination of an affected weld, NDE data sheets will describe in detail, the extent of the limitation and any alternative examination techniques used to obtain coverage. The inaccessible portions of the weld will continue to be subject to the applicable system pressure test requirements of IWA, and IWB-5000 with a VT-2, visual examination.

APPLICABLE TIME PERIOD

Relief is requested for the third ten-year interval of the Inservice Inspection Program for DAEC. This weld was included in the RFO17 Outage Summary Report.

RELIEF REQUEST NUMBER: NDE-R045

COMPONENT IDENTIFICATION

Code Classes: 2
References: IWA-2500,
Table IWC-2500-1
Examination Categories: C-F-2
Item Numbers: C5.51
Description: All pressure retaining welds
Component Numbers: SDN-CF010, Scram Discharge Weld

CODE REQUIREMENT

Section XI (1989 Edition), Table IWC-2500-1 Category C-F-2, Item C5.51 requires a volumetric and surface examination which includes essentially 100% of weld length once during the ten year interval.

Relief is requested from performing essentially 100% of the weld length for Scram Discharge Weld SDN-CF010.

BASIS FOR RELIEF

Per Table IWC 2500-1, applicable Class 2 pressure retaining welds are required to be volumetrically and/or surface examined, essentially 100% of the weld, once every ten years. DAEC has adopted Code Case N-460 in the ISI Program Plan, as permitted by USNRC Regulatory Guide 1.147, Revision 12. Code Case N-460 permits a reduction in examination coverage of Class 1 welds provided that the coverage reduction is less than 10%.

This weld is a pipe to cap configuration and located off the Scram Discharge Piping. The configuration limits the examination to approximately 84.36% of the code required coverage of the weld volume. In order to perform a radiography of the weld, draining the Scram Discharge piping would be required, which would result in an increase in exposure to personnel by a factor of 1.7 (5 mr/hr vs. 8.5 mr/hr) for a total of 232 mr for the additional 15.64% coverage. The benefit of examining the additional 15.64% weld volume has only a small potential of increasing plant safety margins and a very disproportionate impact on expenditures of plant manpower and radiation exposure.

ALTERNATE EXAMINATION

As an alternative to existing Section XI requirements per 10CFR 50.55a(a)(3)(i), DAEC proposes to perform volumetric examination of 84.36% of the weld volume. DAEC will examine applicable pressure retaining piping welds to the maximum extent practical within the limitations of the examination technique or design of the component. Should reportable indications be found in the accessible portions of the listed weld, an engineering evaluation will be performed to determine if the inaccessible portion of the weld would be affected.

Subsequent to examination of an affected weld, NDE data sheets will describe in detail, the extent of the limitation and any alternative examination techniques used to obtain coverage.

The inaccessible portions of the weld will continue to be subject to the applicable system pressure test requirements of IWA, and IWB-5000 with a VT-2, visual examination.

APPLICABLE TIME PERIOD

Relief is requested for the third ten-year interval of the Inservice Inspection Program for DAEC. This weld was included in the RFO17 Outage Summary Report.

Attachment 2
NG-02-0268

Supporting Information

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD Report No.: 101094
 Calibration Sheet No.: C-022
 Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 78 °F Couplant: HUMEX Exam Start: 1340
 Weld ID: HCC-C001 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1355

Search Unit 0° / L Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
 Lo Reference: RPV 0° Axial Scan Sensitivity (dB) 49.0
 Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 49.0

		Performed		Indications	
		Yes	No	Yes	No
Axial: <input type="checkbox"/>	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circ CW: <input type="checkbox"/>	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circ CCW: <input type="checkbox"/>	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The diagram shows a vertical cross-section of the RPV Top Head. A dashed horizontal line represents the 'Weld Centerline'. Above this line is the 'Component FLANGE' and below is the 'RPV TOP HEAD' (labeled as 'Component'). An arrow on the right points upwards, labeled 'FLOW'.

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.
Examined Flange to Head weld from stud hole 20 thru 40.
Previous data was reviewed with no significant changes.

<u>SV Brown II</u> 4-21-01 Examiner Level Date	<u>Frank Delaney III</u> 5/5/01 Level III Review Date	<u>William Muller</u> 5/7/01 ANII Review Date
Page <u>1</u> of <u>6</u>		

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: <u>DUANE ARNOLD</u>	Report No.: <u>101094</u>
	Calibration Sheet No.: <u>C-023</u>
	Data Sheet No.: <u>N/A</u>

Procedure No.: <u>ACP 1211.30</u>		Revision: <u>0</u>	
System: <u>RPV</u>	Exam Surface Temp: <u>78</u> °F	Couplant: <u>HUMEX</u>	Exam Start: <u>1357</u>
Weld ID: <u>HCC-C001</u>	Thermometer S/N: <u>3473</u>	Batch No. <u>00165</u>	Exam End: <u>1421</u>

Search Unit: <u>45° / SHR</u>	Examination Surface: ID <input type="checkbox"/> OD <input checked="" type="checkbox"/>	Material Type: CS <input checked="" type="checkbox"/> SS <input type="checkbox"/> Other: <u>N/A</u>
Lo Reference: <u>RPV 0°</u>	Axial Scan Sensitivity (dB) <u>52.2</u>	
Wo Reference: <u>WELD CENTERLINE</u>	Circ Scan Sensitivity (dB) <u>52.2</u>	

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component FLANGE </div> <div style="margin: 0 10px;">↑</div> <div style="text-align: center;"> FLOW ↓ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Examined Flange to Head weld from stud hole 20 thru 40.

Previous data was reviewed with no significant changes.

<u>J. V. Borne II</u> 4-21-01 Examiner Level Date	<u>[Signature]</u> 04/25/01 Level III Review Date <u>Frank Schmy</u> 5/5/01	<u>William Mueller</u> 5/1/01 ANII Review Date Page <u>2</u> of <u>6</u>
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101094

Calibration Sheet No.: C-024

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 78 °F Couplant: HUMEX Exam Start: 1423

Weld ID: HCC-C001 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1447

Search Unit 60° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: RPV 0° Axial Scan Sensitivity (dB) 57.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 57.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component <u>Flange</u> </div> <div style="margin-left: 10px; text-align: center;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Examined Flange to Head weld from stud hole 20 thru 40.

Previous data was reviewed with no significant changes.

<u>St Brown</u> II <u>4-21-01</u> Examiner Level Date	<u>Paul Brown</u> <u>5/5/01</u> Level III Review Date	<u>William Muelle</u> <u>5/7/01</u> ANII Review Date
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: I01093

Calibration Sheet No.: C-025

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 78 °F

Couplant: HUMEX

Exam Start: 1449

Weld ID: HCC-C001

Thermometer S/N: 3473

Batch No. 00165

Exam End: 1510

Search Unit 70° / SHR

Examination Surface: ID ☐ OD ☒

Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: RPV 0°

Axial Scan Sensitivity (dB) 67.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 67.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component FLANGE </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 0 auto; width: 100px;"> RPV TOP HEAD Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L- Max	L-2	W-2	W- Max	W-2	SW-1	SW- Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Examined Flange to Head weld from stud hole 20 thru 40.

SP Bourne II 4-21-01
Examiner Level Date

[Signature] 04/25/01
Level III Review Date

William M. Miller 5/7/01
ANII Review Date



COVERAGE PLOT SHEET

REPORT NO.:

