



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37384-2000

September 11, 2003

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Gentlemen:

In the Matter of) Docket No. 50-327
Tennessee Valley Authority)

SEQUOYAH NUCLEAR PLANT (SQN) - UNIT 1 CYCLE 12 (U1C12) 90-DAY
INSERVICE INSPECTION (ISI) SUMMARY REPORT

In accordance with the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code, Section XI, Article IWA-6230, TVA is providing the SQN ISI Summary Report within 90 days from completion of the inspections performed during the U1C12 refueling outage. The summary report contains an overview of the inservice examinations and augmented non-destructive examination results that were performed on ASME Class 1 and 2 components from November 22, 2001 to June 17, 2003. This report also contains a summary of ASME Section XI steam generator tube examinations (Appendix A), a report of the repair and replacement activities (Appendix B), a pressure test report (Appendix C), and the IWE metal containment evaluations (Appendix D).

This report is submitted in accordance with NRC RIS 2001-05. Please direct questions concerning this issue to me at (423) 843-7170 or J. D. Smith at (423) 843-6672.

Sinderely

Pedro Salas
Licensing and Industry Affairs Manager

Enclosure

A047

ENCLOSURE

**TENNESSEE VALLEY AUTHORITY
SEQUOYAH NUCLEAR PLANT
UNIT 1**

**UNIT 1 CYCLE 12
90-DAY
INSERVICE INSPECTION
SUMMARY REPORT**

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

ASME SECTION XI

INSERVICE INSPECTION SUMMARY REPORT FOR SEQUOYAH NUCLEAR PLANT

UNIT 1 CYCLE 12

DATE OF COMPLETION OF REPORT AUGUST 25, 2003

PREPARED BY

Jeff A. Paulant
SYSTEM ENGINEER, COMPONENT (ISI)

REVIEWED BY

T.F. McDermott by J.Wade
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REVIEWED BY

J.Wade
ISO ISI/NDE SUPERVISOR

REVIEWED BY

Jeff A. Paulant for Jerry K. McClanahan
FOR TELECOM.
CORPORATE MECHANICAL, NUCLEAR, & CODES

APPROVED BY

G. Buchanan
COMPONENT ENGINEERING MANAGER

APPROVED BY

[Signature]
ENGINEERING MANAGER

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FORM NIS-1 OWNERS' REPORT FOR INSERVICE INSPECTIONS

As required by the Provisions of the ASME Code Rules

1. Owner Tennessee Valley Authority, 1101 Market St. Chattanooga, TN. 37402-2801
(Name and Address of Owner)
2. Plant Sequoyah Nuclear Plant, P.O. Box 2000, Soddy Daisy, Tennessee 37384-2000
(Name and Address of Plant)
3. Plant Unit ONE (1) 4. Owner Certificate of Authorization (if required) Not Required
5. Commercial Service Date July 1, 1981 6. National Board Number for Unit No Number Assigned
7. Components Inspected:

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Westinghouse	30-616	N/A	N/A
Steam Generator	Doosan Heavy Industries (Westinghouse)	NF7N01-01 NF7N01-02 NF7N01-03 NF7N01-04	N/A	1653 1654 1655 1656
Pressurizer	Westinghouse	1331	N/A	68-102
See Section 2 (Examination Plan) for remaining components	Tennessee Valley Authority	N/A	N/A	N/A

Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8½ in. X 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-1 (back)

8. Examination Dates November 22, 2001 to June 17, 2003
9. Inspection Period Identification: Third Period
10. Inspection Interval Identification: Second Interval
11. Applicable Edition of Section XI 1989 Addenda N/A
12. Date/Revision of Inspection Plan: June 26, 2003 Revision 1
13. Abstract of Examinations and Tests. Includes a list of examinations and tests and a statement concerning status of work required for Inspection Plan. See Introduction/Summary of Inservice Inspections. Examination status is on schedule. Examinations performed complete the first outage of the third period of the second inspection interval. This also includes pressure tests performed after Unit 1 Cycle 11 refueling outage and prior to the start of the third period for the completion of the second period pressure tests.
14. Abstract of Results of Examinations and Tests. See Introduction/Summary of Inservice Inspections
15. Abstract of Corrective Measures. See Introduction/Summary of Inservice Inspections

We certify that a) the statements made in this report are correct b) the examinations and tests meet the Inspection Plan as required by ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

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

Date 8/13/2003 Signed TVA By James N. Myhran
Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford CT have inspected the components described in this Owners' Data Report during the period 11-22-01 to 6-17-03, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, and tests, and corrective measures described in this Owner's Report. Furthermore, neither the Inspector now his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Commissions

TN 2693

National Board, State, Province and Endorsements

Inspector's Signature

Date Aug. 14 2003

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INTRODUCTION / SUMMARY OF INSERVICE EXAMINATIONS

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

Scope:

This overview is for the Inservice Examinations performed during the Unit 1 Cycle 12 for Class 1 and 2 components as required by 0-SI-DXI-000-114.2 "ASME Section XI ISI/NDE Program Unit 1 and Unit 2", SPP-9.1 "ASME Section XI and Augmented Nondestructive Examination Program", and IWA-6220 of ASME Section XI, 1989 Edition. This report also includes steam generator tubing eddy current examinations in Appendix A, repairs and replacements performed in Appendix B, pressure test examinations in Appendix C, and the IWE metal containment evaluations in accordance with 10CFR 50.55a(b)(2)(x) in Appendix D.

Introduction:

The code of record for the second inspection interval which began December 16, 1995, is the 1989 Edition of the ASME Boiler and Pressure Vessel Code, Section XI, Division 1. Starting April 12, 2002 the NDE techniques, qualification of personnel, weld reference system, and standards for examination are in accordance with 1995 Edition of ASME Section XI through the 1996 Addenda.

The Unit 1 Cycle 12 inservice examinations were performed during the period from November 22, 2001 to June 17, 2003. This report also includes repairs and replacements and pressure tests performed during this period. The Unit 1 Cycle 12 Refueling Outage began when the generator was taken off line on March 17, 2003. The outage was completed on June 17, 2003, when the generator was tied to the power grid. The inservice examinations which include risk-informed inservice inspection examinations were performed to the implementing plant Surveillance Instruction, 0-SI-DXI-000-114.2, "ASME Section XI ISI/NDE Program Unit 1 and Unit 2" revisions 13 thru 17. The steam generator tubing eddy current examinations are discussed in Appendix A. Repairs and replacements are discussed in Appendix B. Pressure test examinations are discussed in Appendix C. This report also includes pressure tests performed during the second interval that were not included in previous reports. The IWE metal containment evaluations are discussed in Appendix D. Examinations performed during this cycle satisfy the inspection requirements for the first outage of the third period of the Second 10 Year Inspection Interval as defined in 0-SI-DXI-000-114.2.

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The Authorized Inspection Agency (AIA), Hartford Steam Boiler Inspection and Insurance Company of Connecticut (HSB CT), provided the following ANIIs:

Michael Lockwood, Bruce Eamigh, Jim Myhan, Bill Huber and
Todd Ward
HSB CT
200 Ashford Center North, Suite 300
Atlanta, Georgia 30338-4860

Summary:

Unit 1 Cycle 12 was the first scheduled refueling outage during the third inspection period of the second Ten Year ISI Interval. Class 1 and 2 components were examined in accordance with 0-SI-DXI-000-114.2, "ASME Section XI ISI/NDE Program Unit 1 and Unit 2". A summary listing of examinations performed for code credit are listed in **SECTION 1**. The examinations were performed to TVA approved procedures. The class 1 and 2 components examined and results for this inservice inspection outage are listed in **SECTION 2**. There were 10 Notice of Indications generated for ASME Section XI, Class 1 and 2 examinations. See **SECTION 3** for the notice of indications summary. See **SECTION 4** for the additional samples summary. See **SECTION 5** for the successive examinations summary. No regulatory required augmented examinations were performed which require submittal to the regulatory authority (Reference **SECTION 6**). There were no new ASME Class 1, 2, or 3 equivalent components for which examination results required acceptance by analytical evaluation (IWB-3132.4, IWB-3142.4, IWC-3122.4, IWC-3132.4 or IWD-3000). (Reference **SECTION 7**). There were 3 components which did not receive the code required examination coverage (see **SECTION 8**).

For Unit 1 Cycle 12 steam generator tubing eddy current examinations results and number of tubes examined see **Appendix A**. All the Unit 1 steam generators were replaced during Unit 1 Cycle 12 and preservice examinations were performed on the tubes.

For repairs and replacements performed see **Appendix B**.

For Unit 1 Cycle 12 pressure test results and second interval system pressure tests not included in previous reports see **Appendix C**.

For Unit 1 Cycle 12 IWE metal containment evaluations see **Appendix D**.

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SECTION 1

EXAMINATION SUMMARY

- **Examination Credit Summary**
- **Examination Code Category and Item Number Summary**

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EXAMINATION CREDIT SUMMARY

The completion of examinations as required by the inspection plan for the first outage of the third period of the second interval is on schedule. The examination category and number of examinations for the second interval and the third period for the following summary are based on O-SI-DXI-000-114.2 revision 18.

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EXAMINATION CREDIT SUMMARY **ASME SECTION XI EXAMINATIONS FOR THE FIRST** **OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR** **INSPECTION INTERVAL**

CATEGORY	TOTAL NUMBER REQUIRED FOR INTERVAL	TOTAL NUMBER CREDITED FOR THE INTERVAL	TOTAL NUMBER REQUIRED FOR THIRD PERIOD (U1C12 and U1C13)	TOTAL NUMBER CREDITED FOR THE THIRD PERIOD (U1C12)	TOTAL NUMBER CREDITED FOR U1C12 OF THE THIRD PERIOD	EXCLUSIONS EXCEPTIONS OR DEFERRALS
B-A	14	1	13	0	0	deferral permissible
B-B	5	5	2	2	2	
B-D	36 see note 12	20 see notes 12 and 19	24 see note 19	8 see note 19	8 see note 19	Code Case N-521
B-E	115	0	115	0	0	deferral permissible
B-F	22 see note 11	4 see note 11	N/A see note 11	N/A see note 11	N/A see note 11	Code Case N-521
B-G-1	RV (216) RCP (25) see note 10	RV (216) RCP (25)	RV (72)	RV (72)	RV (72)	RCP only when B-L-2 examination performed
B-G-2	PZR (1) SG (2) RCP (2) Valves (6) Piping (13)	PZR (1) SG (2) see note 20 RCP (2) Valves (4) see note 1 Piping (13)	SG (1) see note 20 Valves (2) Piping (6)	SG (1) see note 20 Piping(6)	SG (1) see note 20 Piping(6)	valves when B-M-2 examination performed or in place during cycle 13
B-H, see B-K of Code Case N-509						
B-J	261 see notes 2, 11 and 27	81 see notes 3, 11 and 13	N/A see note 11	N/A see note 11	N/A see note 11	

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EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL
(continued)

CATEGORY	TOTAL NUMBER REQUIRED FOR INTERVAL	TOTAL NUMBER CREDITED FOR THE INTERVAL	TOTAL NUMBER REQUIRED FOR THIRD PERIOD (U1C12 and U1C13)	TOTAL NUMBER CREDITED FOR THE THIRD PERIOD (U1C12)	TOTAL NUMBER CREDITED FOR U1C12 OF THE THIRD PERIOD	EXCLUSIONS EXCEPTIONS OR DEFERRALS
B-K-1, see B-K of Code Case N-509						
B-K of Code Case N-509	7	7	3	3	3	
B-L-1 per Code Case N-481	1 - internal surface when disassembled 1- external surface	1 (internal surface) see note 18	1- external surface	0	0	deferral permissible: examine only if pump disassembled
B-L-2	1	1	0	0	0	deferral permissible: examine only if pump disassembled
B-M-1	N/A					
B-M-2	6	4	2	0	0	deferral permissible: examine only if valve disassembled, examine in place if not disassembled
B-N-1	Three - 1 each period	1 (first period) 1 (second period)	1	0	0	
B-N-2	6	0	6	0	0	deferral permissible
B-N-3	1	0	1	0	0	deferral permissible

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EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL
(continued)

CATEGORY	TOTAL NUMBER REQUIRED FOR INTERVAL	TOTAL NUMBER CREDITED FOR THE INTERVAL	TOTAL NUMBER REQUIRED FOR THIRD PERIOD (U1C12and U1C13	TOTAL NUMBER CREDITED FOR THE THIRD PERIOD (U1C12)	TOTAL NUMBER CREDITED FOR U1C12 OF THE THIRD PERIOD	EXCLUSIONS EXCEPTIONS OR DEFERRALS
B-O	2	0	2	0	0	deferral permissible
B-P, see Appendix C						
B-Q, see Appendix A						
C-A	19 see notes 4 14, and 21	15 see note 14	8	4	4	
C-B	14 see note 4 and 15	9 see note 15	5	0	0	
C-C see C-C of Code Case N-509						
C-C of Code Case N-509	31 see note 4, 16 and 17	22	14	5	5	
C-D	1	1	0	0	0	
C-F-1	143 see notes 5, 9 and 11	45 see note 11	N/A see note 11	N/A see note 11	N/A see note 11	
C-F-2	29 see note 11	9 see note 11	N/A see note 11	N/A see note 11	N/A see note 11	

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EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST OUTAGE (U1C12) OF
THE THIRD PERIOD OF THE SECOND TEN-YEAR INSPECTION INTERVAL
(continued)

CATEGORY	TOTAL NUMBER REQUIRED FOR INTERVAL	TOTAL NUMBER CREDITED FOR THE INTERVAL	TOTAL NUMBER REQUIRED FOR THIRD PERIOD (U1C12 and U1C13)	TOTAL NUMBER CREDITED FOR THE THIRD PERIOD (U1C12)	TOTAL NUMBER CREDITED FOR U1C12 OF THE THIRD PERIOD	EXCLUSIONS EXCEPTIONS OR DEFERRALS
C-G	N/A					
C-H, see Appendix C						
F-A see F-A of Code Case N-491						
F-A of Code Case N-491	195* *Class 1 and 2 only see notes 4, 7 and 22	173 see notes 6 8, and 23	70	48	48	
R-A R1.11(UT)	70 Elements see notes 11 and 24	38 see note 25	24	13	13	
R-A R1.11(VT)	50 Segments see notes 11, and 28	All each refueling outage	See Appendix C	See Appendix C	See Appendix C	
R-A R1.12(VT)	29 Segments see notes 11, and 29	All each refueling outage	See Appendix C	See Appendix C	See Appendix C	
R-A R1.13	N/A					
R-A R1.14	N/A					

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EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL
(continued)

CATEGORY	TOTAL NUMBER REQUIRED FOR INTERVAL	TOTAL NUMBER CREDITED FOR THE INTERVAL	TOTAL NUMBER REQUIRED FOR THIRD PERIOD (U1C12 and U1C13)	TOTAL NUMBER CREDITED FOR THE THIRD PERIOD (U1C12)	TOTAL NUMBER CREDITED FOR U1C12 OF THE THIRD PERIOD	EXCLUSIONS EXCEPTIONS OR DEFERRALS
R-A R1.15	N/A					
R-A R1.16	6 Elements see note 11 and 26	1	2	0	0	
R-A R1.17	N/A					
R-A R1.18	16 Segments see note 11	As scheduled in FAC program	As scheduled in FAC program	As scheduled in FAC program	As scheduled in FAC program (3 segments examined)	

Notes:

1. Credit taken only for the studs on valve 63-632 examined in examination category B-G-2 during U1C8.
2. Piping modification in U1C10 of the second period added 12 examination category B-J welds to the total number required for the interval increased from 247 to 259.
3. Due to piping modifications in the second period and the increase in the total number of welds required for examination in examination category B-J for the interval these welds were added over the three periods - (4) first, (3) second, (5) third. The 4 welds in the first period are counted as credit for the interval.

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ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL

(continued)

4. Containment spray heat Exchanger 1B was replaced in U1C9 of the first period and the totals for examination category C-A increased from 17 to 20, examination category C-B increased from 12 to 14, examination category C-C increased from 28 to 29, and examination category F-A increased from 203 to 204 in the U1C9 report
5. Use of code paragraph IWC-1221(e) reduced the total number required for examination in examination category C-F-1 from 146 to 142 in the U1C9 report.
6. Removed from credit 2 supports (1-SIH-031 and 1-SIH-160) reported in examination category F-A in U1C8 in the U1C9 report.
7. Due to the support modifications in the second period the total number of required examinations in examination category F-A for the interval decreased from 204 to 202 during U1C10 in the U1C10 report.
8. Removed from credit one support in examination category F-A (1-SIH-065) in the first period due to its removal in U1C10 in the U1C10 report.
9. Due to piping modification in the second period the total number of required examinations in examination category C-F-1 increased by one weld for the interval from 142 to 143 in the U1C10 report.
10. Increased total number of examinations in examination category B-G-1 for RCP from 24 to 25 in the U1C10 report to include the examination of the RCP flange surface when the connection is disassembled.
11. The RI-ISI Program was approved for the second and third periods for examination categories B-F, B-J, C-F-1, and C-F-2. The RI-ISI examinations are performed under examination category R-A item numbers R1.11, R1.12, R1.16 and R1.18. There were no examinations performed in the first period for examination category R-A.
12. For examination category B-D, item number B3.140, Steam Generator Primary Side Nozzle Inside Radius Section, two examinations that were originally scheduled for the second period were not required to be examined due to replacement of the steam generators in the third period, (see request for relief 1-ISI-16). Added two welds to the total number credited for the interval in U1C12 for interval tracking.
13. Removed from credit two welds in examination category B-J in the second period U1C11 report due to implementation of the RI-ISI program in the second and third periods.

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EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL
(continued)

14. For examination category C-A, item number C1.10, Steam Generator Pressure Retaining Shell Circumferential Welds, the one weld scheduled for the second period was not required to be examined due to the replacement of the steam generators in the third period, (see request for relief 1-ISI-16). Added one welds to the total number credited for the interval in U1C12 for interval tracking.
15. Examination category C-B, item number C2.20, Residual Heat Removal Heat Exchanger, the nozzle-to-vessel weld examination will be used for the nozzle inside radius section examination, request for relief 1-ISI-15. Added two welds to the total number credited for the interval in U1C12 for interval tracking.
16. Increased total number of examination category C-C examinations required for the interval from 29 to 31 to correct number of integrally welded attachments in the U1C11 report.
17. Removed from credit one integrally welded attachment (1-CVCH-560-IA) reported in examination category C-C in U1C10 in the U1C11 report.
18. RCP # 4 internal casing surface was examined during U1C11 forced outage per Code Case N-481; the evaluation report for part (d) of Code Case N-481 has previously been submitted in the Unit 1 Cycle 6 report for part (e) of Code Case N-481.
19. Replacement steam generator preservice examinations are being credited for the period on the primary side nozzle inside radius section (4 welds, on 2 steam generators)
20. Replacement steam generator preservice examinations are being credited for the period on the primary pressure retaining bolting, credited one steam generator manway
21. Due to the steam generator replacement in U1C12 the number of examination category C-A for the interval changed from 20 to 19 in the U1C12 report.
22. Due to support modifications the number of examinations required for the interval for examination category F-A changed from 202 to 195 in U1C12.
23. Due to support modifications one support credited during the interval in the second period for credit is being removed from credit due to the deletion of the support in U1C12 in the U1C12 report.

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NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

EXAMINATION CREDIT SUMMARY
ASME SECTION XI EXAMINATIONS FOR THE FIRST
OUTAGE (U1C12) OF THE THIRD PERIOD OF THE SECOND TEN-YEAR
INSPECTION INTERVAL
(continued)

- 24. Examination category R-A item number R1.11 examinations for the second period was 75, but was revised by the periodic update to 70 in the U1C12 report.
- 25. For examination category R-A, the number of welds credited in the second period was 25 welds.
- 26. Examination category R-A, item number R1.16 examinations for the second period was 3, but was revised by the periodic update to 6 in the U1C12 report.
- 27. Examination category B-J examinations changed from 259 to 261 for total number required for the interval due to the steam generator replacement in the U1C12 report.
- 28. Examination category R-A, item number R1.11(VT) examinations for the second period was 62 segments, but was revised by the periodic update to 50 segments in the U1C12 report.
- 29. Examination category R-A, item number R1.12 examinations for the second period was 34 segments, but was revised by the periodic update to 29 segments in the U1C12 report.

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

EXAMINATION CODE CATEGORY AND ITEM NUMBER SUMMARY

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
CLASS 1 COMPONENTS**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
Pressurizer Circumferential Shell-to-Head Weld	UT	B-B	B2.11	1
Pressurizer Head to Intersecting Long Seam Weld	UT	B-B	B2.12	1
Pressurizer Nozzle-to-Vessel Weld	UT	B-D	B3.110	2
Pressurizer Nozzle Inside Radius section	UT	B-D	B3.120	2
Reactor Vessel Closure Head Nuts Greater Than 2 Inches in Diameter	MT	B-G-1	B6.10	18
Reactor Vessel Closure Head Studs Greater Than 2 Inches in Diameter	MT/UT	B-G-1	B6.30	18
Reactor Vessel Threads in Flange	UT	B-G-1	B6.40	18
Reactor Vessel Closure Washers	VT-1	B-G-1	B6.50	18
CVCS Piping Bolting	VT-1	B-G-2	B7.50	2
RCS Piping Bolting	VT-1	B-G-2	B7.50	2
SIS Piping Bolting	VT-1	B-G-2	B7.50	2
CVCS Piping Support Integrally Welded attachments	PT	B-K	B10.20	1
SIS Piping Support Integrally Welded attachments	PT	B-K	B10.20	2
CVCS Class 1 Piping Support, Function A	VT-3	F-A	F1.10A	2
RCS Class 1 Piping Support, Function A	VT-3	F-A	F1.10A	1
SIS Class 1 Piping Support, Function A	VT-3	F-A	F1.10A	3
CVCS Class 1 Piping Support, Function B	VT-3	F-A	F1.10B	8

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
CLASS 1 COMPONENTS
(continued)**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
RHRS Class 1 Piping Support, Function B	VT-3	F-A	F1.10B	1
SIS Class 1 Piping Support, Function B	VT-3	F-A	F1.10B	3
RCS Class 1 Piping Support, Function C	VT-3	F-A	F1.10C	2
RX Class 1 Piping Support, Function C	VT-3	F-A	F1.10C	1
RCS Class 1 Piping Support, Function D	VT-3	F-A	F1.10D	1
RHRS Class 1 Piping Support, Function D	VT-3	F-A	F1.10D	1

OWNER: TENNESSEE VALLEY AUTHORITY
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PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
CLASS 2 COMPONENTS**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
CVCS Seal Water Heat Exchanger Shell Circumferential Weld	PT	C-A	C1.10	1
CVCS Seal Water Injection Filter Shell Circumferential Weld	UT	C-A	C1.10	1
CVCS Seal Water Heat Exchanger Head Circumferential Weld	PT	C-A	C1.20	1
CVCS Seal Water Injection Filter Head Circumferential Weld	UT	C-A	C1.20	1
CVCS Seal Water Injection Filter integrally Welded Attachment	PT	C-C	C3.10	1
MSS Class 2 Piping Support Integrally Welded Attachments	MT	C-C	C3.20	1
SIS Class 2 Piping Support Integrally Welded Attachments	PT	C-C	C3.20	3
CSS Class 2 Piping Support, Function A	VT-3	F-A	F1.20A	1
CVCS Class 2 Piping Support, Function A	VT-3	F-A	F1.20A	1
FWS Class 2 Piping Support, Function A	VT-3	F-A	F1.20A	1
MSS Class 2 Piping Support, Function A	VT-3	F-A	F1.20A	1
SIS Class 2 Piping Support, Function A	VT-3	F-A	F1.20A	2
CVCS Class 2 Piping Support, Function B	VT-3	F-A	F1.20B	3

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
CLASS 2 COMPONENTS
(continued)**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
MSS Class 2 Piping Support, Function B	VT-3	F-A	F1.20B	1
RHRS Class 2 Piping Support, Function B	VT-3	F-A	F1.20B	2
SIS Class 2 Piping Support, Function B	VT-3	F-A	F1.20B	8
FWS Class 2 Piping Support, Function C	VT-3	F-A	F1.20C	1
MSS Class 2 Piping Support, Function C	VT-3	F-A	F1.20C	1
MSS Class 2 Piping Support, Function D	VT-3	F-A	F1.20D	1
SIS Class 2 Piping Support, Function D	VT-3	F-A	F1.20D	1
CVCS Class 2 Seal Water Injection Filter Support	VT-3	F-A	F1.40	1

OWNER: TENNESSEE VALLEY AUTHORITY
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SODDY DAJSY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
CLASS 1 AND 2 RI-ISI COMPONENTS**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
CVCS Piping Welds	UT	R-A	R1.11	5
FWS Piping Welds	UT	R-A	R1.11	4
RX Piping Welds	UT	R-A	R1.11	1
SIS Piping Welds	UT	R-A	R1.11	3
FWS FAC Piping Areas	UT-THK	R-A	R1.18	1
SGBS FAC Piping Areas	UT-THK	R-A	R1.18	2

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

EXAMINATION CODE CATEGORY AND ITEM NUMBER SUMMARY ASME SECTION XI CREDIT UNIT 1 CYCLE 12 STEAM GENERATORS				
COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
TUBING *	ET	B-Q	B16.20	*

* See Appendix A for Summary of Steam Generator Eddy Current Examinations.

OWNER: TENNESSEE VALLEY AUTHORITY
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PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
PRESSURE TESTS**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
PRESSURE TEST *	VT	*	*	*

* See Appendix C for Summary of Pressure Tests.

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
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SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**EXAMINATION CODE CATEGORY
AND ITEM NUMBER SUMMARY
ASME SECTION XI CREDIT UNIT 1 CYCLE 12
SUCCESSIVE EXAMINATIONS COMPONENTS**

COMPONENT	EXAM METHOD	CODE CATEGORY	CODE ITEM NUMBER	Total
CVCS Class 1 Supports- Function A	VT-3	F-A	F1.10A	1
RCS Class 1 Supports- Function B	VT-3	F-A	F1.10B	1
RCS Class 1 Supports- Function C	VT-3	F-A	F1.10C	1
SIS Class 1 Supports- Function D	VT-3	F-A	F1.10D	1
RCS Class 1 Supports- Function D	VT-3	F-A	F1.10D	1
RCS Class 1 RCP Supports	VT-3	F-A	F1.40	2
Pressurizer Safe End Weld	PT	B-F	B5.40	1

OWNER: TENNESSEE VALLEY AUTHORITY
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P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

SECTION 2

EXAMINATION PLAN (POST OUTAGE INSERVICE REPORT AND PRESERVICE REPORT)

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

This Section contains a standardized Post Outage ISI Report to satisfy the Reporting Requirements of IWA-6000 of the ASME Section XI Code. This report contains the inservice and preservice inspection data for Class 1 and 2 Components defined in 0-SI-DXI-000-114.2, "ASME Section XI ISI/NDE Program Unit 1 and Unit 2".

For Unit 1 Cycle 12 steam generator tubing eddy current examination results and number of tubes examined see **Appendix A**.

For Unit 1 Cycle 12 system pressure testing results see **Appendix C**.

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

POST OUTAGE INSERVICE REPORT

OWNER: TENNESSEE VALLEY AUTHORITY
 NUCLEAR POWER GROUP
 1101 MARKET STREET
 CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
 P.O. BOX 2000
 SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
PZR	WP-5	ISI-0394-C-01	B-B	B2.11	UT	N-UT-19	SQ-41	2003040	R-8003	Passed		96.3% EXAMINATION COVERAGE ACHIEVED
PZR	WP-9	ISI-0394-C-01	B-B	B2.12	UT	N-UT-19	SQ-41	2003040	R-8004	Passed		
PZR	RCW-18	ISI-0394-C-01	B-D	B3.110	UT	N-UT-19	BNP-79	2003033	R-8000	Passed		66.7% EXAMINATION COVERAGE ACHIEVED
PZR	RCW-19	ISI-0394-C-01	B-D	B3.110	UT	N-UT-19	BNP-79	2003033	R-8001	Passed		66.7% EXAMINATION COVERAGE ACHIEVED
PZR	RCW-18-IR	ISI-0394-C-01	B-D	B3.120	UT	N-UT-55	SQ-77	2003033	R-7971	Passed		
PZR	RCW-19-IR	ISI-0394-C-01	B-D	B3.120	UT	N-UT-55	SQ-77	2003033	R-7972	Passed		
RV	RVNUT-37	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-38	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-39	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-40	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-41	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-42	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-43	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-44	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		NUT STAMPED S/N 34
RV	RVNUT-45	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-46	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		STAMPED WITH S/N 57
RV	RVNUT-47	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-48	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-49	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-50	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-51	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003040	R-8040	Passed		
RV	RVNUT-52	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVNUT-53	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		STAMPED WITH S/N 60
RV	RVNUT-54	ISI-0504-C-07	B-G-1	B6.10	MT	N-MT-6		2003041	R-8040	Passed		
RV	RVSTUD-37	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-37	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-38	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-38	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-39	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		STAMPED WITH S/N 57
RV	RVSTUD-39	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		STAMPED WITH S/N 57
RV	RVSTUD-40	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
RV	RVSTUD-40	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-41	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-41	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-42	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-42	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-43	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-43	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-44	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-44	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-45	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-45	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-46	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-46	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-47	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-47	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-48	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-48	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-49	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-49	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-50	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-50	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-51	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003040	R-8041	Passed		
RV	RVSTUD-51	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003040	R-8042	Passed		
RV	RVSTUD-52	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-52	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVSTUD-53	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		STAMPED WITH S/N 60
RV	RVSTUD-53	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		STUD 53 HAS BEEN REPLACED BY S/N 60
RV	RVSTUD-54	ISI-0504-C-07	B-G-1	B6.30	MT	N-MT-6		2003041	R-8041	Passed		
RV	RVSTUD-54	ISI-0504-C-07	B-G-1	B6.30	UT	N-UT-67	SQ-102	2003041	R-8042	Passed		
RV	RVTHREAD-37	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-38	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-39	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
RV	RVTHREAD-40	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-41	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-42	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-43	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-44	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-45	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-46	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-47	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-48	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-49	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-50	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-51	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-52	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-53	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RVTHREAD-54	ISI-0504-C-07	B-G-1	B6.40	UT	N-UT-37	SQ-52	2003032	R-7924	Passed		
RV	RWWASHER-37	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-38	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-39	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-40	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-41	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-42	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-43	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-44	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		STAMPED WITH S/N 34
RV	RWWASHER-45	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-46	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		STAMPED WITH S/N 57
RV	RWWASHER-47	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-48	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-49	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-50	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-51	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003040	R-8039	Passed		
RV	RWWASHER-52	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
RV	RWWASHER-53	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		STAMPED WITH S/N 60