I 01094

SITE: DAEC UNIT: 1

PROJECT: NDCDAB01

SYSTEM: RPV

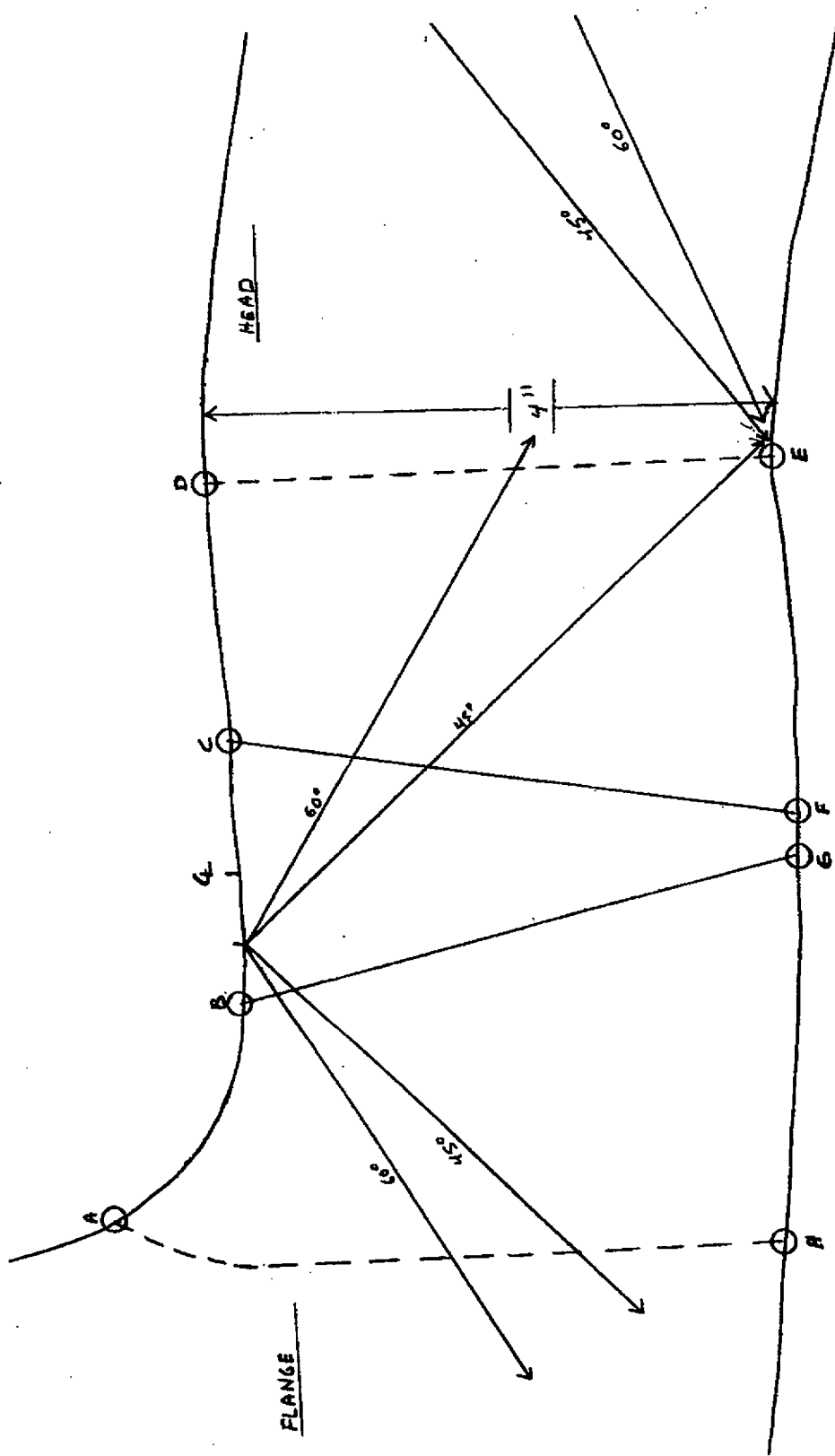
COMPONENT ID NO: ACC-Cool

CONFIGURATION: Flange

FLOW



Head



EXAMINER

L.V. Boring II 4-21-01 DATE

LEVEL III REVIEW Frank Johnson 5/5/01

DATE 04/25/01

PAGE 5 OF 6

1.5.01a - Mull 5/7/01 AM



COVERAGE PLOT SHEET

SITE: DAEC UNIT: 1PROJECT: NMCDA001

REPORT NO.:

I01094SYSTEM: RPVCOMPONENT ID NO: HCC-COO1CONFIGURATION: FLANGEFLOW → HEAD

L=158.4

W=6

H=4

$$\frac{1.7 \times .90}{2} \times 158.4$$

3801.60

121.17

$$\text{TOTAL} = 3922.77$$

	TOTAL	VA
0°	3922.77	2534.4
45° VAU	3922.77	3349.85
VAD	3922.77	1094.94
VCW	3922.77	3440.45
VCCW	3922.77	3440.45
60° VAU	3922.77	3526.62
VAD	3922.77	637.56
VCW	3922.77	3440.45
VCCW	3922.77	3440.45

35304.93 24905.17

missing 0° - 2x4 x 158.40

121.17

1388.37

missing 45°

$$\text{VAU} - \frac{2.48 \times 2.30}{2} \times 158.40$$

451.75

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

$$\text{VAD} - \frac{3.95 \times 3.5}{2} \times 158.40 - 3922.77$$

2227.83

$$\text{VCW} - \frac{1.2 \times 3.80}{2} \times 158.40$$

361.15

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

$$\text{VCCW} - \frac{1.2 \times 3.80}{2} \times 158.40$$

361.15

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

missing 60°

$$\text{VAU} - \frac{2.48 \times 1.4}{2} \times 158.40$$

274.98

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

$$\text{VAD} - \frac{2.3 \times 3.5}{2} \times 158.40$$

- 3922.77

3285.21

$$\text{VCW} - \frac{1.2 \times 3.80}{2} \times 158.40$$

361.15

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

$$\text{VCCW} - \frac{1.2 \times 3.80}{2} \times 158.40$$

361.15

$$\frac{1.7 \times .90}{2} \times 158.40$$

121.17

70.54%

EXAMINER

SV Brown

LEVEL

II

DATE

4-21-01

LEVEL III REVIEW

SV Brown

DATE

04.25.01

PAGE 6 OF 6

SV Brown 5/5/01 William M. Miller 5/17/01 AN11

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101080
Calibration Sheet No.: C-018
Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 77 °F Couplant: HUMEX Exam Start: 1014
Weld ID: HSB-D001-N6B-D1 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1031

Search Unit: 0° / L Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
Lo Reference: TOP OF NOZZLE Axial Scan Sensitivity (dB) 49.0
Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 49.0

		Performed		Indications	
		Yes	No	Yes	No
Axial: {	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circ CW: {	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circ CCW: {	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Weld

Centerline

Component NOZZLE

RPV TOP HEAD

Component

↑

FLOW

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Previous data was reviewed with no significant changes.

JBrown II 4-21-01
Examiner Level Date

[Signature] 05/04/01
Level III Review Date
Frank Rooney 5/9/01

William Mueller 5/9/01
ANII Review Date

Page 1 of 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: I01080
Calibration Sheet No.: C-019
Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 72 °F Couplant: HUMEX Exam Start: 1300
Weld ID: HSB-D001-N6B-D1 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1318

Search Unit 45° / S Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
Lo Reference: TOP OF NOZZLE Axial Scan Sensitivity (dB) 46.2
Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 46.2

		Performed		Indications		
		Yes	No	Yes	No	
Axial: {	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="text-align: center;"> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: {	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW {	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1-8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Previous data was reviewed with no significant changes.

<u>SV Bourne II</u> 4-20-01 Examiner Level Date	<u>[Signature]</u> 04/25/01 Level III Review Date <u>Frank Dolney</u> 5/9/01	<u>William M. Meade</u> 5/9/01 ANII Review Date Page <u>2</u> of <u>6</u>
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD Report No.: 101080
 Calibration Sheet No.: C-020
 Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 72 °F Couplant: HUMEX Exam Start: 1322
 Weld ID: HSB-D001-N6B-D1 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1341

Search Unit 60° / S Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
 Lo Reference: TOP OF NOZZLE Axial Scan Sensitivity (dB) 51.0
 Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 51.0

		Performed		Indications			
		Yes	No	Yes	No		
Axial: {	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Weld</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Component FLANGE</div> <div style="margin-left: 10px; text-align: center;">↑ F L O W</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">RPV TOP HEAD</div> <div style="text-align: center;">Component</div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Circ CW: {	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Circ CCW {	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:
 No Recordable Indications.
 Previous data was reviewed with no significant changes.