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
RV	RWWASHER-54	ISI-0504-C-07	B-G-1	B6.50	VT-1	N-VT-1		2003041	R-8039	Passed		
CVCS	SWI-2040-BC	CHM-2338-C-02	B-G-2	B7.50	VT-1	N-VT-1		2003040	R-7982	Passed		BOLTING REMOVED
CVCS	SWI-2158-BC	CHM-2338-C-04	B-G-2	B7.50	VT-1	N-VT-1		2003040	R-7984	Passed		BOLTING REMOVED
RCS	RCF-25-BC	ISI-0369-C-03	B-G-2	B7.50	VT-1	N-VT-1		2003033	R-7966	Passed		BOLTING REMOVED WO# 03-001838-000
RCS	RCS-074-BC	ISI-0369-C-03	B-G-2	B7.50	VT-1	N-VT-1		2003033	R-7967	Passed		EXAMINE BOLTING DISASSEMBLED WO# 99-008105-000
SIS	SI-1669-BC	CHM-2333-C-02	B-G-2	B7.50	VT-1	N-VT-1		2003032	R-7944	Passed		BOLTING INPLACE
SIS	SI-1732-BC	CHM-2333-C-01	B-G-2	B7.50	VT-1	N-VT-1		2003032	R-7948	Passed		BOLTING INPLACE
CVCS	1-CVCH-032-IA	CHM-2434-C-02	B-K	B10.20	PT	N-PT-9		2003032	R-7959	Passed		92.5% EXAMINATION COVERAGE ACHIEVED
SIS	1-SIH-022-IA	CHM-2436-C-08	B-K	B10.20	PT	N-PT-9		2003032	R-7921	Passed		
SIS	1-SIH-320-IA	CHM-2436-C-07	B-K	B10.20	PT	N-PT-9		2003032	R-7937	Passed		
CVCS	SWHXW-2	ISI-0460-C-01	C-A	C1.10	PT	N-PT-9		2003041	R-8020	Failed	1-SQ-452	REF: R-8076
CVCS	SWIFW-1-A	ISI-0456-C-01	C-A	C1.10	UT	N-UT-18	SQ-38	2003033	R-7975	Passed		96% EXAMINATION COVERAGE ACHIEVED
CVCS	SWHXW-1	ISI-0460-C-01	C-A	C1.20	ET	N-ET-9		2003041	R-8022	Passed		USED TO SUPPORT THE PT EXAMINATION
CVCS	SWHXW-1	ISI-0460-C-01	C-A	C1.20	PT	N-PT-9		2003040	R-8022	Passed		SEE EDDY CURRENT REPORT (R-8022) "VOLUMETRIC TECHNIQUE" FOR FINAL EVALUATION
CVCS	SWIFW-2-A	ISI-0456-C-01	C-A	C1.20	UT	N-UT-18	SQ-38	2003033	R-7976	Passed		65% EXAMINATION COVERAGE ACHIEVED
CVCS	SWIFH-A-IA	ISI-0456-C-01	C-C	C3.10	PT	N-PT-9		2003033	R-7970	Passed		
MSS	1-MSH-425-IA	CHM-2438-C-01	C-C	C3.20	MT	N-MT-6		2003032	R-7922	Passed		
SIS	1-SIH-018-IA	CHM-2436-C-04	C-C	C3.20	PT	N-PT-9		2003032	R-7946	Passed		
SIS	1-SIH-102-IA	ISI-0448-C-11	C-C	C3.20	PT	N-PT-9		2003032	R-7962	Passed		
SIS	1-SIH-242-IA	ISI-0448-C-06	C-C	C3.20	PT	N-PT-9		2003032	R-7940	Passed		
CVCS	1-CVCH-043	CHM-2434-C-02	F-A	F1.10A	VT-3	N-VT-1		2003032	R-7931	Engineering	1-SQ-450	
CVCS	1-CVCH-348	CHM-2433-C-01	F-A	F1.10A	VT-3	N-VT-1		2003031	R-7907	Passed		
RCS	1-RCH-034	ISI-0370-C-02	F-A	F1.10A	VT-3	N-VT-1		2003031	R-7896	Passed		
SIS	1-SIH-153	CHM-2438-C-01	F-A	F1.10A	VT-3	N-VT-1		2003032	R-7950	Passed		
SIS	1-SIH-167	CHM-2436-C-01	F-A	F1.10A	VT-3	N-VT-1		2003032	R-7945	Passed		
SIS	1-SIH-208	CHM-2436-C-01	F-A	F1.10A	VT-3	N-VT-1		2003032	R-7926	Passed		
CVCS	1-CVCH-004	CHM-2434-C-01	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7936	Passed		
CVCS	1-CVCH-031	CHM-2434-C-02	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7943	Passed		
CVCS	1-CVCH-040	CHM-2434-C-02	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7932	Passed		
CVCS	1-CVCH-046	CHM-2434-C-02	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7933	Passed		

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PLANT: SEQUOYAH NUCLEAR PLANT
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SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
CVCS	1-CVCH-102	CHM-2434-C-04	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7951	Passed		
CVCS	1-CVCH-292	CHM-2433-C-02	F-A	F1.10B	VT-3	N-VT-1		2003040	R-8015	Passed		
CVCS	1-CVCH-302	CHM-2433-C-02	F-A	F1.10B	VT-3	N-VT-1		2003031	R-7908	Passed		
CVCS	1-CVCH-361	CHM-2433-C-01	F-A	F1.10B	VT-3	N-VT-1		2003031	R-7905	Passed		
RHRS	1-SIH-806	CHM-2435-C-06	F-A	F1.10B	VT-3	N-VT-1		2003031	R-7897	Engineering	1-SQ-444	
SIS	1-SIH-157	CHM-2436-C-01	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7953	Passed		
SIS	1-SIH-207	CHM-2436-C-01	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7952	Passed		
SIS	1-SIH-320	CHM-2436-C-07	F-A	F1.10B	VT-3	N-VT-1		2003032	R-7938	Passed		
RCS	1-RCH-015	ISI-0370-C-02	F-A	F1.10C	VT-3	N-VT-1		2003031	R-7893	Engineering	1-SQ-442	RANGE: 2-6 DIVISIONS (ZERO ON THE SCALE IS CONSIDERED TO BE AT THE END OF THE SCALE WHERE TRAVEL STARTS)
RCS	1-RCH-025	ISI-0370-C-02	F-A	F1.10C	VT-3	N-VT-1		2003031	R-7894	Engineering	1-SQ-443	RANGE: 3-1/2"-4-5/8" OR 789#-871#
RX	1-RCH-001	ISI-0303-C-01	F-A	F1.10C	VT-3	N-VT-1		2003031	R-7895	Passed		RANGE: 7/16"-7/8" OR 5901#-6521#
RCS	1-RCH-114	ISI-0370-C-03	F-A	F1.10D	VT-3	N-VT-1		2003050	R-8102	Passed		
RHRS	1-RHRH-007	CHM-2435-C-01	F-A	F1.10D	VT-3	N-VT-1		2003031	R-7906	Passed		
CSS	1-CSH-426	ISI-0448-C-40	F-A	F1.20A	VT-3	N-VT-1		2003040	R-7993	Passed		
CVCS	1-CVCH-516	ISI-0448-C-35	F-A	F1.20A	VT-3	N-VT-1		2003041	R-8048	Passed		
FWS	1-FDH-241	CHM-2439-C-02	F-A	F1.20A	VT-3	N-VT-1		2003032	R-7909	Passed		
MSS	1-MSH-349	CHM-2438-C-02	F-A	F1.20A	VT-3	N-VT-1		2003040	R-7974	Passed		
SIS	1-SIH-292	ISI-0448-C-07	F-A	F1.20A	VT-3	N-VT-1		2003032	R-7934	Passed		
SIS	1-SIH-310	ISI-0448-C-05	F-A	F1.20A	VT-3	N-VT-1		2003032	R-7949	Passed		
CVCS	1-CVCH-408	ISI-0448-C-24	F-A	F1.20B	VT-3	N-VT-1		2003041	R-8058	Passed		
CVCS	1-CVCH-456	ISI-0448-C-16	F-A	F1.20B	VT-3	N-VT-1		2003041	R-8059	Passed		
CVCS	1-CVCH-500	ISI-0448-C-29	F-A	F1.20B	VT-3	N-VT-1		2003041	R-8060	Passed		
MSS	1-MSH-395	CHM-2438-C-02	F-A	F1.20B	VT-3	N-VT-1		2003040	R-8006	Passed		EXAMINATION TO INCLUDE THE SHIM BLOCKS, REFERENCE DRAWING 48N708-4
RHRS	1-SIH-394	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7929	Passed		
RHRS	1-SIH-397	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7942	Passed		
SIS	1-SIH-018	CHM-2436-C-04	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7947	Passed		
SIS	1-SIH-094	ISI-0448-C-11	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7935	Passed		
SIS	1-SIH-103	ISI-0448-C-10	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7963	Passed		
SIS	1-SIH-242	ISI-0448-C-06	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7939	Passed		
SIS	1-SIH-323	ISI-0448-C-20	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7927	Passed		

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PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: 89E-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SIS	1-SIH-327	ISI-0448-C-20	F-A	F1.20B	VT-3	N-VT-1		2003032	R-7928	Passed		
SIS	1-SIH-402	ISI-0448-C-13	F-A	F1.20B	VT-3	N-VT-1		2003050	R-8072	Passed		
SIS	1-SIH-405	ISI-0448-C-13	F-A	F1.20B	VT-3	N-VT-1		2003050	R-8073	Passed		
FWS	1-FDH-282	CHM-2439-C-02	F-A	F1.20C	VT-3	N-VT-1		2003032	R-7901	Engineering	1-SQ-446	RANGE: 8-10 DIVISIONS (ZERO ON THE SCALE IS CONSIDERED TO BE AT THE END OF THE SCALE WHERE TRAVEL STARTS)
MSS	1-MSH-388	CHM-2438-C-02	F-A	F1.20C	VT-3	N-VT-1		2003040	R-7973	Engineering	1-SQ-451	RANGE: 15/16"-1 3/8" OR 4761#-5261#
MSS	1-MSH-397	CHM-2438-C-02	F-A	F1.20D	VT-3	N-VT-1		2003040	R-8005	Passed		
SIS	1-SIH-059	CHM-2436-C-05	F-A	F1.20D	VT-3	N-VT-1		2003032	R-7941	Passed		
CVCS	SWIFH-A	ISI-0456-C-01	F-A	F1.40E6	VT-3	N-VT-1		2003033	R-7969	Passed		
CVCS	CVCS-285	CHM-2335-C-02	R-A	R1.11	UT	N-UT-64	BNP-13	2003031	R-7910	Passed		
CVCS	SWIW-1968A	CHM-2338-C-01	R-A	R1.11	UT	N-UT-64	SQ-20	2003040	R-7986	Passed		
CVCS	SWIW-2040A	CHM-2338-C-02	R-A	R1.11	UT	N-UT-64	SQ-20	2003040	R-7987	Passed		
CVCS	SWIW-2098AX	CHM-2338-C-03	R-A	R1.11	UT	N-UT-64	SQ-20	2003040	R-7988	Passed		
CVCS	SWIW-2158A	CHM-2338-C-04	R-A	R1.11	UT	N-UT-64	SQ-20	2003040	R-7989	Passed		
FWS	FDF-125	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-18	2003040	R-8002	Passed		92% EXAMINATION COVERAGE ACHIEVED
FWS	FDF-127	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003040	R-7985	Passed		
FWS	FDF-137	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003042	R-8062	Passed		
FWS	FDS-10	CHM-2339-C-01	R-A	R1.11	UT	N-UT-76	SQ-18	2003040	R-7980	Passed		
RX	RC-35	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-10	2003032	R-7957	Passed		92% EXAMINATION COVERAGE ACHIEVED
SIS	SI-1643A	CHM-2333-C-02	R-A	R1.11	UT	N-UT-64	SQ-20	2003042	R-8064	Passed		93% EXAMINATION COVERAGE ACHIEVED
SIS	SIF-047	ISI-0430-C-12	R-A	R1.11	UT	N-UT-64	SQ-89	2003040	R-8021	Passed		
SIS	SIS-291	CHM-2333-C-10	R-A	R1.11	UT	N-UT-64	SQ-38	2003032	R-7911	Passed		
FWS	FW-012 SEGMENT	FAC PROGRAM	R-A	R1.18	UT-THK	N-UT-26	017474	2003032	R-7964	Passed		FIL#3-07
SGBS	BD-011 SEGMENT	FAC PROGRAM	R-A	R1.18	UT-THK	N-UT-26		2003040	R-8035	Passed		FIL# 15-01
SGBS	BD-011 SEGMENT	FAC PROGRAM	R-A	R1.18	UT-THK	N-UT-26		2003040	R-8036	Passed		FIL# 15-02

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
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PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

POST OUTAGE PRESERVICE REPORT

OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
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CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGW-A1	ISI-0399-C-04	B-B	B2.40	UT	N-UT-19	SQ-110	2002091	R-7859	Passed		PRIMARY HEAD TO TUBESHEET WELD; STM GEN A; 2 INDICATIONS 20% DAC
SG	RSGW-A2	ISI-0399-C-04	B-B	B2.40	UT	N-UT-19	SQ-110	2002092	R-7885	Passed		PRIMARY HEAD TO TUBESHEET WELD; STM GEN B
SG	RSGW-A3	ISI-0399-C-04	B-B	B2.40	UT	N-UT-19	SQ-110	2002091	R-7869	Passed		PRIMARY HEAD TO TUBESHEET WELD; STM GEN C; 4 RECORDED INDICATIONS
SG	RSGW-A4	ISI-0399-C-04	B-B	B2.40	UT	N-UT-19	SQ-110	2002092	R-7870	Passed		PRIMARY HEAD TO TUBESHEET WELD; STM GEN D; 1 RECORDED INDICATION
SG	RSG-1-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002091	R-7847	Passed		PRIMARY NOZZLE IR; STM GEN A
SG	RSG-1-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002091	R-7847	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-1-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002091	R-7846	Passed		PRIMARY NOZZLE IR; STM GEN A
SG	RSG-1-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002091	R-7846	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-2-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002092	R-7892	Passed		PRIMARY NOZZLE IR; STM GEN B
SG	RSG-2-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002092	R-7892	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-2-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002092	R-7891	Passed		PRIMARY NOZZLE IR; STM GEN B
SG	RSG-2-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002092	R-7891	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-3-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002091	R-7853	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-3-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002091	R-7853	Passed		PRIMARY NOZZLE IR; STM GEN C
SG	RSG-3-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002091	R-7854	Passed		PRIMARY NOZZLE IR; STM GEN C
SG	RSG-3-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002091	R-7854	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-4-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002092	R-7874	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSG-4-C-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002092	R-7874	Passed		PRIMARY NOZZLE IR; STM GEN D
SG	RSG-4-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-55	SQ-111	2002092	R-7873	Passed		PRIMARY NOZZLE IR; STM GEN D
SG	RSG-4-H-IR	ISI-0399-C-04	B-D	B3.140	UT	N-UT-19	SQ-111	2002092	R-7873	Passed		PERFORM A 0 DEGREE SCAN OF BASE MATERIAL PER N-UT-19 SECTION 6.2.2
SG	RSGMVCB-1-1-01-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMVCB-1-1-01-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMVCB-1-1-02-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A

OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-1-02-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-03-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-03-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-04-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-04-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-05-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-05-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-06-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-06-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-07-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-07-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-08-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-08-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-09-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-09-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-10-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-10-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-11-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-11-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-12-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-12-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-1-13-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-13-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-14-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-14-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-15-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-15-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-16-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7850	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-1-16-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7849	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN A
SG	RSGMWCB-1-2-01-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-01-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-02-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-02-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-03-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-03-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-04-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-04-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-05-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-05-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-06-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-06-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-07-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B

OWNER: TENNESSEE VALLEY AUTHORITY
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CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-2-07-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-08-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-08-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-09-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-09-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-10-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-10-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-11-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-11-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-12-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-12-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-13-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-13-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-14-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-14-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-15-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-15-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-16-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7882	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-2-16-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002092	R-7881	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN B
SG	RSGMWCB-1-3-01-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-01-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C

OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-3-02-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-02-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-03-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-03-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-04-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-04-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-05-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-05-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-06-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-06-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-07-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-07-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-08-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-08-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-09-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-09-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-10-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-10-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-11-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-11-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-12-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C

OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-3-12-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-13-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-13-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-14-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-14-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-15-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-15-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-16-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7867	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-3-16-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7866	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN C
SG	RSGMWCB-1-4-01-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-01-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-02-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-02-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-03-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-03-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-04-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-04-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-05-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-05-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-06-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-06-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RSGMWCB-1-4-07-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-07-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-08-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-08-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-09-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-09-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-10-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-10-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-11-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-11-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-12-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-12-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-13-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-13-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-14-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-14-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-15-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-15-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-16-C	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7856	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
SG	RSGMWCB-1-4-16-H	ISI-0399-C-05	B-G-2	B7.30	VT-1	N-VT-1		2002091	R-7855	Passed		PRIMARY MANWAY COVER BOLTING; STM GEN D
RCP	RCP1CSABLT-01	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
RCP	RCP1CSABLT-02	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-03	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-04	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-05	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-06	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-07	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP1CSABLT-08	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003051	R-8126	Passed		
RCP	RCP2CSABLT-01	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-02	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-03	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-04	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-05	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-06	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-07	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
RCP	RCP2CSABLT-08	ISI-0325-C-02	B-G-2	B7.60	VT-1	N-VT-1		2003032	R-7956	Passed		
CVCS	SWHXW-2	ISI-0460-C-01	C-A	C1.10	PT	N-PT-9		2003050	R-8076	Passed		REF: R-8020
SG	RSGW-C1	ISI-0399-C-04	C-A	C1.20	UT	N-UT-19	SQ-108	2002090	R-7843	Passed		SECONDARY HEAD TO SHELL WELD; STM GEN A
SG	RSGW-C2	ISI-0399-C-04	C-A	C1.20	UT	N-UT-19	SQ-108	2002092	R-7883	Passed		SECONDARY HEAD TO SHELL WELD; STM GEN B
SG	RSGW-C3	ISI-0399-C-04	C-A	C1.20	UT	N-UT-19	SQ-108	2002091	R-7864	Passed		SECONDARY HEAD TO SHELL WELD; STM GEN C
SG	RSGW-C4	ISI-0399-C-04	C-A	C1.20	UT	N-UT-19	SQ-108	2002092	R-7872	Passed		SECONDARY HEAD TO SHELL WELD; STM GEN D; 2-RECORDED INDICATIONS
SG	RSGW-B1	ISI-0399-C-04	C-A	C1.30	UT	N-UT-19	SQ-108	2002090	R-7842	Passed		TUBE SHEET TO SHELL WELD; STM GEN A; 99% EXAMINATION COVERAGE ACHIEVED
SG	RSGW-B2	ISI-0399-C-04	C-A	C1.30	UT	N-UT-19	SQ-108	2002092	R-7884	Passed		TUBE SHEET TO SHELL WELD; STM GEN B; 99% EXAMINATION COVERAGE ACHIEVED; 3-RECORDED INDICATIONS
SG	RSGW-B3	ISI-0399-C-04	C-A	C1.30	UT	N-UT-19	SQ-108	2002091	R-7868	Passed		TUBE SHEET TO SHELL WELD; STM GEN C; 99% EXAMINATION COVERAGE ACHIEVED
SG	RSGW-B4	ISI-0399-C-04	C-A	C1.30	UT	N-UT-19	SQ-108	2002092	R-7871	Passed		TUBE SHEET TO SHELL WELD; STM GEN D; 99% EXAMINATION COVERAGE ACHIEVED
SG	RFDW-1	ISI-0399-C-04	C-B	C2.21	MT	N-MT-6		2002090	R-7841	Passed		FW NOZZLE TO SHELL WELD; STM GEN A
SG	RFDW-1	ISI-0399-C-04	C-B	C2.21	UT	N-UT-19	SQ-108	2002091	R-7845	Passed		FW NOZZLE TO SHELL WELD; STM GEN A
SG	RFDW-2	ISI-0399-C-04	C-B	C2.21	MT	N-MT-6		2002092	R-7880	Passed		FW NOZZLE TO SHELL WELD; STM GEN B

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OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RFDW-2	ISI-0399-C-04	C-B	C2.21	UT	N-UT-19	SQ-108	2002092	R-7889	Passed		FW NOZZLE TO SHELL WELD; STM GEN B
SG	RFDW-3	ISI-0399-C-04	C-B	C2.21	MT	N-MT-6		2002091	R-7848	Passed		FW NOZZLE TO SHELL WELD; STM GEN C
SG	RFDW-3	ISI-0399-C-04	C-B	C2.21	UT	N-UT-19	SQ-108	2002091	R-7857	Passed		FW NOZZLE TO SHELL WELD; STM GEN C
SG	RFDW-4	ISI-0399-C-04	C-B	C2.21	MT	N-MT-6		2002091	R-7862	Passed		FW NOZZLE TO SHELL WELD; STM GEN D
SG	RFDW-4	ISI-0399-C-04	C-B	C2.21	UT	N-UT-19	SQ-108	2002092	R-7877	Passed		FW NOZZLE TO SHELL WELD; STM GEN D
SG	RFDW-1-IR	ISI-0399-C-04	C-B	C2.22	UT	N-UT-55	SQ-113	2002091	R-7844	Passed		FEEDWATER NOZZLE IR; STM GEN A
SG	RFDW-2-IR	ISI-0399-C-04	C-B	C2.22	UT	N-UT-55	SQ-113	2002092	R-7888	Passed		FEEDWATER NOZZLE IR; STM GEN B
SG	RFDW-3-IR	ISI-0399-C-04	C-B	C2.22	UT	N-UT-55	SQ-113	2002091	R-7858	Passed		FEEDWATER NOZZLE IR; STM GEN C
SG	RFDW-4-IR	ISI-0399-C-04	C-B	C2.22	UT	N-UT-55	SQ-113	2002092	R-7875	Passed		FEEDWATER NOZZLE IR; STM GEN D
SIS	1-SIH-007	CHM-2436-C-08	F-A	F1.10A	VT-3	N-VT-1		2003050	R-8074	Passed		
SIS	1-SIH-113	CHM-2436-C-09	F-A	F1.10A	VT-3	N-VT-1		2003032	R-8037	Passed		
SIS	1-SIH-172	CHM-2436-C-01	F-A	F1.10A	VT-3	N-VT-1		2003043	R-8071	Passed		
CVCS	1-CVCH-013	CHM-2434-C-01	F-A	F1.10B	VT-3	N-VT-1		2003032	R-8069	Passed		
SIS	1-SIH-008	CHM-2436-C-08	F-A	F1.10B	VT-3	N-VT-1		2003042	R-8063	Passed		
SIS	1-SIH-021	CHM-2436-C-08	F-A	F1.10B	VT-3	N-VT-1		2003042	R-8070	Passed		
SIS	1-SIH-169	CHM-2436-C-01	F-A	F1.10B	VT-3	N-VT-1		2003040	R-8065	Passed		
RCS	1-RCH-894	ISI-0370-C-01	F-A	F1.10C	VT-3	N-VT-1		2003060	R-8137	Passed		
MSS	1-MSH-340	CHM-2438-C-02	F-A	F1.10D	VT-3	N-VT-1		2003050	R-8075	Passed		
MSS	1-MSH-340	CHM-2438-C-02	F-A	F1.10D	VT-3	N-VT-1		2003050	R-8091	Passed		
MSS	1-MSH-380	CHM-2438-C-02	F-A	F1.10D	VT-3	N-VT-1		2003050	R-8092	Passed		
SIS	1-SIH-041	CHM-2436-C-05	F-A	F1.20A	VT-3	N-VT-1		2003040	R-8019	Passed		
SIS	1-SIH-132	ISI-0448-C-09	F-A	F1.20A	VT-3	N-VT-1		2003042	R-8066	Passed		
RHRS	1-SIH-385	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003051	R-8131	Passed		
RHRS	1-SIH-386	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003051	R-8132	Passed		
RHRS	1-SIH-389	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003051	R-8130	Passed		
RHRS	1-SIH-391	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003052	R-8134	Passed		
RHRS	1-SIH-396	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003051	R-8129	Passed		
RHRS	1-SIH-397	CHM-2435-C-04	F-A	F1.20B	VT-3	N-VT-1		2003051	R-8128	Passed		
FWS	1-FDH-202	CHM-2439-C-01	F-A	F1.20C	VT-3	N-VT-1		2003052	R-8133	Passed		
MSS	1-MSH-307	CHM-2438-C-01	F-A	F1.20C	VT-3	N-VT-1		2003041	R-8061	Passed		
MSS	1-MSH-300	CHM-2438-C-01	F-A	F1.20D	VT-3	N-VT-1		2003051	R-8107	Passed		
MSS	1-MSH-303	CHM-2438-C-01	F-A	F1.20D	VT-3	N-VT-1		2003051	R-8105	Passed		

OWNER: TENNESSEE VALLEY AUTHORITY
NUCLEAR POWER GROUP
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
MSS	1-MSH-343	CHM-2438-C-02	F-A	F1.20D	VT-3	N-VT-1		2003050	R-8094	Passed		
MSS	1-MSH-383	CHM-2438-C-02	F-A	F1.20D	VT-3	N-VT-1		2003050	R-8093	Passed		
MSS	1-MSH-420	CHM-2438-C-01	F-A	F1.20D	VT-3	N-VT-1		2003050	R-8100	Passed		
MSS	1-MSH-423	CHM-2438-C-01	F-A	F1.20D	VT-3	N-VT-1		2003051	R-8106	Passed		
SG	SGH-1-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003050	R-8086	Passed		ATTACHMENT LUG
SG	SGH-1-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003050	R-8089	Passed		PRIOR TO HEAT UP
SG	SGH-1-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003051	R-8122	Passed		2 UNISTRUT ATTACHMENTS
SG	SGH-1-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003061	R-8142	Passed		AFTER HEAT UP, SHIM ASSBLY BOLTING
SG	SGH-2-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003042	R-8067	Passed		MODIFIED PORTION ONLY; ATTACHMENT LUG
SG	SGH-2-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003050	R-8090	Passed		PRIOR TO HEAT UP
SG	SGH-2-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003051	R-8123	Passed		2 UNISTRUT ATTACHMENTS
SG	SGH-2-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003061	R-8143	Passed		AFTER HEAT UP, SHIM ASSBLY BOLTING
SG	SGH-3-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003050	R-8087	Passed		PRIOR TO HEAT UP
SG	SGH-3-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003051	R-8124	Passed		2 UNISTRUT ATTACHMENTS
SG	SGH-3-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003061	R-8144	Passed		AFTER HEAT UP, SHIM ASSBLY BOLTING
SG	SGH-4-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003050	R-8097	Passed		PRIOR TO HEAT UP
SG	SGH-4-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003051	R-8125	Passed		2 UNISTRUT ATTACHMENTS
SG	SGH-4-2	ISI-0399-C-02	F-A	F1.40E1	VT-3	N-VT-1		2003061	R-8145	Passed		AFTER HEAT UP, SHIM ASSBLY BOLTING
SG	SGH-1-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003051	R-8112	Passed		PRIOR TO HEATUP
SG	SGH-1-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003061	R-8138	Passed		AFTER HEAT UP, SHIM ASSEMBLY BOLTING
SG	SGH-2-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003050	R-8095	Passed		PRIOR TO HEAT UP
SG	SGH-2-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003061	R-8139	Passed		AFTER HEAT UP, SHIM ASSEMBLY BOLTING
SG	SGH-3-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003050	R-8096	Passed		PRIOR TO HEATUP
SG	SGH-3-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003061	R-8140	Passed		AFTER HEAT UP, SHIM ASSEMBLY BOLTING
SG	SGH-4-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003051	R-8113	Passed		PRIOR TO HEATUP
SG	SGH-4-1	ISI-0399-C-02	F-A	F1.40E2	VT-3	N-VT-1		2003061	R-8141	Passed		AFTER HEAT UP, SHIM ASSEMBLY BOLTING
RCP	RCPH-4	ISI-0325-C-01	F-A	F1.40E3	VT-3	N-VT-1		2003051	R-8114	Passed		PRIOR TO HEATUP
FWS	FDF-009B	CHM-2339-C-01	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8117	Passed		
FWS	FDF-011	CHM-2339-C-01	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8115	Passed		
FWS	FDF-020F	CHM-2339-C-01	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8108	Passed		
FWS	FDF-022	CHM-2339-C-01	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8109	Passed		
FWS	FDF-129E	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003050	R-8082	Passed		

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OWNER: TENNESSEE VALLEY AUTHORITY
 NUCLEAR POWER GROUP
 1101 MARKET STREET
 CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
 P.O. BOX 2000
 SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
FWS	FDF-131	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003050	R-8079	Passed		
FWS	FDF-139S	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8103	Passed		
FWS	FDF-141	CHM-2339-C-02	R-A	R1.11	UT	N-UT-76	SQ-61	2003051	R-8118	Passed		
MSS	MSF-001	CHM-2340-C-01	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8119	Passed		
MSS	MSF-003	CHM-2340-C-01	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8110	Passed		
MSS	MSF-011	CHM-2340-C-02	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8104	Passed		
MSS	MSF-013	CHM-2340-C-02	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8120	Passed		
MSS	MSF-021	CHM-2340-C-02	R-A	R1.11	UT	N-UT-76	SQ-05	2003050	R-8088	Passed		
MSS	MSF-023	CHM-2340-C-02	R-A	R1.11	UT	N-UT-76	SQ-05	2003050	R-8083	Passed		
MSS	MSF-032	CHM-2340-C-01	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8116	Passed		
MSS	MSF-034	CHM-2340-C-01	R-A	R1.11	UT	N-UT-76	SQ-05	2003051	R-8111	Passed		
RX	RC-02	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8084	Passed		92% EXAMINATION COVERAGE ACHIEVED.
RX	RC-02	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8084	Passed		92% EXAMINATION COVERAGE ACHIEVED.
RX	RC-03	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8085	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-03	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8085	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-10	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8078	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-10	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8078	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-11	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8080	Passed		91.5% EXAMINATION COVERAGE ACHIEVED
RX	RC-11	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8080	Passed		91.5% EXAMINATION COVERAGE ACHIEVED
RX	RC-18	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8077	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-18	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8077	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-19	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8081	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-19	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8081	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-26	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8098	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-26	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8098	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-27	ISI-0482-C-01	R-A	R1.11	UT	N-UT-64	SQ-112	2003050	R-8099	Passed		91% EXAMINATION COVERAGE ACHIEVED
RX	RC-27	ISI-0482-C-01	R-A	R1.11	UT	N-UT-33	SQ-64	2003050	R-8099	Passed		91% EXAMINATION COVERAGE ACHIEVED
SG	RFDW-1A	ISI-0399-C-04	R-A	R1.11	UT	N-UT-76	SQ-109	2002091	R-7851	Passed		FW NOZZLE TO SAFE END; STM GEN A; 97% EXAMINATION COVERAGE ACHIEVED
SG	RFDW-2A	ISI-0399-C-04	R-A	R1.11	UT	N-UT-76	SQ-109	2002092	R-7890	Passed		FW NOZZLE TO SAFE END; STM GEN B; 97% EXAMINATION COVERAGE ACHIEVED
SG	RFDW-3A	ISI-0399-C-04	R-A	R1.11	UT	N-UT-76	SQ-109	2002091	R-7852	Passed		FW NOZZLE TO SAFE END; STM GEN C; 97% EXAMINATION COVERAGE ACHIEVED

OWNER: TENNESSEE VALLEY AUTHORITY
 NUCLEAR POWER GROUP
 1101 MARKET STREET
 CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
 P.O. BOX 2000
 SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: P08-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
SG	RFDW-4A	ISI-0399-C-04	R-A	R1.11	UT	N-UT-76	SQ-109	2002092	R-7876	Passed		FW NOZZLE TO SAFE END; STM GEN D; 97% EXAMINATION COVERAGE ACHIEVED
SG	RSG-1-C-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002091	R-7860	Passed		PRIMARY NOZZLE SAFE END; STM GEN A; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-1-H-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002091	R-7861	Passed		PRIMARY NOZZLE SAFE END; STM GEN A; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-2-C-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002092	R-7887	Passed		PRIMARY NOZZLE SAFE END; STM GEN B; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-2-H-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002092	R-7886	Passed		PRIMARY NOZZLE SAFE END; STM GEN B; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-3-C-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002091	R-7863	Passed		PRIMARY NOZZLE SAFE END; STM GEN C; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-3-H-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002091	R-7865	Passed		PRIMARY NOZZLE SAFE END; STM GEN C; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-4-C-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002092	R-7879	Passed		PRIMARY NOZZLE SAFE END; STM GEN D; 92% EXAMINATION COVERAGE ACHIEVED
SG	RSG-4-H-SE	ISI-0399-C-04	R-A	R1.11	UT	N-UT-18	SQ-112	2002092	R-7878	Passed		PRIMARY NOZZLE SAFE END; STM GEN D; 92% EXAMINATION COVERAGE ACHIEVED

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAJSY, TENNESSEE 37384-2000

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

SECTION 3

**SUMMARY OF NOTIFICATION
OF INDICATIONS**

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUMMARY OF NOTIFICATIONS

The Unit 1 Cycle 12 Inservice Inspection of Class 1 and 2 components at Sequoyah Nuclear Plant included a total of 10 Notification of Indications (NOIs) identified during inservice examinations. The following is a listing of the NOIs and a brief summary of the corrective measures taken for each.

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUMMARY:
NOTIFICATION OF INDICATIONS IDENTIFIED DURING
INSERVICE EXAMINATIONS ON CLASS 1 AND 2 COMPONENTS

NOI NUMBER	COMPONENT IDENTIFIER	DISCREPANCY	WORK INSTRUCTION	RE-EXAMINATION
1-SQ-442	1-RCH-015	Constant force spring setting (VT-3)	N/A	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-443	1-RCH-025	Spring can setting (VT-3)	N/A	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-444	1-SIH-806	Loose bolting (VT-3)	WO# 03-003039-000	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-445	1-RCH-027	Loose bolting (VT-3)	WO# 03-003029-000	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-446	1-FDH-282	Loose bolting and constant force spring setting (VT-3)	WO# 03-005889-000	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-447	RCPH-3	Part of tack weld cracked (VT-3)	N/A	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3. DCA E-21428-001				
1-SQ-448	RCPH-4	Part of tack weld cracked (VT-3)	N/A	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3. DCA E-21428-001				

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUMMARY:
NOTIFICATION OF INDICATIONS IDENTIFIED DURING
INSERVICE EXAMINATIONS ON CLASS 1 AND 2 COMPONENTS
(continued)

NOI NUMBER	COMPONENT IDENTIFIER	DISCREPANCY	WORK INSTRUCTION	RE-EXAMINATION
1-SQ-450	1-CVCH-043	Loose bolting (VT-3)	WO# 03-003576-000	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-451	1-MSH-388	Spring setting (VT-3)	N/A	No re-examination required
DISPOSITION: Successive examination. Acceptance by evaluation per Code Case N-491 paragraph - 3122.3.				
1-SQ-452	SWHXW-2	Indication in extent of examination boundary	WO# 03-005565-000	Yes R-8076
DISPOSITION: Indication removed and area re-examined.				

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CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

SECTION 4 ADDITIONAL SAMPLES

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

ADDITIONAL SAMPLE SUMMARY

There were no examinations requiring additional examinations for Unit 1 Cycle 12.

**OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801**

**PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000**

**UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED**

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SECTION 5

SUCCESSIVE EXAMINATIONS

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUCCESSIVE EXAMINATIONS

COMPONENT	CATEGORY AND ITEM NUMBER	EXAM METHOD	PROGRAM 0-SI-DXI-000-114.2 REFERENCE SECTION	RESULTS
RCW-28-SE	B-F B5.40	PT	7.4.2.A	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
1-RCH-027	F-A F1.10B	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
1-CVCH-016	F-A F1.10A	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
1-SIH-061	F-A F1.10D	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
1-RCH-080	F-A F1.10C	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
1-RCH-114	F-A F1.10D	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUCCESSIVE EXAMINATIONS
(continued)

COMPONENT	CATEGORY AND ITEM NUMBER	EXAM METHOD	PROGRAM 0-SI-DXI-000-114.2 REFERENCE SECTION	RESULTS
RCPH-3	F-A F1.40	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				
RCPH-4	F-A F1.40	VT-3	7.4.2.D	Acceptable
Note: This is the additional preservice examination required by Code Case N-491, paragraph - 2420 (b).				

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CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: S01-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
PZR	RCW-28-SE	ISI-0394-C-01	B-F	B5.40	PT	N-PT-9		2003033	R-7968	Passed		

58 of 313

OWNER: TENNESSEE VALLEY AUTHORITY
 NUCLEAR POWER GROUP
 1101 MARKET STREET
 CHATTANOOGA, TENNESSEE 37402

PLANT: SEQUOYAH NUCLEAR PLANT
 P.O. BOX 2000
 SODDY DAISY, TENNESSEE 37379

CERTIFICATION OF AUTHORIZATION: NOT REQUIRED

EXAM REQUIREMENT: S02-02 UNIT: 1 CYCLE: 12 COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

System	Component Number	ISO Drawing	Category	Item Number	Exam Scheduled	NDE Procedure	Calibration Standard	Exam Date	Exam Report	Exam Results	NOI Number	Comments
CVCS	1-CVCH-016	CHM-2434-C-01	F-A	F1.10A	VT-3	N-VT-1		2003032	R-7925	Passed		
RCS	1-RCH-027	ISI-0370-C-02	F-A	F1.10B	VT-3	N-VT-1		2003031	R-7898	Engineering	1-SQ-445	
RCS	1-RCH-080	ISI-0370-C-03	F-A	F1.10C	VT-3	N-VT-1		2003050	R-8101	Passed		
												RANGE: 9-10 DIVISIONS (ZERO ON THE SCALE IS CONSIDERED TO BE AT THE END OF THE SCALE WHERE TRAVEL STARTS)
RCS	1-RCH-114	ISI-0370-C-03	F-A	F1.10D	VT-3	N-VT-1		2003050	R-8102	Passed		
SIS	1-SIH-061	CHM-2436-C-09	F-A	F1.10D	VT-3	N-VT-1		2003032	R-7954	Passed		
RCP	RCPH-3	ISI-0325-C-01	F-A	F1.40E3	VT-3	N-VT-1		2003031	R-7899	Engineering	1-SQ-447	
RCP	RCPH-4	ISI-0325-C-01	F-A	F1.40E3	VT-3	N-VT-1		2003031	R-7900	Engineering	1-SQ-448	

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**OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801**

**PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000**

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

SECTION 6

AUGMENTED EXAMINATIONS

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

COMMERCIAL SERVICE DATE: JULY 1, 1981

NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

Augmented Examinations

There were no augmented examinations performed during Unit 1 Cycle 12 as part of the Inservice Inspection Program, 0-SI-DXI-000-114.2 that requires submittal to the regulatory agency.

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SECTION 7

ANALYTICAL EVALUATIONS

There was no acceptance by analytical evaluation assessments performed during Unit 1 Cycle 12 reporting period.

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SECTION 8

REQUEST FOR RELIEF

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

During Unit 1 Cycle 12 there were two code class 1 and one code class 2 components that did not receive code required examination coverage due to design configuration, access limitations, etc. A request for relief has been submitted for the two class 1 components. A request for relief will be submitted for the one class 2 component to the regulatory authorities in accordance with 10 CFR 50.55a. The percentage of examination coverage was derived from methods established in the TVA NDE Procedures Manual. The following is a component summary of the components which had examination limitations.

REQUEST FOR RELIEF SUMMARY ASME SECTION XI UNIT 1 CYCLE 12 CODE CLASS 1 AND 2					
COMPONENT	CODE CLASS	CODE CATEGORY	CODE ITEM NUMBER	EXAMINATION METHOD	BEST EFFORT PERCENT COVERAGE
RCW-18	1	B-D	B3.110	UT	66.7%
Examination report R-8000. Examination limited due to design configuration of the nozzle to-head weld					
RCW-19	1	B-D	B3.110	UT	66.7%
Examination report R-8001. Examination limited due to design configuration of the nozzle to-head weld					
SWFW-2-A	2	C-A	C1.20	UT	65%
Examination report R-7976. Examination limited due to design configuration of the head-to-shell welds and support steel attachments.					

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

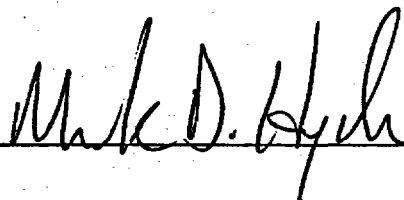
CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

APPENDIX A

SUMMARY OF ASME SECTION XI STEAM GENERATOR TUBING EXAMINATIONS

The inspection plan work required for the first outage of the third period of the second interval for Code Category B-Q, item number B16.20 is on schedule. The following table is a tabulation of examinations, results of examinations and corrective measures taken. All the unit 1 steam generators were replaced during this outage.

PREPARED BY



OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUMMARY OF SEQUOYAH UNIT 1 CYCLE 12 RSG PSI SG EDDY CURRENT INSPECTION/TUBE PLUGGING RESULTS

<u>EDDY CURRENT EXAM TYPE</u>	<u>RSG 1</u>	<u>RSG 2</u>	<u>RSG 3</u>	<u>RSG 4</u>	<u>Total</u>
Full Length Bobbin Coil	4983	4978	4978	4983	19922
U-Bend Plus Point	186	186	186	186	744
Top of Tubesheet Plus Point	4983	4978	4978	4983	19922
H01 Plus Point	5	0	0	4	9
H02 Plus Point	0	5	0	4	9
H03 Plus Point	0	0	4	0	4
H04 Plus Point	4	0	0	4	8
H05 Plus Point	0	0	4	0	4
H06 Plus Point	0	4	4	0	8
H07 Plus Point	4	4	0	0	8
Diagnostic/PID Plus Point	15	15	121	39	190
<hr/>					
Total Exams Completed	10180	10170	10275	10203	40828
Total Tubes Examined	4983	4983	4983	4983	19932
<u>INDICATIONS (Tubes)</u>	<u>RSG 1</u>	<u>RSG 2</u>	<u>RSG 3</u>	<u>RSG 4</u>	<u>Total</u>
AVB WEAR	0	0	0	0	0
CL WASTAGE	0	0	0	0	0
ODSCC HTS AXIAL	0	0	0	0	0
ODSCC HTS CIRC	0	0	0	0	0
ODSCC TSP AXIAL	0	0	0	0	0
ODSCC FREESPAN DENT	0	0	0	0	0
PWSCC HTS AXIAL	0	0	0	0	0
PWSCC HTS CIRC	0	0	0	0	0
PWSCC TSP AXIAL	0	0	0	0	0
PWSCC U-BEND AXIAL	0	0	0	0	0
PWSCC U-BEND CIRC	0	0	0	0	0
VOLUMETRIC	1	0	0	1	2
<hr/>					
Total	1	0	0	1	2

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**SUMMARY OF SEQUOYAH UNIT 1 CYCLE 11
SG EDDY CURRENT INSPECTION/TUBE PLUGGING RESULTS**

<u>PLUGGING</u>	<u>RSG 1</u>	<u>RSG 2</u>	<u>RSG 3</u>	<u>RSG 4</u>	<u>Total</u>
Previously Plugged Tubes (fabrication)	0	0	0	0	0
Damage Mechanism					
AVB WEAR	0	0	0	0	0
COLD LEG WASTAGE	0	0	0	0	0
ODSCC HTS AXIAL	0	0	0	0	0
ODSCC HTS CIRC	0	0	0	0	0
ODSCC TSP AXIAL	0	0	0	0	0
ODSCC AXIAL FREESPAN DNT	0	0	0	0	0
PREVENTIVE/OTHER	4	6	5	5	20
PWSCC HTS AXIAL	0	0	0	0	0
PWSCC HTS CIRC	0	0	0	0	0
PWSCC TSP AXIAL	0	0	0	0	0
PWSCC U-BEND AXIAL	0	0	0	0	0
PWSCC U-BEND CIRC	0	0	0	0	0
LOOSE PARTS WEAR	0	0	0	0	0
Plugged Cycle 12 PSI	4	6	5	5	20
TOTAL TUBES PLUGGED	4	6	5	5	20
Classification of Inspection Results	RSG1	RSG2	RSG3	RSG4	
Full Length Bobbin Coil	C-1	C-1	C-1	C-1	
U-Bend Plus Point	C-1	C-1	C-1	C-1	
Top of Tubesheet Plus Point	C-1	C-1	C-1	C-1	
TSP Plus Point	C-1	C-1	C-1	C-1	

Inspection Classification Category	Inspection Results
C-1	Less than 5% of the total tubes inspected are degraded tubes and none of the tubes are defective
C-2	One or more tubes, but not more than 1% of the total tubes inspected are defective, or between 5 and 10% of the total tubes inspected are degraded tubes
C-3	More than 10% of the total tubes inspected are degraded tubes or more than 1% of inspected tubes are defective

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

Miscellaneous Nomenclature

<u>Notation</u>	<u>Description</u>
AVB	Anti-Vibration Bar
CIRC	Circumferential
CL	Cold leg
H01	1st hot support plate
H02	2nd hot support plate
H03	3rd hot support plate
H04	4th hot support plate
H05	5th hot support plate
H06	6th hot support plate
H07	7th hot support plate
HL	Hot leg
HTS	Top of Tubesheet - Hot Leg
ODSCC	Outer Diameter Stress Corrosion Cracking
PWSCC	Primary Water Stress Corrosion Cracking
TSP	Tube Support Plate
TTS	Top of Tubesheet

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

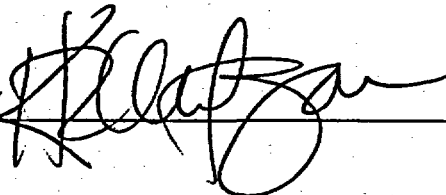
UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

APPENDIX B

FORM NIS-2 "OWNERS REPORT FOR REPAIRS OR REPLACEMENTS"

PREPARED BY

A handwritten signature in black ink, appearing to be "K. L. [unclear]", is written over a horizontal line.

Owner: Tennessee Valley Authority Nuclear Power Group 1101 Market Street Chattanooga, Tennessee 37402	Plant: Unit 1 Owner Certificate of Authorization: Not Required Commercial Service Date: July 1, 1981 National Board Number for the Unit: Not Required
Plant: Sequoyah Nuclear Plant P. O. Box 2000 Soddy-Daisy, Tennessee 37384-2000	

Sheet 1 of 119

Appendix B

An index of the work documents which required reporting under the inclusion of the NIS-2 Report is as follows:

Work Initiating Document	Work Initiating Document	Work Initiating Document	Work Initiating Document
WO 99-008105-000	WO 01-005062-001	WO 02-001020-014	WO 02-006283-001
WO 01-003842-000	WO 01-005062-002	WO 02-001020-016	WO 02-006283-003
WO 01-003842-001	WO 01-005062-003	WO 02-001020-021	WO 02-006300-000
WO 01-003842-002	WO 01-005062-004	WO 02-001131-000	WO 02-009112-000
WO 01-003842-003	WO 01-005062-005	WO 02-001132-000	WO 02-009113-000
WO 01-003842-004	WO 01-005062-006	WO 02-002151-000	WO 02-009116-000
WO 01-003842-005	WO 01-005062-007	WO 02-005154-005	WO 02-009594-000
WO 01-003842-006	WO 01-005062-008	WO 02-005154-006	WO 02-009594-001
WO 01-003842-007	WO 01-005062-009	WO 02-005154-008	WO 02-009594-002
WO 01-003842-008	WO 01-005062-010	WO 02-005154-009	WO 02-009594-003
WO 01-003842-009	WO 01-005062-011	WO 02-005154-010	WO 02-009594-004
WO 01-003842-010	WO 01-005062-012	WO 02-005154-012	WO 02-009594-005
WO 01-003842-011	WO 01-005062-013	WO 02-005154-013	WO 02-010319-000
WO 01-003842-012	WO 01-005062-014	WO 02-005154-014	WO 02-010320-000
WO 01-004179-001	WO 01-005062-015	WO 02-005154-015	WO 02-010334-000
WO 01-004179-002	WO 01-005062-016	WO 02-005154-019	WO 02-010365-000
WO 01-004180-003	WO 01-006321-000	WO 02-005154-020	WO 03-001838-000
WO 01-004180-009	WO 01-006322-000	WO 02-005154-021	WO 03-002861-000
WO 01-004180-010	WO 01-011595-000	WO 02-005154-022	WO 03-005566-000
WO 01-005060-001	WO 02-000955-002	WO 02-005154-023	
WO 01-005060-002	WO 02-000955-006	WO 02-005154-025	
WO 01-005060-003	WO 02-000955-010	WO 02-005154-027	
WO 01-005060-004	WO 02-000982-000	WO 02-005154-028	
WO 01-005060-005	WO 02-000983-000	WO 02-005154-029	
WO 01-005060-006	WO 02-001020-003	WO 02-005154-030	
WO 01-005060-007	WO 02-001020-011	WO 02-005154-032	
WO 01-005060-008	WO 02-001020-012	WO 02-005154-045	