<u>SL Brown</u> II <u>4-20-01</u> Examiner Level Date	<u>[Signature]</u> <u>04/25/01</u> Level III Review Date <u>Paul Holman</u> <u>5/9/01</u>	<u>William Mulla</u> <u>5/9/01</u> ANII Review Date Page <u>3</u> of <u>6</u>
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: I01080
Calibration Sheet No.: C-021
Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 72 °F Couplant: HUMEX Exam Start: 1342
Weld ID: HSB-D001-N6B-D1 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1357

Search Unit 70° / S Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
Lo Reference: TOP OF NOZZLE Axial Scan Sensitivity (dB) 67.0
Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 67.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: {	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component FLANGE </div> <div style="margin-left: 10px;"> ↑ F L O W ↓ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: {	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW {	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

<u>SV Brown</u> II <u>4-20-01</u> Examiner Level Date	<u>[Signature]</u> II <u>04/25/01</u> Level III Review Date <u>Frank Schmeier</u> 5/9/01	<u>William Mueller</u> <u>5/9/01</u> ANII Review Date
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COVERAGE PLOT SHEET

SITE: DAEC UNIT: 1

REPORT NO.:

PROJECT: NMCD4001

101080

SYSTEM: Top Head (RPV)

COMPONENT ID NO: HSB-D001-
N68-D1

CONFIGURATION: SHELL NOZZLE

$D = 13.3125$

$L = 42.88$

$\omega = 4 \cdot 10''$

$$\mu = 4 \cdot 10^{11}$$

$$\frac{1.5 \times 6}{2} = .45$$

TOTAL 747.18

missing 0° 25.25

missy 45^c

VAU. $\frac{1.5 \times 1.5}{2} \times 42.88$ 48.24

$$VAD = \frac{2.5 \times 2.60}{2} \times 42.88 = 747.18$$

Vow. $\frac{1.5 \times 4}{2} \times 42.88$ $\frac{60.752}{128.64}$
 $\frac{1.5 \times 6}{2} \times 42.88$ $\frac{19.29}{147.93}$

$$\frac{1.5 \times 6}{2} \times 42.88 = 19.29$$

$$\frac{15.4 \times 42.8}{2} = 128.64$$

$$\frac{1.5 \times 6}{2} \times 42.88 = \underline{19.29}$$

missing 60° VAU - $\frac{1.5 \times .85}{2} \times 42.88$ 27.33

$$\frac{5 \times 6}{2} \times 42.88 \quad \underline{6.432}$$

$$VAD = \frac{2.5 \times 1.65}{2} \times 42.88 = 717.18$$

$$VCLW = \frac{1.5 \times 4}{2} \times 42.88 = \underline{128.64}$$

$$\frac{1.5 \times 6}{2} \times 42.88 = 19.24$$

$$\frac{1.5 \times 4 \times 42.88}{2} = 128.64$$

$$\frac{1.5 \times 6}{7} \times 42.88 = \underline{14.29}$$

0° -	747.18	721.93
45° VAV -	747.18	698.44
VAD -	747.18	139.36
VAV -	747.18	599.25
VAV -	747.18	599.25

60°

VAU - 747.18	713.41
VAD - 747.18	98.44
VOW - 747.18	599.25
VWW - 747.18	599.25

6724.62 4769.08

70.91%

EXAMINER

LEVEL

DATE _____

LEVEL III REVIEW

DATE _____

PAGE 5 OF 6



COVERAGE PLOT SHEET

SITE: DAEC UNIT: L

PROJECT: NmcDA001

REPORT NO.:

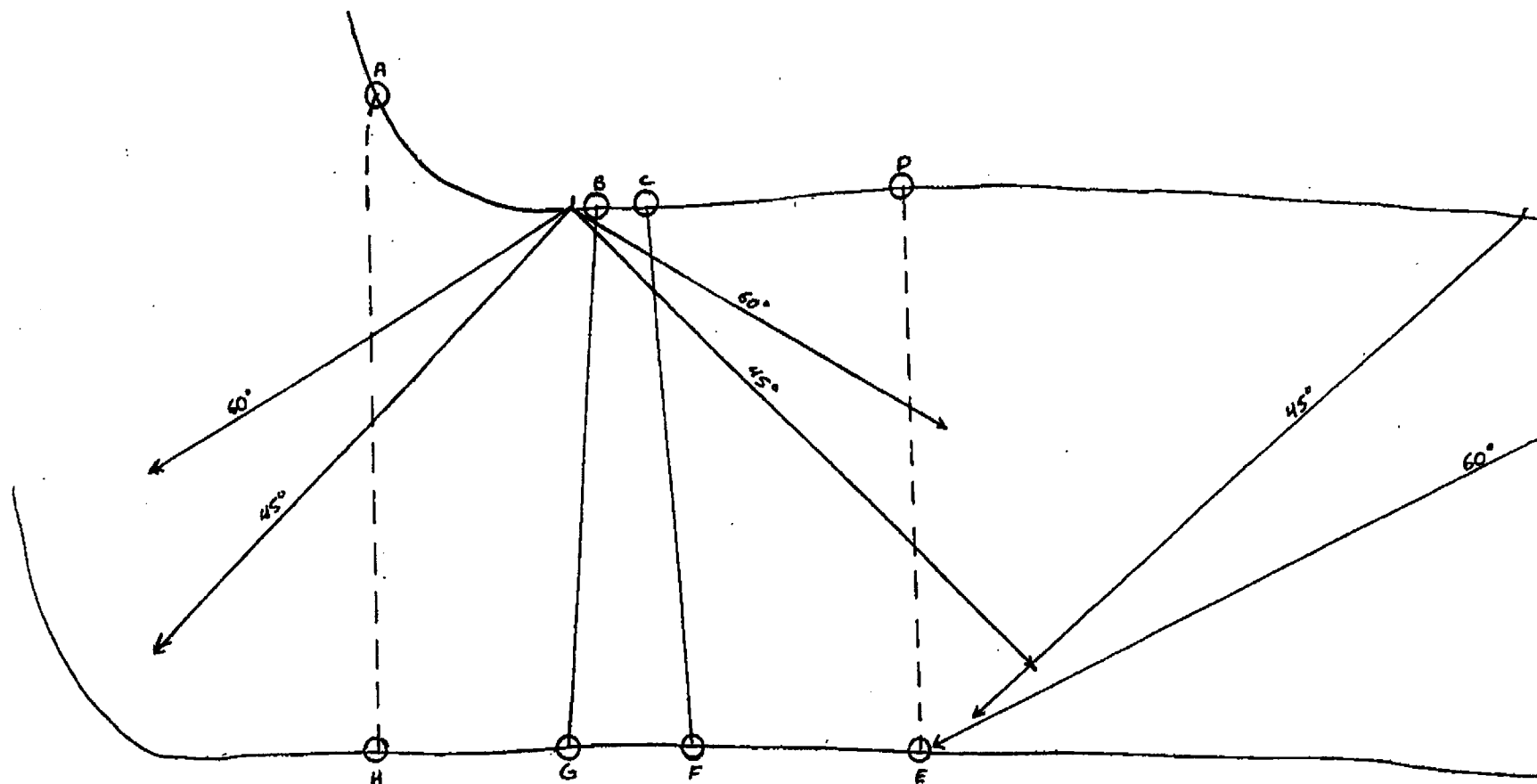
I01080

SYSTEM: Top Head (RPV)

COMPONENT ID NO: H5B-D001-
N6B-D1

CONFIGURATION: Vessel

FLOW \rightarrow Nozzle



EXAMINER

J. Brown

LEVEL II

DATE 4-20-01

LEVEL III REVIEW

W. Miller

5/9/01

DATE 05/04/01

William Miller 5/8/01 R.N.II

PAGE 6 OF 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101067

Calibration Sheet No.: C-081

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RECIRC Exam Surface Temp: 84 °F Couplant: HUMEX Exam Start: 0945

Weld ID: RRF-D001 Thermometer S/N: 3473 Batch No. 00165 Exam End: 0955

Search Unit: 0° Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 41.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 41.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL </div> <div style="margin: 0 10px;">↑</div> <div style="text-align: center;"> F L O W </div> </div>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Reviewed previous Data Report # R-128. No changes were observed.

Achieved 73.36% code coverage.

<u>Chad Olson</u> II <u>4/30/01</u> Examiner Level Date	<u>[Signature]</u> III <u>05/03/01</u> Level III Review Date <u>Frank Schreyer</u> 5/4/01	<u>William Mueller</u> <u>5/4/01</u> ANII Review Date Page <u>1</u> of <u>6</u>
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101067

Calibration Sheet No.: C-082

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RECIRC

Exam Surface Temp: 84 °F

Couplant: HUMEX

Exam Start: 1000

Weld ID: RRF-D001

Thermometer S/N: 3473

Batch No. 00165

Exam End: 1015

Search Unit 45° Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 47.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 47.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NOZZLE</p> <p>Component</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>F L O W</p> </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Reviewed previous Data Report # R-128. No changes were observed.

Achieved 73.36% code coverage.

Chad Olson II 4/30/01
Examiner Level Date

Level III Review 5/03/01
Date

William Mueller 5/4/01
ANII Review Date

Page 2 of 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101067

Calibration Sheet No.: C-083

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RECIRC Exam Surface Temp: 84 °F Couplant: HUMEX Exam Start: 1020

Weld ID: RRF-D001 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1035

Search Unit 60° Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 53.5

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 53.5

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0.5px dashed black;"/> <p>NOZZLE</p> <p>Component</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>F L O W</p> </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NR1											

Remarks: No Recordable Indications.

Reviewed previous Data Report # R-128. No changes were observed.

Achieved 73.36% code coverage.

Chris Olson II 4/30/01
Examiner Level Date

[Signature] 05/03/01
Level III Review Date

William Mueller 5/4/01
ANII Review Date

Frank [Signature] 5/4/01

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101067

Calibration Sheet No.: C-084

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RECIRC Exam Surface Temp: 84 °F Couplant: HUMEX Exam Start: 1037

Weld ID: RRF-D001 Thermometer S/N: 3473 Batch No. 00165 Exam End: 1047

Search Unit: 70° Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 60.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 60.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks: No Recordable Indications.

Reviewed previous Data Report # R-128. No changes were observed.

Achieved 73.36% code coverage.

<u>Clark Shaw</u> # <u>4/30/01</u> Examiner Level Date	<u>Frank Delmon</u> # <u>05/03/01</u> Level III Review Date <u>5/4/01</u>	<u>William Mueller</u> # <u>5/4/01</u> ANII Review Date
Page <u>4</u> of <u>6</u>		

DATE William Muller 5/4/01 B.N.H.



COVERAGE PLOT SHEET

SITE: Payne Arnold UNIT: 1PROJECT: N/A

REPORT NO.:

I01067SYSTEM: RPVCOMPONENT ID NO: RRF-D001CONFIGURATION: Nozzle

FLOW

→ RPV Vessel

$$\begin{aligned} \text{TOTAL } L &= 86.00'' & \frac{.5 \times 1.10}{2} & .275 \\ W &= 6.55'' \\ H &= 5.25'' & 34.66'' \times 86.00 \\ & & \underline{2980.97} \end{aligned}$$

$$0^\circ - \quad 2980.97 \quad 2460.77$$

$$\begin{aligned} 45^\circ \\ \text{VAU} & 2980.97 & 2831.59 \\ \text{VAD} & 2980.97 & 1032.43 \\ \text{VACW} & 2980.97 & 2460.77 \\ \text{VACW} & 2980.97 & 2460.77 \end{aligned}$$

$$\begin{aligned} 60^\circ \\ \text{VAU} & 2980.97 & 2834.22 \\ \text{VAD} & 2980.97 & 632.10 \\ \text{VACW} & 2980.97 & 2460.77 \\ \text{VACW} & 2980.97 & 2460.77 \end{aligned}$$

$$\underline{26828.73} \quad 19684.19$$

MISSING

$$\begin{aligned} 0^\circ & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

$$\begin{aligned} 45^\circ \\ \text{VAU} & \frac{.5 \times 1.10}{2} .275 \times 86 & 23.65 \\ & \frac{1.7 \times 1.72}{2} 1.46 \times 86 & 125.73 \\ & & \boxed{149.38} \\ \text{VAD} & \frac{4.9 \times 4.9}{2} 12.00 \times 86 & 1032.43 \\ & & \boxed{1998.54} \end{aligned}$$

$$\begin{aligned} \text{VACW} & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

$$\begin{aligned} \text{VACW} & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

$$\begin{aligned} \text{VACW} & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

CRU Achieved

73.36%

$$\begin{aligned} 60^\circ \\ \text{VAU} & \frac{.5 \times 1.10}{2} .275 \times 86 & 23.65 \\ & \frac{1.7 \times 1.72}{2} 1.46 \times 86 & 125.73 \\ & & \boxed{149.38} \\ \text{VAD} & \frac{4.9 \times 4.9}{2} 12.00 \times 86 & 1032.43 \\ & & \boxed{1998.54} \end{aligned}$$

$$\begin{aligned} \text{VACW} & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

$$\begin{aligned} \text{VACW} & 1.1 \times 5.25'' \quad 5.775 \times 86 \\ & \frac{.5 \times 1.10}{2} .275 & 496.65 \\ & & \underline{23.65''} \\ & & \boxed{520.20''} \end{aligned}$$

EXAMINER C. J. OkeLEVEL II DATE 4/30/01LEVEL III REVIEW William Muth DATE 5/4/01PAGE 6 OF 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101088

Calibration Sheet No.: C-033

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1255

Weld ID: VIA-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1310

Search Unit: 0° / LONG Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 41.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 41.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="margin-left: 10px; text-align: center;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

[Signature] II 4-24-01
Examiner Level Date

[Signature] 04/26/01
Level III Review Date
Frank Salmer 4/29/01

William Mueller 5/1/01
ANII Review Date

Page 1 of 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101088

Calibration Sheet No.: C-034

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1311

Weld ID: VIA-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1327

Search Unit 45° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 47.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 47.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NOZZLE</p> <p>Component</p> </div> <div style="margin-left: 10px; text-align: center;"> <p>↑</p> <p>FLOW</p> </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner	<u>II 4-14-01</u> Level Date	<u>[Signature]</u> <u>4/29/01</u> Level III Review Date
<u>William Mueller</u> <u>5/1/01</u> ANII Review Date		Page <u>2</u> of <u>6</u>

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101088

Calibration Sheet No.: C-035

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1328

Weld ID: VIA-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1344

Search Unit 60° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 53.5

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 53.5

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W ↓ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

[Signature] II 4-24-01
Examiner Level Date

[Signature] 04/26/01
Level III Review Date

[Signature] 5-1/01
ANII Review Date

Page 3 of 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101088

Calibration Sheet No.: C-036

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1345

Weld ID: VIA-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1400

Search Unit 70° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

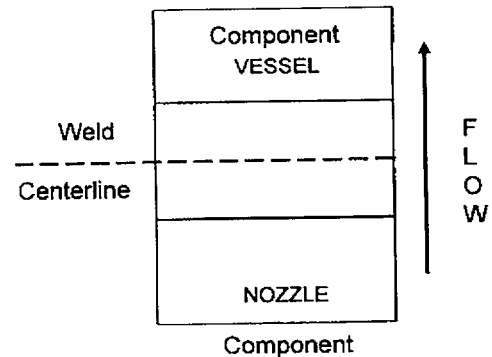
Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 60.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 60.0

		Performed		Indications	
		Yes	No	Yes	No
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

[Signature] II 4-24-01
Examiner Level Date

[Signature] III 04/26/01
Level III Review Date

William Mueller 5/1/01
ANII Review Date

Page 4 of 6



COVERAGE PLOT SHEET

REPORT NO.:

101033

SITE: Downe Arnsid UNIT: 1

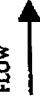
PROJECT: RF017

SYSTEM: RPV

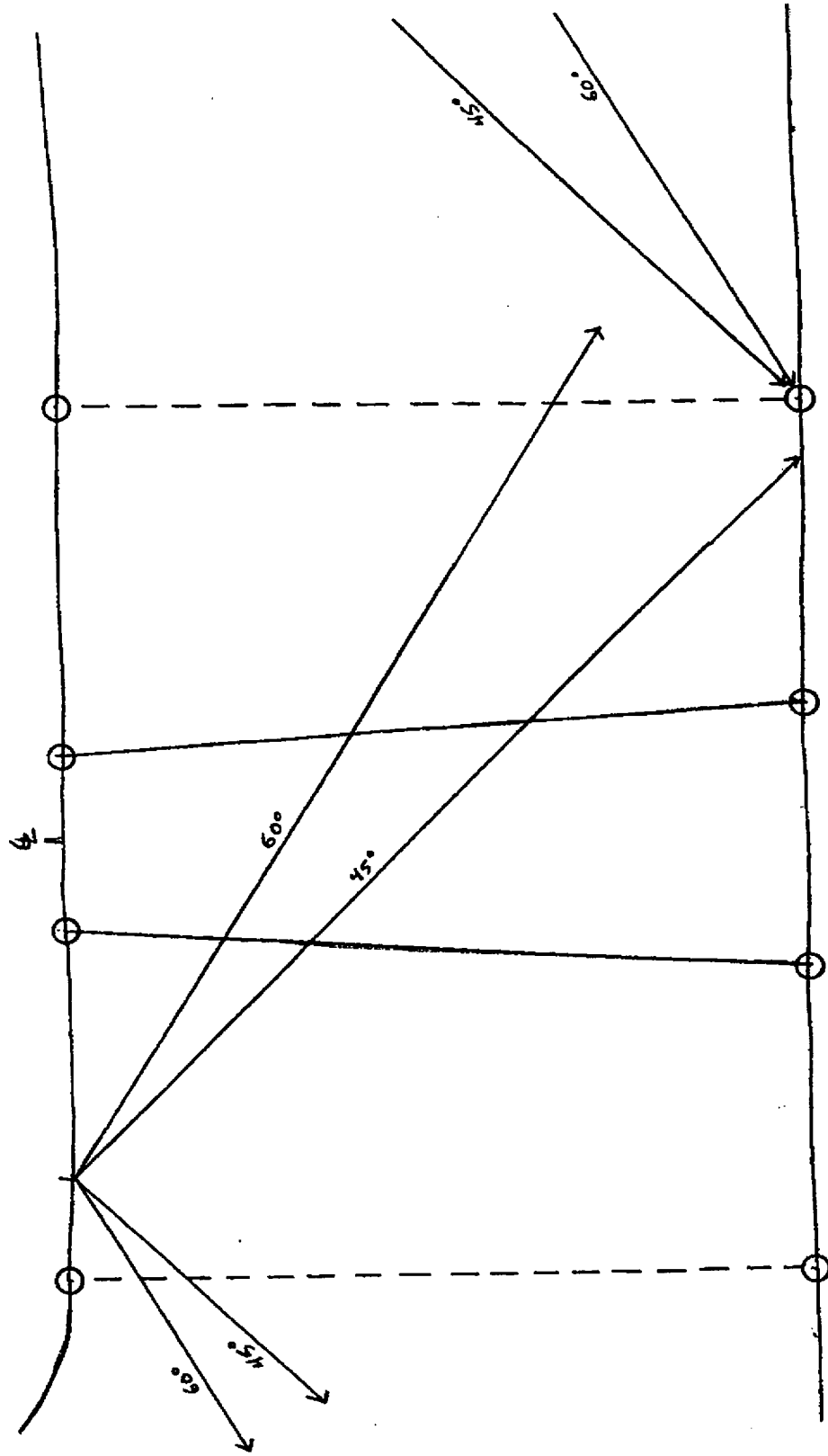
COMPONENT ID NO: VIA-Deol

CONFIGURATION: Nozzle

FLOW



RPV SHELL



EXAMINER

LEVEL

DATE

4/24/01

DATE

4/24/01

LEVEL III REVIEW

DATE

04/26/01

Willie Mueller

5/1/01

PAGE 5 OF 6



COVERAGE PLOT SHEET

SITE: Duke ARNC ID UNIT: 1PROJECT: RF017

REPORT NO.:

I01088SYSTEM: RPVCOMPONENT ID NO: VIA-DCICONFIGURATION: Nozzle $\xrightarrow{\text{FLOW}}$ RPV SHELLTOTAL L = 54.19

W = 5.80

H = 4.68

27.144

1470.93

0° - 1470.93 1470.93 -

45°

VAU - 1470.93 1457.67

VAD - 1470.93 703.76

VACW - 1470.93 1470.93 -

VACW - 1470.93 1470.93 -

60°

VAU 1470.93 1468.22

VAD 1470.93 428.37

VACW 1470.93 1470.93 -

VACW 1470.93 1470.93 -

13238.3711412.6786.20%MISSING0° - \emptyset

60°

VAU - $\frac{.7 \times .5}{2} \times 54.19$ 2.70

45°

VAU - $\frac{.7 \times .7}{2} \times 54.19$

13.27

VAD - $\frac{5.1 \times 3.1}{2} \times 54.19$

1470.93

1042.55VACW - \emptyset VAD - $\frac{4.68 \times 4.85}{2} \times 54.19$ 615.00

4.68 x .60 x 54.19 152.16

767.16

VACW - \emptyset VACW - \emptyset VACW - \emptyset

EXAMINER

LEVEL

DATE

LEVEL III REVIEW

DATE

PAGE 6 OF 6

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101089

Calibration Sheet No.: C-041

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1405

Weld ID: VIC-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1420

Search Unit: 0° / LONG Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 41.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 41.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NOZZLE</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>FLOW</p> </div> </div> <p style="text-align: center; margin-top: 10px;">Component</p>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

 Examiner	<u>II</u> Level	<u>4/24/01</u> Date	 Level III Review	<u>04/24/01</u> Date	 ANII Review	<u>5/14/01</u> Date
Page <u>1</u> of <u>6</u>						

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101089
Calibration Sheet No.: C-042
Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1421
Weld ID: VIC-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1439

Search Unit 45° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 47.0
Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 47.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L- Max	L-2	W-2	W- Max	W-2	SW-1	SW- Max	SW-2		
NRI											

Remarks:
No Recordable Indications.
Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner	<u>A</u> <u>4-24-01</u> Level Date	<u>[Signature]</u> <u>04/26/01</u> Level III Review Date <u>Frank [Signature]</u> <u>4/29/01</u>
		<u>William Mueller</u> <u>5/4/01</u> ANII Review Date

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NG-143Z Rev. 1

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: I01089

Calibration Sheet No.: C-043

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1440

Weld ID: VIC-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1455

Search Unit 60° / SHR

Examination Surface: ID ☐ OD ☒

Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 53.5

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 53.5

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0.5px dashed black;"/> <p>NOZZLE</p> <p>Component</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>F L O W</p> </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<p><u>[Signature]</u> <u>II</u> <u>4-24-01</u> Examiner Level Date</p>	<p><u>[Signature]</u> <u>04/26/01</u> Level III Review Date</p> <p><u>[Signature]</u> <u>4/29/01</u></p>	<p><u>William Mueller</u> <u>5/1/01</u> ANII Review Date</p>
Page <u>3</u> of <u>6</u>		

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101089

Calibration Sheet No.: C-044

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1457

Weld ID: VIC-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1512

Search Unit 70° / SHR

Examination Surface: ID ☐ OD ☒

Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 60.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 60.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component VESSEL</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NOZZLE</p> <p>Component</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>F L O W</p> </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

Examiner

Level

Date

Level III Review

Date

ANII Review

Date

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COVERAGE PLOT SHEET

SITE: Duke Arnold UNIT: 1PROJECT: RF 017

REPORT NO.:

101089SYSTEM: RPVCOMPONENT ID NO: VIC-POLCONFIGURATION: Nozzle

FLOW

→ RPV SHELLTOTAL L = 54.19

W = 5.80

H = 4.68

27.144

1470.93

0° -

1470.93

1470.93 -

45°

VAU -

1470.93

1457.67

VAD -

1470.93

703.76

VACW -

1470.93

1470.93 -

VACW -

1470.93

1470.93

60°

VAU

1470.93

1468.22

VAD

1470.93

428.37

VACW

1470.93

1470.93 -

VACW

1470.93

1470.93 -

13238.3711412.6786.20%MISSING0° - \emptyset

60°

VAU - $\frac{.7 \times .5}{2} \times 54.19$ 2.70

45°

VAU -

 $\frac{.7 \times .7}{2} \times 54.19$

13.27

VAD - $\frac{5.1 \times 3.1}{2} \times 54.19$

1470.93

1042.55VACW - \emptyset VAD - $\frac{4.68 \times 4.85}{2} \times 54.19$

615.00

 $4.68 \times .60 \times 54.19$

152.16

VACW - \emptyset VACW - \emptyset VACW - \emptyset

EXAMINER

II
LEVEL4-24-01
DATE

LEVEL III REVIEW

04/26/01
DATE

PAGE 5 OF 6



COVERAGE PLOT SHEET

SITE: Duane Aracillo UNIT: 1

PROJECT: RF 017

REPORT NO.:

501089

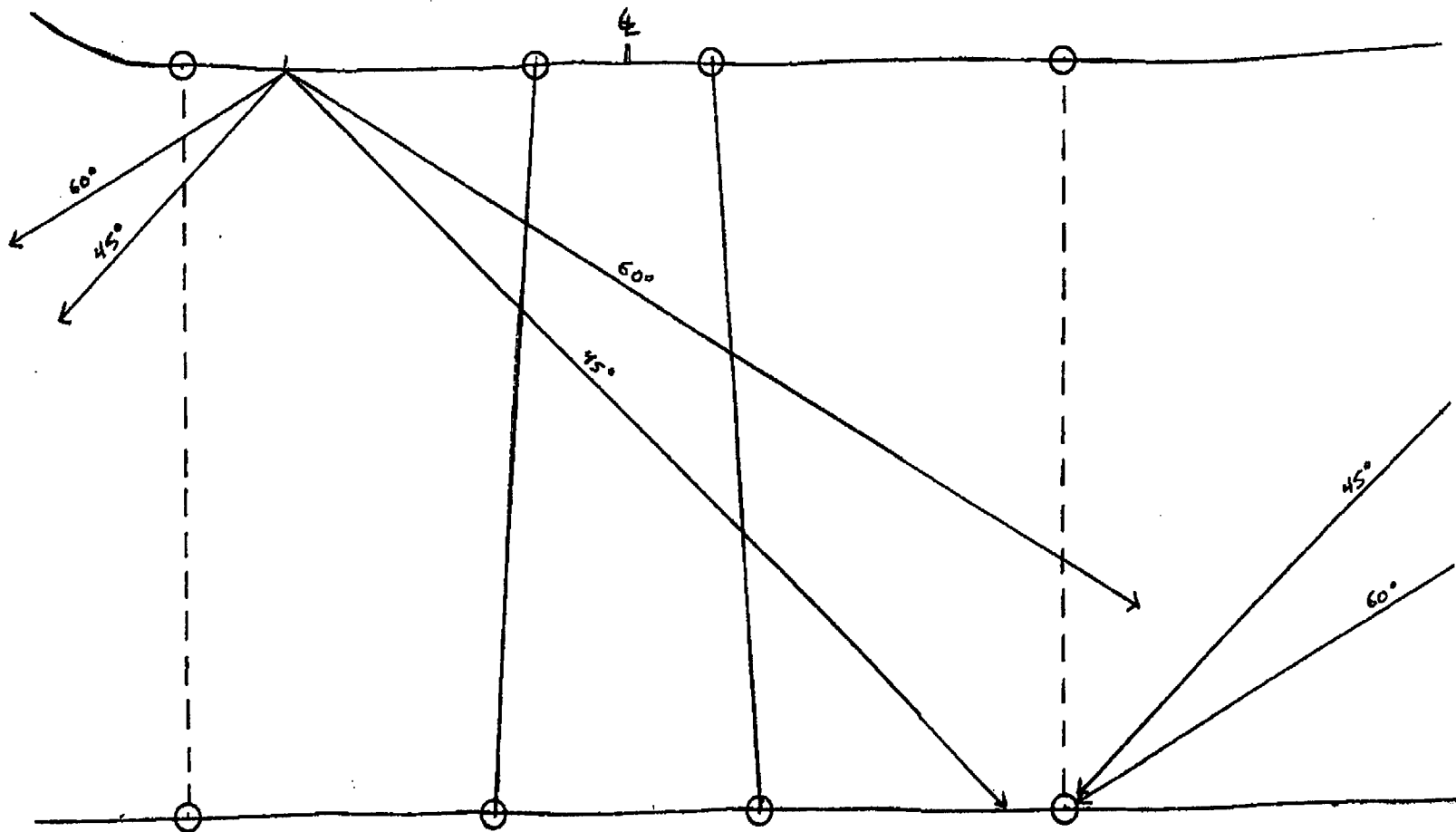
SYSTEM: RPV

COMPONENT ID NO: VIC-POU1

CONFIGURATION: Nozzle

FLOW

→ RPV SHELL



[Signature]
EXAMINER

IF 4-24-01
LEVEL DATE

[Signature]
LEVEL III REVIEW 4/29/01

04/26/01
DATE

PAGE 6 OF 6
William M. Smith 5/4/01 HAN 11

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101090

Calibration Sheet No.: C-037

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1140

Weld ID: VIF-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1150

Search Unit 0° / LONG Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 41.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 41.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL </div> <div style="margin: 0 10px;">↑</div> <div style="text-align: center;"> FLOW </div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> NOZZLE Component </div>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>CRV</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner	<u>II 4-24-01</u> Level Date	<u>[Signature]</u> Level III Review	<u>04/25/01</u> Date	<u>William Mueller</u> ANII Review	<u>4-25-01</u> Date
				Page <u>1</u> of <u>6</u>	

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101090

Calibration Sheet No.: C-038

Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1157

Weld ID: VIF-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1215

Search Unit: 45° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 47.0

Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 47.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL </div> <div style="margin: 0 10px; text-align: center;"> ↑ F L O W ↓ </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOZZLE Component </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner <u>II</u> <u>4-24-01</u> Level Date	<u>[Signature]</u> <u>04/25/01</u> Level III Review Date <u>[Signature]</u> <u>4/25/01</u> Level II Review	<u>William Mueller</u> <u>4-25-01</u> ANII Review Date Page <u>2</u> of <u>6</u>
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101090
 Calibration Sheet No.: C-039
 Data Sheet No.: N/A

Procedure No.: ACP 1211.30 Revision: 0

System: RPV Exam Surface Temp: 82 °F Couplant: HUMEX Exam Start: 1215
 Weld ID: VIF-D001 Thermometer S/N: 3475 Batch No. 00165 Exam End: 1230

Search Unit 60° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A
 Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 53.5
 Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) 53.5

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (In) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner	<u>II</u> <u>4-24-01</u> Level Date	<u>[Signature]</u> <u>04/25/01</u> Level III Review Date	<u>William Menden</u> <u>4-25-01</u> ANII Review Date
Page <u>3</u> of <u>6</u>			

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101090

Calibration Sheet No.: C-040

Data Sheet No.: N/A

Procedure No.: ACP 1211.30

Revision: 0

System: RPV

Exam Surface Temp: 82 °F

Couplant: HUMEX

Exam Start: 1216

Weld ID: VIF-D001

Thermometer S/N: 3475

Batch No. 00165

Exam End: 1232

Search Unit: 70° / SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☒ SS ☐ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) 60.0

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 60.0

		Performed		Indications		
		Yes	No	Yes	No	
Axial: <input type="checkbox"/>	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component VESSEL NOZZLE Component </div> <div style="text-align: center; margin-left: 10px;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: <input type="checkbox"/>	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW: <input type="checkbox"/>	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Other <u>N/A</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L- Max	L-2	W-2	W- Max	W-2	SW-1	SW- Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous data. See attached sheet for coverage.

<u>[Signature]</u> Examiner	<u>II 4-24-01</u> Level Date	<u>[Signature]</u> <u>04/25/01</u> Level III Review Date
<u>William Mueller</u> <u>4-25-01</u> ANII Review Date		Page <u>4</u> of <u>6</u>



COVERAGE PLOT SHEET

SITE: Duane Aasid UNIT: 1PROJECT: N/A

REPORT NO.:

101090SYSTEM: RPVCOMPONENT ID NO: VVF-0001CONFIGURATION: Nozzle

FLOW

→ RPV SHELLTOTAL L = 54.19

W = 5.80

H = 4.68

27.144

1470.93

0° -

1470.93

1470.93 -

45°

VAU - 1470.93 1457.67

VAD - 1470.93 703.76

VACW - 1470.93 1470.93 -

VACW - 1470.93 1470.93

60°

VAU 1470.93 1468.22

VAD 1470.93 428.37

VACW 1470.93 1470.93 -

VACW 1470.93 1470.93 -

13238.3711412.6786.20%MISSING0° - \emptyset

60°

VAU - $\frac{.7 \times .5}{2} \times 54.19 =$ 2.70

45°

VAU - $\frac{.7 \times .7}{2} \times 54.19 =$
13.27VAD - $\frac{5.1 \times 3.1}{2} \times 54.19 =$
1042.55VAD - $\frac{4.68 \times 4.85}{2} \times 54.19 =$ 615.00