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/20/03

Sheet 2 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

W/O # 99-608105-000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-68-563</u>	<u>CROSBY</u>	<u>RV-4-8010B</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>RV-3-8010A</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE: CONTRACT 91934
Applicable Manufacturer's Data Reports to be Attached
AND WESTINGHOUSE E-Specs 678764 & 676279.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR
 Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 11/04/02 to 6/23/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 23,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 7/1/03

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Sheet 3 of 119

Unit 1

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

KID# 01-003842-000

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 Edition, 70 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>MAIN STEAM PIPING</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPAIRED</u>	<u>N/A</u>

7. Description of Work REINSTALLED INSTRUMENT PIPING WELDS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]
Owner or Owner's Designee, Title

Date

1 JULY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/22/03 to 7/8/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. Myhran
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

July 8,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/21/03
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 4 of 119
Name Address
 2. Plant Sequoyah Nuclear Plant Unit 1
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 W/O# 61-003842-001
Name Address
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Name Address Expiration Date N/A
 4. Identification of system SGBD, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 1999 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-410-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SGBD	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							

7. Description of Work REINSTALLED SGBD PIPING BY WELDING FOLLOWING REMOVAL FOR SG REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/30/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/21/03
 Sheet 5 of 119
 Unit 1
WD# 01-003842-002
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system SGBD, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SGBD	N/A	N/A	N/A	N/A	2003	REPAIRED	NO
PIPING							

7. Description of Work REINSTALLED SGBD PIPING BY WELDING
FOLLOWING REMOVAL FOR SG REPLACEMENT.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Date 17 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/30/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date JUNE 20, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/21/03
 Sheet 6 of 119
 Unit 1
WO# 01-003842-003
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system SGBD, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SGBD	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							

7. Description of Work REINSTALLED SGBD PIPING BY WELDING
FOLLOWING REMOVAL FOR SG REPLACEMENT.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/30/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/21/03
 Sheet 7 of 119
 Unit 1
WO# 01-003842-004
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system SGBD, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SGBD	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							

7. Description of Work REINSTALLED SGBD PIPING BY WELDING FOLLOWING SG REPLACEMENT.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]

MECH ENGR

Date

17 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/30/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McPherson
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/9/03

Sheet 8 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WOT# 01-0038420065 ^{KNW} 6/9/03

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPAIRED AND REPLACE MGMT	NO
STEAM GENERATOR	DOOSAN HEAVY INDUSTRIES AND CONSTRUCTION	NFTNOI-01	1653	NA	2002	REPAIRED	YES
INSTRUMENT NOZZLE							

7. Description of Work REINSTALLED INSTRUMENTATION PIPING. MODIFIED PIPING. REPAIRED INSTRUMENT NOZZLE BY MACHINING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE!

Applicable Manufacturer's Data Reports to be Attached

PIPING- ANSI B31.7, 1969 EDITION, 1970 ADDENDA

SG- ASME SECTION III, 1989 EDITION

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPAIR AND REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

[Signature] MEET ENGER

Date

26 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 01/27/03 to 6/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 26,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> Name 1101 Market Street, Chattanooga, TN 37402-2801 Address	Date <u>6/9/03</u> Sheet <u>9</u> of <u>119</u> Unit <u>1</u> ID# <u>01-003842-006</u> Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> Name P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Address	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> Name P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Address	

4. Identification of system MAIN STEAM CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPLACEMENT	NO
						AND	
						REPAIR	

7. Description of Work REINSTALLED INSTRUMENTATION PIPING BY WELDING. MODIFIED PIPING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR

Date

19 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/27/03 to 6/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 24,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/9/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 10 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WIO# 01-003842-007
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPAIRED AND REPLACEMENT	NO

7. Description of Work REINSTALLED INSTRUMENTATION PIPING BY WELDING. MODIFIED PIPING.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

Date

19 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/27/03 to 6/25/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 25,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801

Date 5/29/03

Sheet 11 of 119

2. Plant Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Unit 1

W04 01-003842-008

3. Work Performed by Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2

5. (a) Applicable Construction Code ANSI B31.79 69 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPAIRED	NO
LOOP 1 INSTRUMENTATION							
PIPING							

7. Description of Work REINSTALLED INSTRUMENTATION PIPING BY WELDING FOLLOWING SG REPLACEMENT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Mech Engr Date 29 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/15/03 to 5/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/30 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/28/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 12 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Repair Organization P.O. No. Job No. etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system FEEDWATER, CLASS 2
 5. (a) Applicable Construction Code SEC 19 Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	DOOSAN HEAVY INDUSTRIES & CONSTRUCTION	NFTNOI-02	1654	NA	2002	REPAIRED	YES
LOOP 2							
STEAM GENERATOR	TVA	NA	NA	NA	2002	REPAIRED	No
LOOP 2 INSTRUMENTATION							
PIPING							

7. Description of Work REPAIRED INSTRUMENT NOZZLE ID BY MACHINING. REINSTALLED INSTRUMENTATION PIPING FOLLOWING
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ SG
 Other Pressure N/A psi Test Temp °F REPLACEMENT.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE!
Applicable Manufacturer's Data Reports to be Attached
SG-ASME SECTION III, 1989 EDITION
PIPING-ANSI B31.7, 1969 EDITION, 1970 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed W. H. HARRISON, MECH ENGR Date 28 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/16/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>5/27/03</u> Sheet <u>13</u> of <u>119</u> Unit <u>1</u> <u>NO# 01-003842-010</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
4. Identification of system <u>FEEDWATER, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7</u> 19 <u>69</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPAIRED	NO
LOOP 3 LOWER INSTRUMENT PIPING							

7. Description of Work REINSTALLED INSTRUMENT PIPING BY WELDING FOLLOWING SG REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ / Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed Robertson, MECH ENGR Date 27 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/1/03 to 5/28/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/28 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/29/03
 Sheet 14 of 119
 Unit 1
WLO# 01-003842-011
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPAIRED	NO
LOOP 4 INSTRUMENTATION							
PIPING							

7. Description of Work REINSTALLED INSTRUMENTATION PIPING BY WELDING FOLLOWING SG REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Ewing, MECH ENGR Date 29 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/15/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

William M. Ewing Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/4/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 15 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 60 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM LOOP 4 INSTRUMENT PIPING	TVA	NA	NA	NA	2003	REPAIRED AND REPLACEMENT	NO

7. Description of Work REINSTALLED INSTRUMENTATION PIPING BY WELDING. MODIFIED INSTRUMENTATION PIPING.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

REPAIR AND

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

James H. Myhran, MECH ENGR
Owner or Owner's Designee, Title

Date

19 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/27/03 to 6/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. Myhran
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 24,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/24/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 16 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 01-00479-001
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Address Expiration Date N/A
 4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SG 1	TVA	NA	NA	NA	2003	REPLACEMENT	NO
LOWER LATERAL SUPPORT							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed [Signature] MECH ENGR Date 24 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/17/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions TN 2534

National Board, State, Province, and Endorsements

Date 5/27 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/23/03

Sheet 17 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO # 01-004179-002

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SG # 2</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
<u>LOWER</u>							
<u>LATERAL</u>							
<u>SUPPORT</u>							

7. Description of Work WELDED LIFTING LUG TO SUPPORT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

K. R. Gibson, MECH 6142

Date

23 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3-17-03 to 5/13/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McGraw
Inspector's Signature

Commissions TN2693

National Board, State, Province, and Endorsements

Date

May 23,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/6/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 18 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Unit 1
Address
 3. Work Performed by Sequoyah Nuclear Plant WO# 01-004180-003
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Repair Organization P.O. No., Job No., etc.
Address Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Code ASME 1968 Edition, H68 Addenda, 177-5, 1413, 1330-5 Code Case
SECT III
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>STEEL CONTAINMENT VESSEL</u>	<u>CB&I</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPAIRED</u>	<u>NO</u>
					<u>1976</u> <u>2007</u> <u>21103</u>	<u>AND</u> <u>REPLACE</u> <u>MENT</u>	

7. Description of Work REINSTALLED BY WELDING A PORTION OF SCV SHELL
FOLLOWING SCV REPLACEMENT. INSTALLED STIFFENERS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPAIR AND REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Robert M. Meach ENGR
Owner or Owner's Designee, Title

Date

18 JUNE 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/25/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/6/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 19 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Unit 1
Address
 3. Work Performed by Sequoyah Nuclear Plant WO# 61-004180-009
Name Repair Organization P.O. No., Job No., etc.
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Type Code Symbol Stamp N/A
Address Authorization No N/A
 Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Code ASME 1968 Edition, W68 Addenda, 1431 Code Case
SECTION III
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEEL CONTAINMENT VESSEL	CB&I	NA	NA	NA	2003	REPAIRED	NO
					1976 from 6/24/03	AND REPLACE MENT	

7. Description of Work REINSTALLED BY WELDING A PORTION OF SCV SHELL FOLLOWING SG REPLACEMENT. INSTALLED STIFFENERS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPAIR AND REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Date 18 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/25/03 to 6/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date JUNE 26, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 7/1/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 20 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Unit 1
Address
 3. Work Performed by Sequoyah Nuclear Plant WO# 01-004180-010
Name Repair Organization P.O. No., Job No., etc.
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Type Code Symbol Stamp N/A
Address Authorization No N/A
 Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Codes ASME 1968 Edition, 1468 Addenda, 1177-5, 1413, 1330-1 Code Case
SECT III
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEEL CONTAINMENT VESSEL	CB&I	NA	NA	NA	1976	REPAIRED	NO

7. Description of Work PERFORMED BASEMETAL REPAIR FOLLOWING REMOVAL OF TEMPORARY HOIST SYSTEM.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECHANIC Date 1 JULY 2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT

of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 12/4/02 to 7/8/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN2693
National Board, State, Province, and Endorsements

Date July 8, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 6/4/03
 Sheet 21 of 119
 Unit 1
WU# 01-005060-001
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2
 5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FEEDWATER PIPING	TVA	NA	NA	NA	2003	REPAIRED	NO
FEEDWATER THERMAL ELBOW	CONNEX PIPING SYSTEMS	NA	NA	NA	1994	REPAIRED	YES

7. Description of Work REINSTALLED PIPING AND ELBOW BY WELDING FOLLOWING SG REPLACEMENT
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

PIPING - ANSI B31.7, 1969 EDITION, 1970 ADDENDA
ELBOW - ASME SECTION III, 1986 EDITION

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Date 17 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 1/24/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date June 20, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/4/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 22 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

W0#01-005060-002
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2
 5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FEEDWATER	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							
FEEDWATER THERMAL ELBOW	CONNEX PIPE SYSTEMS	NA	NA	NA	1994	REPAIRED	YES

7. Description of Work REINSTALLED FEEDWATER PIPING AND ELBOW BY WELDING FOLLOWING SG REPLACEMENT.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

PIPING - ANSI B31.7, 1969 EDITION, 1970 ADDENDA

ELBOW - ASME SECTION III, 1986 EDITION

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR

Date

17 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/24/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

JUNE 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801

Date 6/4/03

Sheet 23 of 119

2. Plant Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Unit 1

WO# 01-005060-003

3. Work Performed by Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NO Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FEEDWATER	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							
FEEDWATER THERMAL	CONNEX PIPING	NA	NA	NA	1994	REPAIRED	YES
ELBOW	SYSTEMS						

7. Description of Work REINSTALLED PIPING AND ELBOW BY WELDING FOLLOWING SG REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

PIPING - ANSI B31.7, 1969 EDITION, 1970 ADDENDA
ELBOW, ASME SECTION III, 1986 EDITION

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

[Signature]
Owner or Owner's Designee, Title

Date

17 JUNE 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/24/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN2693
National Board, State, Province, and Endorsements

Date

June 20, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 6/11/03

Sheet 24 of 119

Unit 1

WID # 01-005060-004
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system FEEDWATER, CLASS 2
5. (a) Applicable Construction Code SEE REMARKS 19 N/A Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, CODE CASE N-416-1
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FEEDWATER	TVA	NA	NA	NA	2003	REPAIRED	NO
PIPING							
FEEDWATER	CORNGR PIPING	NA	NA	NA	1994	REPAIRED	YES
THERMAL ELBOW	SYSTEMS						

7. Description of Work REINSTALLED PIPING AND ELBOW BY WELDING FOLLOWING SC7 REPLACEMENT.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

PIPING - ANSI B31.7, 1969 EDITION, 1970 ADDENDA

FLUOW - ASME SECTION III, 1986 EDITION, SUMMER
1988 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR

Date

17 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 01/24/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>6/9/03</u> Sheet <u>25</u> of <u>119</u> Unit <u>1</u> <u>WO# 01-005060-005</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
4. Identification of system <u>MAIN STEAM, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7 1969 Edition, 70</u> Addenda <u>No</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> CODE CASE <u>N-416-1</u>	
6. Identification of Components Repaired or Replaced and Replacement Components	

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPAIRED	NO

7. Description of Work PERFORMED BASE METAL REPAIR. REINSTALLED PIPING BY WELDING FOLLOWING SG REPLACEMENT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Meat Ender
Owner or Owner's Designee, Title

Date

19 June

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/23/03 to 6/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 24, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/4/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 26 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

INO# 01-005060-000
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPAIRED	NO

7. Description of Work PERFORMED SEVERAL BASE METAL REPAIRS.
REINSTALLED PIPING BY WELDING FOLLOWING SG
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ REPLACEMENT
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/23/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/9/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 27 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 INO# 01-005000-007
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>MAIN STEAM</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPAIRED</u>	<u>NO</u>
<u>PIPING</u>							

7. Description of Work PERFORMED BASE METAL REPAIR, REINSTALLED PIPING BY WELDING FOLLOWING SG REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

James N. McLean, MECH ENGR
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 01/23/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/4/03

Sheet 28 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WIO# 01-005060-008

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM PIPING	TVA	NA	NA	NA	2003	REPAIRED	NO

7. Description of Work PERFORMED BASE METAL REPAIR, REINSTALLED PIPING BY WELDING FOLLOWING SQ REPLACEMENT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]
Owner or Owner's Designee, Title

Date

19 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/23/03 to 6/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 24,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/26/03

Sheet 29 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

W01 01-005062-001

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system PCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PCS Loop 1	TVA	NA	NA	NA	2003	REPLACE INVENT	NO
CROSSOVER							
PIPING							
SUPPORT							

7. Description of Work MODIFIED SUPPORT WHICH DEACTIVATES IT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed [Signature] MECH ENGR Date 26 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/6/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/27 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/26/03

Sheet 30 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 01-005062-002

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RCS Loop2	TVA	NA	NA	NA	2003	REPLACE MGT	NO
CROSSOVER							
PIPING							
SUPPORT							

7. Description of Work MODIFIED SUPPORT WHICH DEACTIVATES IT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]

MECH ENGR

Date

26 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/6/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/27

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/26/03
Sheet 31 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1
W0# 01-005062-003
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

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

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RCS LOOP 3	TVA	NA	NA	NA	2003	REPLACEMENT	NO
CROSSOVER							
PPING							
SUPPORT							

7. Description of Work MODIFIED SUPPORT WHICH DEACTIVATES IT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Dillon, MECH ENGR
Owner or Owner's Designee, Title

Date

26 MAY 7th 5/26/03
2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/8/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Emigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/27

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/26/03

Sheet 32 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 81-005062-064

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>RCS Loop 4</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
<u>CROSSOVER</u>							
<u>PIPING</u>							
<u>SUPPORT</u>							

7. Description of Work MODIFIED SUPPORT WHICH DEACTIVATES IT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Meacham, MECH ENGR
Owner or Owner's Designee, Title

Date

26 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/6/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/27

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/28/03

Sheet 33 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

W0# 01-005062-005

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACE MEANT	NO
LOOP 1 UPPER							
LATERAL SUPPORT							

7. Description of Work MODIFIED SUPPORT AND DELETED TWO SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks N/A

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed William M. Mech Eng'r Date 28 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2/20/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/28/03

Sheet 34 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO # 01-005062-006

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACE W/ASST	NO
UPPER LATERAL SUPPORT							

7. Description of Work MODIFIED SUPPORT AND DELETED TWO SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks No

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed *[Signature]* MECH ENGR Date 28 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2/20/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/24/03

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Sheet 35 of 119

Unit 1

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WO#01-005062-007

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SG 3	TVA	NA	NA	NA	2003	REPLACE	NO
UPPER LATERAL						MAINT	
SUPPORT							

7. Description of Work MODIFIED SUPPORT AND DELETED TWO SHUTTERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Earnigh, MECH ENGR Date 24 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2/24/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/27 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/27/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 36 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 W0# 01-005062-008
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system MAIN STEAM, CLASS 2
 5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MAIN STEAM	TVA	N/A	N/A	N/A	2003	REPLACEMENT	NO
LOOP 4							
UPPER LATERAL							
SUPPORT							

7. Description of Work MODIFIED SUPPORT AND DELETED TWO SUPPORTS
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Egan, MECH ENGR
Owner or Owner's Designee, Title

Date

27 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2/24/03 to 5/28/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Egan
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/28

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/24/03

Sheet 37 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 01-005062-009

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CASSI

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SG 1	TVA	NA	NA	NA	2003	REPLACEMENT	NO
LOWER LATERAL SUPPORT							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William Bon, MECH ENGR Date 24 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/24/03 to 5/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Emigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/26 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/24/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 38 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>SG 2</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
<u>LOWER</u>							
<u>LATERAL</u>							
<u>SUPPORT</u>							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Enright, MECH ENGR
Owner or Owner's Designee, Title

Date

24 MAY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/15/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Enright
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/27

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/24/03

Sheet 39 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO 01-005062-011

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SG 3	TVA	NA	NA	NA	2003	REPLACEMENT	NO
LOWER LATERAL SUPPORT							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Date 24 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/24/03 to 5/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN # 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/26/03 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/24/03
 Sheet 40 of 119
 Unit 1
40# 01-005062-012
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SG 4	TVA	NA	NA	NA	2003	REPLACE	NO
LOWER LATERAL							
SUPPORT							

7. Description of Work MODIFIED SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed K. Ellison, MECH ENGR Date 24 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/24/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 5/27 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/28/03
 Sheet 41 of 119
 Unit 1
WO# 01-005062-013
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	DOOSAN HEAVY INDUSTRIES	NFTN01-01	1653	NA	2002	REPLACE MENT	YES
Loop 1	CONSTRUCTION						
	WESTINGHOUSE	1221	68-58	NA	1971	REPLACED	YES

Handwritten notes:
 R2U
 6/13/03
 6/13/03

7. Description of Work REPLACED STEAM GENERATOR
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

SG- ASME SECTION III, 1989 EDITION

PIPING- ANSI B31.7, 1969 EDITION, 1970 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period Jan. 15, 2003 to June 20, 2003 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Jan 9/13/03

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/28/03
 Sheet 42 of 119
 Unit 1
KID# 01-005062-014
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	DOOSAN HEAVY	NFTNOI-02	1654	NA	2002	REPLACE NEXT	YES
Loop 2	INDUSTRIES AND CONSTRUCTION						
	WESTINGHOUSE	1222	68-59	NA	1971	REPLACED	YES

7. Description of Work REPLACED STEAM GENERATOR.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE:
Applicable Manufacturer's Data Reports to be Attached
SG-ASME SECTION III, 1989 E
PIPING-ANSI B31.7, 1969 EDITION, 1970 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 6/17/03 17 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period: 01/15/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] ^{31st}_{8/13/03} Commissions TN 2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date JUNE 20, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/27/03
 Sheet 43 of 119
 Unit 1
WO# 01-005062-015
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code SEE 19 NA Edition, NA Addenda, NA Code Case
REMARKS
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE
N-416-1
 6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR LOOP 3	DOOSAN HEAVY INDUSTRIES AND CONSTRUCTION	NF7N01- 03	1655	NA	2002	REPLACE MENT	YES
	WESTING- HOUSE	1223	6860	NA	1971	REPLACED	YES

7. Description of Work REPLACED STEAM GENERATOR

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

SG-ASME SECTION III, 1989 EDITION

PPING-ANSI B31.7, 1969 EDITION, 1970 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

16th
Date 01/13/03

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01/15/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

20th
Commissions 01/13/03

TN2693

National Board, State, Province, and Endorsements

Date

JUNE 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/29/03

Sheet 44 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 01-005062-016

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No. Job No. etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 CODE CASE N-416-1

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	DOOSAN HEAVY INDUSTRIES & CONSTRUCTION	NF7N01-04	1656	NA	2002	REPLACEMENT	YES
Loop 4							
	WESTINGHOUSE	1224	68-61	NA	1971	REPLACED	YES

7. Description of Work REPLACED STEAM GENERATOR

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

SG-ASME SECTION III, 1989 EDITION

PIPING-ANSI B31.7, 1969 EDITION, 1970 ADDENDA

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Meacham
Owner or Owner's Designee, Title

Date

17 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 01/15/03 to 6/20/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Meacham
Inspector's Signature

JA 114
01/13/03

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 20,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 10/11/02

Sheet 45 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WD# 01-006321-000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7¹⁹ 69 Edition, 70 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RCH-117	TVA	NA	NA	NA	2002	REPLACED	NO

7. Description of Work REPLACED PIPE SUPPORT BOLTING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks REFERENCE PER # 00-001755-000

Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed REPLACEMENT, MECH ENGR Date 11 OCTOBER 2002
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/22/02 to 10/23/02 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Maxwood Commissions TN3431
 Inspector's Signature National Board, State, Province, and Endorsements

Date October 23, 2002

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 10/11/02
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant Sheet 46 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Wo# 01-006322-000
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A

Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RCH-130	TVA	NA	NA	NA	2002	REPLACED	NO

7. Description of Work REPLACED PIPE SUPPORT BOLTING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks REFERENCE PER # DD-001755-000

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William, MECH ENGR Date 11 OCTOBER 2002
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 1/23/02 to 10/23/02 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Michael Commissions TN 3931
Inspector's Signature National Board, State, Province, and Endorsements

Date October 23, 2002

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/14/03

Sheet 47 of 119

2. Plant Sequoyah Nuclear Plant
Name

Unit 1

P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WID # 01-011595-000

3. Work Performed by Sequoyah Nuclear Plant
Name

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SEC III 19 80 Edition, W80 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-PCV-68-334	TARGET	3	NA	NA	1983	REPAIRED	YES
	ROCK					AND REPLACED	

7. Description of Work REPLACED MAIN DISC. REINSTALLED BODY TO BONNET SEAL WELD FOLLOWING MAINTENANCE.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

VALVE WILL BE INSTALLED UNDER
Applicable Manufacturer's Data Reports to be Attached
ANOTHER WORK DOCUMENT

CERTIFICATE OF COMPLIANCE

REPAIR AND

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR

Date

14 MAY 2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 1/22/02 to 5/14/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

May 14,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/30/03

Sheet 48 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 02-000955-002

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Code ASME SEC III 19 88 Edition, NA Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ELECTRICAL PENETRATION	WESTINGHOUSE	740103	91	NA	1974	REPLACED	YES
X-138E	IST CONAX	6686	6686	NA	2002	REPLACEMENT	YES

7. Description of Work REPLACED ELECTRICAL PENETRATION

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Blanton, MECH ENGR
Owner or Owner's Designee, Title

Date

30 JUNE 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT

of Hartford, Connecticut have inspected the components described in this

Owner's Report during the period 3/19/03 to 7/1/03 and state that to the

best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/30/03

Sheet 49 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WLO# 02-000955-006

Repair Organization P.O. No., Job No., etc.

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Code ASME SECT III 19 88 Edition, NA Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ELECTRICAL	WESTING HOUSE	740104	92	NA	1974	REPLACED	YES
PENETRATION	1ST CONAX	6685	6685	NA	2002	REPLACE MGMT	YES
X-153E						REPAIRED	YES

7. Description of Work REPLACED ELECTRICAL PENETRATION.
REMOVED ARC STRIKES BY BUFFING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE REPAIR AND

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. MECH ENGR Date 30 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/19/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James A. Myhrum
Inspector's Signature

Commissions TN 2693
National Board, State, Province, and Endorsements

Date July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>6/30/03</u> Sheet <u>50</u> of <u>119</u> Unit <u>1</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	WID# <u>02-000955-010</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>CONTAINMENT, CLASS MC</u>	
5. (a) Applicable Construction Code <u>ASME SECT III</u> 19 <u>88</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1992, 1992 Addenda</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ELECTRICAL	WESTINGHOUSE	730909	50	NA	1973	REPLACED	YES
PENETRATION	IST CONAX	6684	6684	NA	1002	REPLACE	YES
X-159E						MENT	

7. Description of Work REPLACED ELECTRICAL PENETRATION

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

NAECH ENGR
Owner or Owner's Designee, Title

Date

30 JUNE 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/19/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Mylon
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: right; font-size: small;">Name</div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: right; font-size: small;">Address</div>	Date <u>6/26/03</u> Sheet <u>51</u> of <u>119</u> Unit <u>1</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: right; font-size: small;">Name</div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: right; font-size: small;">Address</div>	KID # <u>02-000982-000</u> <div style="text-align: right; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: right; font-size: small;">Name</div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: right; font-size: small;">Address</div>	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SEC III 19 74 Edition, 574 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RCP #1	WESTING	2178	NA	NA	2003	REPLACED	YES
CARTRIDGE	HOUSE	2027	NA	NA	2003	REPLACE MENT	YES
SEAL							

7. Description of Work REPLACED CARTRIDGE SEAL ASSEMBLY AND CAP SCREWS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR

Date

26 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/05/03 to 6/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McPherson
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 30,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 6/26/03

Sheet 52 of 119

Unit 1

W0# 02-000983-000
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system PCS, CLASS 1

5. (a) Applicable Construction Code ASME SECTION III 1974 Edition, 574 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RCP #2	WESTING-	2171	NA	NA	2003	REPLACED	YES
CARTRIDGE	HOUSE	2182	NA	NA	2003	REPLACE	YES
SEAL							

7. Description of Work REPLACED CARTRIDGE SEAL AND CAP SCREWS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]

MECH ENGR

Date

26 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/05/03 to 6/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 30,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/4/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 53 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
WDO# 02-001020-003
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system CONTAINMENT, CLASS MC
 5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, W68 Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEEL	CB&I	NA	NA	NA	2005	REPLACE	NO
CONTAINMENT VESSEL					1976 JAN 6/24/03		

7. Description of Work WELDED PADS TO SCV SHELL FOR TEMPORARY SUPPORTS
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William, MECH ENGR
Owner or Owner's Designee, Title

Date

4 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 02/07/03 to 6/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 26,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>6/4/03</u> Sheet <u>54</u> of <u>119</u> Unit <u>1</u> <u>NO# 02-001020-003</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div> Type Code Symbol Stamp <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>
4. Identification of system <u>RHR, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7</u> 19 <u>69</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR	TVA	NA	NA	NA	2003	REPLACE NGIT	NO
PIPING							

7. Description of Work MODIFIED PIPING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR
Owner or Owner's Designee, Title

Date

4 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 02/07/03 to 6/26/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McGowan
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 26,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/29/03
 Sheet 55 of 119
 Unit 1
W/O# 02-001020-01
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACE	NO
LOOP 1 LOWER LATERAL SUPPORT							

7. Description of Work ATTACHED UNILSTRUT BY WELDING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William J. Meacham, MECH ENGR Date 29 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/5/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Eamigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/29/03

Sheet 56 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO# 02-001020-012

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACE MENT	NO
LOOP 2 LOWER LATERAL SUPPORT							

7. Description of Work ATTACHED UNISTITUT BY WELDING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Williamson, MECH ENGR
Owner or Owner's Designee, Title

Date

29 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/3/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

5/29

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/29/03

Sheet 57 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO# 02-001020-014

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACEMENT	NO
LOOP 3 LOWER LATERAL SUPPORT							

7. Description of Work ATTACHED UNISTRUT BY WELDING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Earnigh, MECH ENGR Date 29 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/5/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/29/03

Sheet 58 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 02-001020-016

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	TVA	NA	NA	NA	2003	REPLACEMENT	NO
LOOP 4 LOWER LATERAL SUPPORT							

7. Description of Work ATTACHED UNISTRUT BY WELDING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Ewing, MECH ENGR Date 29 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/5/03 to 5/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Ewing Commissions TN. 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/29 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/17/03

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Sheet 59 of 119

Unit 1

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WO# 02-001020-021

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RHR, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>RHR</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
<u>PIPING</u>						<u>MGMT</u>	

7. Description of Work MODIFIED RHR PIPING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed William M. Engle Date 17 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 02/07/03 to 6/23/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date June 23, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 7/8/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 60 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WO# 02-001131-000
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>RCP# 4</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
<u>TIE ROD</u>						<u>MENT</u>	
<u>SUPPORT</u>							

7. Description of Work INSTALLED SHIM DURING HOT GAP
MEASUREMENTS.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR

Date

8 JULY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/01/03 to 7/08/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

July 8,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 7/8/03

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Sheet 61 of 119

Unit 1

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WO# 02-001131-000
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
LOWER LATERAL SUPPORTS FOR STEAM GENERATORS	TVA	NA	NA	NA	2003	REPLACEMENT	NO
1, 2, 3, 4							

7. Description of Work INSTALLED SHIMS DURING HOT GAP MEASUREMENTS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 8 JULY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/01/03 to 7/08/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date July 8, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/30/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 62 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 140# 02-001132-000
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name Authorization No N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Expiration Date N/A
Address

4. Identification of system CONTAINMENT CLASS MC
 5. (a) Applicable Construction Code ASME SECT III 1968 Edition, 1413 Addenda, 1431 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PENETRATION</u>	<u>CB&I</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
<u>X-109</u>							

7. Description of Work REPLACED FLANGE BOLTING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Meacham Date 30 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT

of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/24/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions TN2693
National Board, State, Province, and Endorsements

Date July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 7/1/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant Sheet 63 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

140# 02-002151-000
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A

Authorization No N/A
 Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 60 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47B435-526-23</u>	<u>TYA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPAIRED</u>	<u>NO</u>

7. Description of Work REPAIRED HANGER BY WELDING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR

Date

1 JULY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 12/02/02 to 7/07/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

July 7,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> Name 1101 Market Street, Chattanooga, TN 37402-2801 Address 2. Plant <u>Sequoyah Nuclear Plant</u> Name P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Address 3. Work Performed by <u>Sequoyah Nuclear Plant</u> Name P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Address	Date <u>5/13/03</u> Sheet <u>64</u> of <u>119</u> Unit <u>1</u> <u>WD# 02-005154-005</u> Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
---	--

4. Identification of system CVCS, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-480	BE	SQ177	NA	NA	2003	REPLACED	NO
		SQ190	NA	NA	2003	REPLACE NEXT	NO
		(87C21726)					

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]

MECH ENGR

Date

13 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/29/03 to 5/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

May 15,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/13/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 65 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Type Code Symbol Stamp WDA 02-005154006
Repair Organization P.O. No., Job No., etc.
 Authorization No N/A
 Expiration Date N/A

4. Identification of system FW, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7¹⁹ 69 Edition, 70 Addenda NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-FDH-323</u>	<u>BE</u>	<u>SQ 171</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>SQ 119</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE</u>	<u>NO</u>
		<u>(B33177946)</u>				<u>MENT</u>	

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William, MECH ENGR

Date

13 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/29/03 to 5/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 15,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/5/03

Sheet 66 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

INOT 02-005154-008

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR SUPPORT	PAUL MONROE	SG-131	NA	NA	2003	REPLACED	NO

7. Description of Work RELOCATED SNUBBER FROM SG 3 TO SG 4.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: CONTRACT 83549 AND
Applicable Manufacturer's Data Reports to be Attached
DESIGN SPEC 1701

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed K. D. Wilson, MECH ENGR Date 9 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT
 of Hartford, Connecticut have inspected the components described in this
 Owner's Report during the period 10/2/02 to 6/9/03 and state that to the
 best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
 described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore,
 neither the inspector nor his employer shall be liable in any manner for any personal injury or property
 damage or a loss of any kind arising from or connected with this inspection.