4.68 x .60 x 54.19 152.16

VACW - \emptyset 767.16VACW - \emptyset VACW - \emptyset

EXAMINER

LEVEL

DATE

4-24-01

LEVEL III REVIEW

DATE

04/25/01

WOM 4-25-01

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COVERAGE PLOT SHEET

SITE: Dave Acacid UNIT: 1
PROJECT: N/A

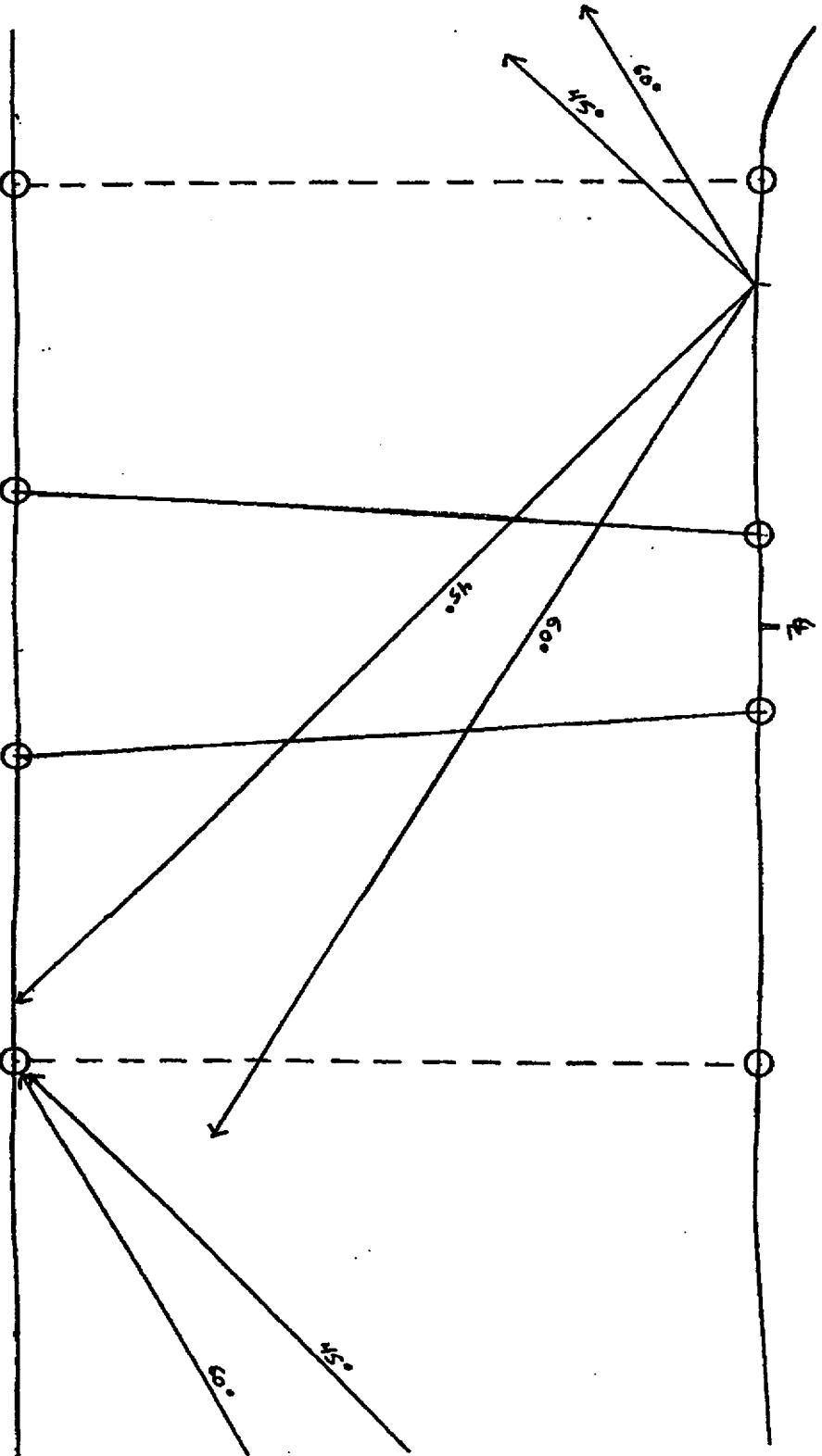
REPORT NO.:
TEL090

SYSTEM: RPV

COMPONENT ID NO: VLF-Dc01

CONFIGURATION: Nozzle

FLOW
→ RPV SHELL



EXAMINER

LEVEL II DATE 4.24.01

LEVEL III REVIEW

DATE 04/25/01
W.A.M. 4.25.01

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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101203
 Calibration Sheet No.: C-096
 Data Sheet No.: N/A

Procedure No.: ACP 1211.20 Revision: 3

System: RECIRC Exam Surface Temp: 68 °F Couplant: HUMEX Exam Start: 1329
 Weld ID: RCB-J030 Thermometer S/N: 3471 Batch No. 00165 Exam End: 1335

Search Unit 60° RL Examination Surface: ID ☐ OD ☒ Material Type: CS ☐ SS ☒ Other: N/A
 Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 69.6
 Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) N/A

		Performed		Indications		
		Yes	No	Yes	No	
Axial: {	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component Weld-O-Let </div> <div style="margin-left: 10px;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW: {	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW {	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous Data Report # 91-257. No changes were observed.

Achieved 38% code coverage.

Chad Olson II 5/1/01
 Examiner Level Date

Frank Olson II 05/04/01
 Level III Review Date

William Mullin 5/8/01
 ANII Review Date

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: I01203
Calibration Sheet No.: C-095
Data Sheet No.: N/A

Procedure No.: ACP 1211.20 Revision: 3

System: RECIRC Exam Surface Temp: 68 °F Couplant: HUMEX Exam Start: 1317
Weld ID: RCB-J030 Thermometer S/N: 3471 Batch No. 00165 Exam End: 1325

Search Unit: 45° SHR Examination Surface: ID ☐ OD ☒ Material Type: CS ☐ SS ☒ Other: N/A
Lo Reference: TOP DEAD CENTER Axial Scan Sensitivity (dB) 52.0
Wo Reference: WELD CENTERLINE Circ Scan Sensitivity (dB) N/A

		Performed		Indications	
		Yes	No	Yes	No
Axial: {	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Circ CW: {	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circ CCW: {	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 L-Wave Base Metal		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other <u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weld

Centerline

Component
Weld-O-Let

Branch Connection

Component

FLOW

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous Data Report # 91-257. No changes were observed.

Achieved 38% code coverage.

<u>Chad Olson</u> <u>II</u> <u>5/1/01</u> Examiner Level Date	<u>[Signature]</u> <u>5/4/01</u> Level III Review Date <u>Frank Schreyer</u> <u>5/4/01</u>	<u>William Mueller</u> <u>5/4/01</u> ANII Review Date
Page <u>2</u> of <u>4</u>		

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DUANE ARNOLD

Report No.: 101203

Calibration Sheet No.: C-094

Data Sheet No.: N/A

Procedure No.: ACP 1211.20

Revision: 3

System: RECIRC

Exam Surface Temp: 68 °F

Couplant: HUMEX

Exam Start: 1326

Weld ID: RCB-J030

Thermometer S/N: 3471

Batch No. 00165

Exam End: 1328

Search Unit 35° SHR

Examination Surface: ID ☐ OD ☒ Material Type: CS ☐ SS ☒ Other: N/A

Lo Reference: TOP DEAD CENTER

Axial Scan Sensitivity (dB) N/A

Wo Reference: WELD CENTERLINE

Circ Scan Sensitivity (dB) 52.8

		Performed		Indications		
		Yes	No	Yes	No	
Axial: {	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <p>Weld</p> <p>-----</p> <p>Centerline</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Component</p> <p>Weld-O-Let</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>Branch Connection</p> <p>Component</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>↑</p> <p>F L O W</p> </div> </div>
	2 Against Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CW: {	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CCW {	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-1	W-Max	W-2	SW-1	SW-Max	SW-2		
NRI											

Remarks:

No Recordable Indications.

Reviewed previous Data Report # 91-257. No changes were observed.

Achieved 38% code coverage.

Chad Olson II 5/1/01
Examiner Level Date

Frank Palmer III 5/4/01
Level III Review Date

William Mueller 5/4/01
ANII Review Date



COVERAGE PLOT SHEET

SITE: DUANE ARMOURED UNIT: 1
PROJECT: RFO17

REPORT NO.:
JO1203

SYSTEM: RECIRC

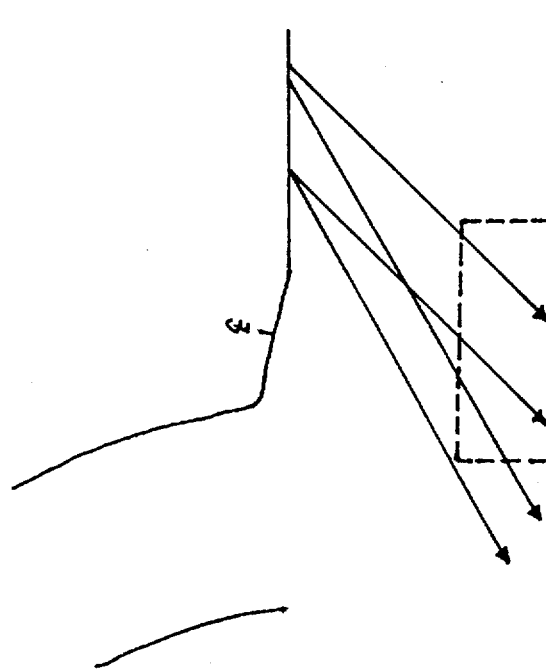
COMPONENT ID NO: RCB-JO30

CONFIGURATION: BRANCH CONNECTION FLOW WELD-O-LET

VAU 12.6 0
VAD 12.6 6.59
VACW 12.6 6.3
VACCW 12.6 6.3
50.4 19.19

50.4 / 19.19 = .38

38%



Chad Olson
EXAMINER

II LEVEL 5/1/01 DATE

LEVEL III REVIEW Frank & Devin 5/4/01 DATE 05/04/01
William Mueller 5/6/01

PAGE 4 OF 4

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DVANE ARNOLDReport No.: T01143Calibration Sheet No.: C-0012Data Sheet No.: N/AProcedure No.: 12.11.19Revision: 2

(NORTH)

System: SCRAM DISCHARGE Exam Surface Temp: 88 °FCouplant: HUMEXExam Start: 1350Weld ID: SDN-CF010 Thermometer S/N: 166599Batch No. 19565AExam End: 1400Search Unit 66573Examination Surface: ☐ ID ☒ ODMaterial Type: ☒ CS ☐ SSOther: N/ALo Reference: TDCAxial Scan Sensitivity (dB) 56Wo Reference: WELD 9Circ Scan Sensitivity (dB) 56

		Performed		Indications	
		Yes	No	Yes	No
Axial:	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Circ CW:	3 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	4 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Circ CCW	5 Upstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	6 Downstream	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		

Remarks: NO RECORDABLE INDICATIONS. SEE ATTACHED FOR SCAN LIMITATIONS.ACHIEVED CODE COVERAGE UTILIZING 1 1/2 NODE EXAM + SUPPLEMENTS60" x 60" MSWS. 84.36% RD 2/19/01

G.L. Thomas II 02/08/01
Examiner Level Date

Frank D. Thomas 2/19/01
Level III Review Date

William Mueller 3/21/01
ANII Review Date

Page 1 of 5

ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: DVANE ARNOLD

Report No.: I01143
Calibration Sheet No.: C-0013
Data Sheet No.: N/A

Procedure No.: 1211.19 Revision: 2

(NORTH)
System: SCRAM DISCHARGE Exam Surface Temp: 88 °F Couplant: HUMEX Exam Start: 1401

Weld ID: SDN-CF010 Thermometer S/N: 166599 Batch No. 19565A Exam End: 1412

Search Unit 66573 Examination Surface: ☐ ID ☒ OD Material Type: ☒ CS ☐ SS Other: N/A

Lo Reference: TDC Axial Scan Sensitivity (dB) 71

Wo Reference: WELD E Circ Scan Sensitivity (dB) N/A

		Performed		Indications		
		Yes	No	Yes	No	
Axial:	1 With Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component <u>CAP</u> </div> <div style="margin-left: 10px;"> ↑ F L O W </div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <u>PIPE</u> Component </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW:	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1 - 8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		

Remarks: NO RECORDABLE INDICATIONS. SEE ATTACHED FOR SCAN LIMITATIONS.

 <u>W.L. THOMAS</u> Examiner	<u>III</u> Level	<u>02/08/01</u> Date	 <u>Level III Review</u> Date	<u>2/9/01</u> Date	 <u>ANII Review</u> Date	<u>3.21.01</u> Date
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ULTRASONIC EXAMINATION DATA SHEET (MANUAL PIPING)

Site: RYANE ARNOLD

Report No.: T01143

Calibration Sheet No.: C-0014

Data Sheet No.: N/A

Procedure No.: 1211.19

Revision: 2

System: (NORTH) SCRAM DISCHARGE Exam Surface Temp: 88 °F

Couplant: HUMEX

Exam Start: 1000

Weld ID: SON-CE010 Thermometer S/N: 166599

Batch No. 19565A

Exam End: 1005

Search Unit C0711B Examination Surface: ☐ ID ☒ OD

Material Type: ☒ CS ☐ SS

Other: N/A

Lo Reference: TDC

Axial Scan Sensitivity (dB) 67.4

Wo Reference: WELD 2

Circ Scan Sensitivity (dB) N/A

		Performed		Indications		
		Yes	No	Yes	No	
Axial:	1 With Flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> Weld ----- Centerline </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Component <u>CAP</u> </div> <div style="margin-left: 10px; text-align: center;"> ↑ F L O W ↑ </div> </div>
	2 Against Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Circ CW:	3 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circ CCW	5 Upstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 Downstream	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7 L-Wave Base Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indication No.	L (in) From Ref			W (in) From Ref			Sweep Reading			Max Amp %DAC	Examination (1-8)
	L-1	L-Max	L-2	W-2	W-Max	W-2	SW-1	SW-Max	SW-2		

Remarks: NO RECORDABLE INDICATIONS. USED MSWS MODEL TO GAIN FURTHER COVERAGE AT BOTTOM (180°) OF WELD. SEE Pg. 5 OF THIS REPORT.

<u>W.C. THOMAS</u> Examiner	<u>III</u> Level	<u>02/13/01</u> Date
<u>Frank Denny</u> Level III Review	<u>2/19/01</u> Date	<u>William Munk</u> ANII Review
<u>3/21/01</u> Date		

Wall Thickness
Profile Sheet

Site: DVANE ARMED Unit: 1

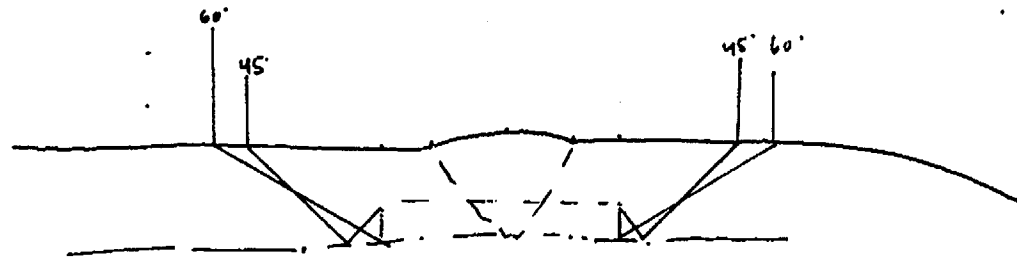
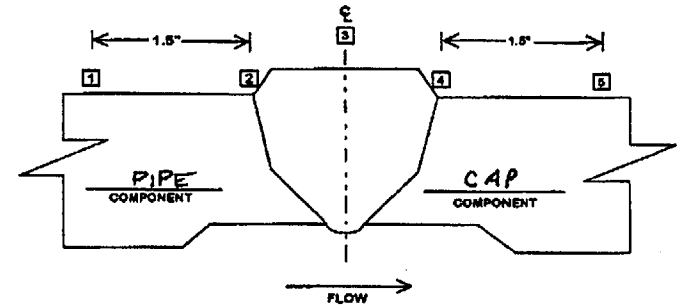
REPORT NO:
IC01143

SYSTEM: SCRAM DISCHARGE

COMPONENT ID NO: SDN-CE010

Position	0°	90°	180°	270°
1	.536			
2	.477			
3	.556		N A	
4	.507			
5	.547			

CROWN HEIGHT: .1
CROWN WIDTH: .8
NOM. DIAMETER: 8"
WELD LENGTH: 27.375"



WAYNE L. THOMAS 02/09/01
NAME Level Date

Frank Holmes 2/19/01 Written Mullin 3/2/01
DAEC NDE Level III/Date ANII/Date

LIMITATION CALCULATION SHEET

WELD # SDN-CF010

LIMITATION. 2 WELDED LUGS (.75" EACH).

SADDLE (9.125" LONG)

L = 27.35"
X
H = .166
X
W = 1.3

LUGS
L = 2
H = .166
W = 1.3

SAMPLE
L = 9.125
H = 1.66
W = 1.3

VAU 5.90
VAD 5.90
VCW 5.90
VCCW 5.90

1.97

.43

23.6 cu.in.

(5.90) VAU - 1.97 - .43 (= 2.4)
(5.90) VAD - .43 =
(5.90) VCW - .43 =
(5.90) VCCW - .43 =
3.5 cu.in.
5.47 cu.in.
5.47 cu.in.
5.47 cu.in.
19.91 cu.in. EXAMINED ÷ 23.6 84.36%

Blum
2/19/01

5 of 5