James N. McGowan Commissions TN2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date June 9, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/9/03

Sheet 67 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WIO# 02-005154-009

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEAM GENERATOR	PAUL	SA-132	NA	NA	2003	REPLACED	NO
SUPPORT	MONROE						

7. Description of Work RELOCATED SNUBBER FROM SG 3 TO SG 2.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: CONTRACT 83549 AND
Applicable Manufacturer's Data Reports to be Attached
DESIGN SPEC 1701.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William, MECH ENGR Date 9 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT
 of Hartford, Connecticut have inspected the components described in this
 Owner's Report during the period 10/2/02 to 6/4/03 and state that to the
 best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
 described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore,
 neither the inspector nor his employer shall be liable in any manner for any personal injury or property
 damage or a loss of any kind arising from or connected with this inspection.

James N. McGowan
 Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date June 9, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 4/3/03

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Sheet 68 of 119

Unit 1

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

NO# 02005154-010
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A400-16-22	PSA	1378	NA	NA	2003	REPLACED	NO
		33135	NA	NA	2003	REPLACEMENT	NO
47A400-16-67	PSA	1448	NA	NA	2003	REPLACED	NO
		25822	NA	NA	2003	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]
Owner or Owner's Designee, Title

MECH ENGR

Date

3 APRIL

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3-24-03 to 4-4-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

April 4,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 4/3/03

Sheet 69 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO# 02-005154-012

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system AUXILIARY FEEDWATER, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-AFDH-618</u>	<u>PSA</u>	<u>565</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>14662</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

William A. Meacham, MECH ENGR
Owner or Owner's Designee, Title

Date

3 APRIL

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-5-03 to 4-4-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McGraw
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

April 4,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>4/17/03</u> Sheet <u>70</u> of <u>119</u> Unit <u>1</u> <u>W04-02-005154-013</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
4. Identification of system <u>FEEDWATER, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7</u> ¹⁹⁶⁹ Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FDH-203	PSA	SQ-001	NA	NA	2003	REPLACED	No
		12553	NA	NA	2003	REPLACEMENT	No
1-FDH-203	PSA	268	NA	NA	2003	REPLACED	No
		6822	NA	NA	2003	REPLACEMENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed [Signature] MECH ENGR Date 17 April -2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 03-22-03 to 04-17-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN2693

National Board, State, Province, and Endorsements

Date April 17, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 4/17/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 71 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 INO# 02-005154-014
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Address Expiration Date N/A

4. Identification of system STEAM GENERATOR BLOWDOWN, CLASS 2
 5. (a) Applicable Construction Code ASME B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SGBH-107	PSA	505	NA	NA	2003	REPLACED	No
		14663	NA	NA	2003	REPLACEMENT	No
1-SGBH-109	PSA	251	NA	NA	2003	REPLACED	No
		14673	NA	NA	2003	REPLACEMENT	No

7. Description of Work REPLACED SNUBBER
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

K. Blanton, MECA ENG'G
Owner or Owner's Designee, Title

Date

17 APRIL 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01-31-03 to 4-17-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

April 17,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 4/17/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 72 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system STEAM GENERATOR BLOWDOWN, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7-1969 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SGBH-125	PSA	288	NA	NA	2003	REPLACED	No
		19305	NA	NA	2003	REPLACEMENT	No
1-SGBH-76	PSA	176	NA	NA	2003	REPLACED	No
		19707	NA	NA	2003	REPLACEMENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ - Pneumatic ☐ - Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 17 APRIL 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-06-03 to 4-17-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date April 17, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 4/3/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 73 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-005154-019
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name Authorization No N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Expiration Date N/A
Address

4. Identification of system CVCS, CLASS 1 AND 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-108	PSA	346	NA	NA	2003	REPLACED	NO
		1897	NA	NA	2003	REPLACE MENT	NO
1-CVCH-576	PSA	360	NA	NA	2003	REPLACED	NO
		6412	NA	NA	2003	REPLACE MENT	NO
1-CVCH-91	PSA	841	NA	NA	2003	REPLACED	NO
		16395	NA	NA	2003	REPLACE MENT	NO

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed DELETON, MECH ENGR Date 3 APRIL 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-22-03 to 4-5-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McFarland
Inspector's Signature

Commissions TN2693
National Board, State, Province, and Endorsements

Date April 5, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 4/3/03

Sheet 74 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WIO# 02-005154-019

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CVCS, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-991	PSA	2217	NA	NA	2003	REPLACED	NO
		14674	NA	NA	2003	REPLACE N/A	NO

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

Blanton, MECH ENGR
Owner or Owner's Designee, Title

Date

3 APRIL 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-22-03 to 4-5-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. Mylon
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

April 5,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/13/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 75 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-005154-020
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name Authorization No N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Expiration Date N/A
Address

4. Identification of system CVCS, CLASS 122
 5. (a) Applicable Construction Code ANSI B31.71969 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-347	PSA	266	NA	NA	2003	REPLACED	No
		14668	NA	NA	2003	REPLACE MENT	No
1-CVCH-349	PSA	253	NA	NA	2003	REPLACED	No
		14677	NA	NA	2003	REPLACE MENT	No
1-CVCH-364	PSA	248	NA	NA	2003	REPLACED	No
		6861	NA	NA	2003	REPLACE MENT	No
1-CVCH-422	PSA	528	NA	NA	2003	REPLACED	No
		25854	NA	NA	2003	REPLACE MENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

- Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed K. Ellison, MECH ENGR Date 13 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/24/03 to 5/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James A. Myhan Commissions TN2693
Inspector's Signature National Board, State, Province, and Endorsements
Date May 15, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/13/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 76 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-05154-020
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name Authorization No N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Expiration Date N/A
Address
 4. Identification of system CVCS, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7¹⁹⁶⁹ Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-900	PSA	580	NA	NA	2003	REPLACED	NO
		3175	NA	NA	2003	REPLACE N/A	NO

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Meacham, MECH ENGR

Date

13 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/24/03 to 5/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 15,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 4/28/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 77 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system SAFETY INJECTION, CLASS 1 & 2
 5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-106	PSA	309,315	NA	NA	2003	REPLACED	No
		6505, 6504	NA	NA	2003	REPLACEMENT	No
1-SIH-59	PSA	UNKNOWN	NA	NA	2003	REPLACED	No
		10504	NA	NA	2003	REPLACEMENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

K. Ellison, MECH ENGR

Date

28 APRIL 2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/14/03 to 4/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

April 30,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 2/27/03

Sheet 78 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO# 02-005154-022

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 Edition, 1999 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-SIH-429</u>	<u>PSA</u>	<u>317</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>10438</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE MENT</u>	<u>NO</u>

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William, MECH ENGR
Owner or Owner's Designee, Title

Date

27 FEBRUARY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01-31-03 to 02-28-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

Feb. 28,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> Name <u>1101 Market Street, Chattanooga, TN 37402-2801</u> Address	Date <u>4/3/03</u> Sheet <u>79</u> of <u>119</u> Unit <u>1</u> W.O.# <u>02-005154-023</u> Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> Name <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> Address	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> Name <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> Address	

4. Identification of system ERCW, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	-Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A450-20-42	PSA	586	NA	NA	2003	REPLACED	No
		19747	NA	NA	2003	REPLACE MENT	No
47A450-20-47	PSA	581	NA	NA	2003	REPLACED	No
		19755	NA	NA	2003	REPLACE MENT	No
47A450-20-48	PSA	590	NA	NA	2003	REPLACED	No
		19301	NA	NA	2003	REPLACE MENT	No
47A450-20-50	PSA	1401	NA	NA	2003	REPLACED	No
		33736	NA	NA	2003	REPLACE MENT	No

7. Description of Work REPLACED SHUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

Date

3 APRIL 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-27-03 to 4-05-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN2693

National Board, State, Province, and Endorsements

Date

APRIL 5,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/29/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 80 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 110# 02-005154-025
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system RCS, CLASS 1
 5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RCH-833	PSA	187	NA	NA	2003	REPLACED	NO
		3216	NA	NA	2003	REPLACE MENT	NO
1-RCH-875	PSA	175	NA	NA	2003	REPLACED	NO
		19758	NA	NA	2003	REPLACE MENT	NO

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MEGH ENSER
Owner or Owner's Designee, Title

Date

29 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/10/03 to 6/02/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN 6293

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 02,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/20/03

Sheet 81 of 119

Unit 1

W6# 02-005154-027
Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1999 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-100	PSA	618	NA	NA	2003	REPLACED	No
		10508				REPLACE MENT	
1-CSH-14	PSA	586				REPLACED	
		10557				REPLACE MENT	
1-CSH-15	PSA	584				REPLACED	
		12600				REPLACE MENT	
1-CSH-44	PSA	607				REPLACED	
		12554				REPLACE MENT	

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

REPLACEMENT, MECH ENGR

Date

20 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/22/03 to 5/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 21,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/20/03
 Sheet 82 of 119
 Unit 1
INO# 02-005154-027
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.719 6A Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-45	PSA	591	NA	NA	2003	REPLACED	NO
		10599				REPLACE MENT	
1-CSH-47	PSA	598				REPLACED	
		10600				REPLACE MENT	
1-CSH-48	PSA	605				REPLACED	
		10601				REPLACE MENT	
1-CSH-74	PSA	573				REPLACED	
		10606				REPLACE MENT	

7. Description of Work REPLACED SUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed Halligan, MECH ENGR Date 20 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/22/03 to 5/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Halligan Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date May 21, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 5/20/03
 Sheet 83 of 119
 Unit 1
WIO# 02-005154-027
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-75	PSA	603	NA	NA	2003	REPLACED	NO
		10607				REPLACE MENT	
1-CSH-77	PSA	608				REPLACED	
		10608				REPLACE MENT	
1-CSH-78	PSA	577				REPLACED	
		10609				REPLACE MENT	
1-CSH-95	PSA	574				REPLACED	
		10668				REPLACE MENT	

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECHA ENGR
Owner or Owner's Designee, Title

Date

20 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/22/03 to 5/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

May 21,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/20/03

Sheet 84 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

1204 02-005154-027

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 Edition, 90 Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-96	PSA	579	NA	NA	2003	REPLACED	NO
		12555	NA	NA	2003	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed Dillon, MECH ENGR Date 20 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/22/03 to 5/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McGowan Commissions TN2693
Inspector's Signature National Board, State, Province, and Endorsements
Date May 21, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 2/21/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant Sheet 85 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

NO# 02-005154-028
Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A
Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-65	PSA	604	NA	NA	2003	REPLACED	No
	PSA	10604	NA	NA	2003	REPLACEMENT	No
1-CSH-66	PSA	613	NA	NA	2003	REPLACED	No
	PSA	10605	NA	NA	2003	REPLACEMENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

K. P. McLean, MECH ENGR

Date

21 FEBRUARY 2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 01-31-03 to 02-28-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

Feb. 28,

2003

-As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

4. Identification of system RHR, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

Date 5/13/03
Sheet 86 of 119
Unit 1
W/O # 02-005154-029
Repair Organization P.O. No.. Job No.. etc.
Type Code Symbol Stamp N/A
Authorization No N/A
Expiration Date N/A

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RHRH-457	PSA	139	NA	NA	2003	REPLACED	No
		10669	NA	NA	2003	REPLACE MENT	No
1-RHRH-463	PSA	207	NA	NA	2003	REPLACED	No
		19783	NA	NA	2003	REPLACE MENT	No
1-RHRH-471	PSA	247	NA	NA	2003	REPLACED	No
		10671	NA	NA	2003	REPLACE MENT	No
1-RHRH-491	PSA	293	NA	NA	2003	REPLACED	No
		19789	NA	NA	2003	REPLACE MENT	No

7. Description of Work REPLACED SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

W. D. Ellison, MECH ENGR

Date

13 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 3/03/03 to 5/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. Myhran
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 15,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>4/4/03</u> Sheet <u>87</u> of <u>119</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	Unit <u>1</u> <u>W10# 02-005154-030</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>RHR, CLASS 1</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7 1969</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-RHR-B	PSA	297	NA	NA	2003	REPLACED	NO
		19791	NA	NA	2003	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR

Date

4 APRIL

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT

of Hartford, Connecticut have inspected the components described in this

Owner's Report during the period 1-31-03 to 4-4-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

April 4,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 4/3/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 88 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Unit 1
Address
 3. Work Performed by Sequoyah Nuclear Plant NO# 02-005154-032
Name Repair Organization P.O. No., Job No., etc.
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Type Code Symbol Stamp N/A
Address Authorization No. N/A
 Expiration Date N/A

4. Identification of system FUEL POOL COOLING, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 60 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>47A454-2-21</u>	<u>PSA</u>	<u>503</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>14682</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE MENT</u>	<u>NO</u>

7. Description of Work REPLACED SNUBBER

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

K. D. Wilson, MECH ENGR
Owner or Owner's Designee, Title

Date

3 April

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 2-5-03 to 4-4-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McFarlane
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

April 4,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 4/17/03

Sheet 89 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WDA 02-005154-045

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CONTAINMENT SPRAY, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CSH-7	PSA	10621	NA	NA	2003	Replaced	NO
1-CSH-37	PSA	10644	NA	NA	2003	Replaced	NO

7. Description of Work REPLACED END CAPS ON SNUBBERS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

William M. McLean MECH ENGR
Owner or Owner's Designee, Title

Date

17 APRIL 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 4-03-03 to 4-17-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

William M. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

April 17,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/10/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 90 of 119
Address

2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-006283-001
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Address Expiration Date N/A

4. Identification of system ERCW, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 60 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A450-20-6	TVA	N/A	N/A	N/A	2003	REPLACE MENT	No

7. Description of Work DELETED PIPE SUPPORT

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. MECH SIGR
Owner or Owner's Designee, Title

Date

10 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/16/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. Mylan
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 1,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>6/10/03</u> Sheet <u>91</u> of <u>119</u> Unit <u>1</u> <u>WO# 02-006283-001</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
4. Identification of system <u>ERCW, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7</u> 19 <u>69</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A053-212	TVA	NA	NA	NA	NA	REPLACE - MENT	NO
47A450-20-31							
47A450-20-32							
47A450-20-33							
47A450-20-34							
47A450-20-50							
47A450-22-66							
47A450-22-64							

7. Description of Work DELETE PPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. McCH ENGR
Owner or Owner's Designee, Title

Date

10 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/16/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Myhran
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 1,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

<p>1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small></p> <p>2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small></p> <p>3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small></p>	<p>Date <u>6/10/03</u></p> <p>Sheet <u>92</u> of <u>119</u></p> <p>Unit <u>1</u></p> <p><u>WID # 02-006283-001</u> <small>Repair Organization P.O. No., Job No., etc.</small></p> <p>Type Code Symbol Stamp <u>N/A</u></p> <p>Authorization No <u>N/A</u></p> <p>Expiration Date <u>N/A</u></p>
---	--

4. Identification of system ERCW, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-67-133	TUFFLINE	NA	NA	NA	2003	REPLACEMENT	NO
1-FCV-67-134	TUFFLINE	NA	NA	NA	2003	REPLACEMENT	NO

7. Description of Work DELETED VALVES

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA
 Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: THE CONSTRUCTION
Applicable Manufacturers Data Reports to be Attached
CODES FOR THESE VALVES WERE NOT DETERMINED
SINCE THEY WERE DELETED.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed Kellie Bon, MECH ENGR Date 26 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
 Inspectors and the State or Province of Tennessee and employed by HSB CT
 of Hartford, Connecticut have inspected the components described in this
 Owner's Report during the period 4/16/03 to 7/01/03 and state that to the
 best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
 described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore,
 neither the inspector nor his employer shall be liable in any manner for any personal injury or property
 damage or a loss of any kind arising from or connected with this inspection.

James A. Mylon Commissions TN2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date July 1, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/10/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 93 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-006283-001
Address
 3. Work Performed by Sequoyah Nuclear Plant Repair Organization P.O. No., Job No., etc.
Name Type Code Symbol Stamp N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Address Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC
 5. (a) Applicable Construction Code ASME 1960 Edition, W68 Addenda, 1177-9, 1413, 1330-1
SECT III (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda
1431 Code Case

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STEEL CONTAINMENT VESSEL	CB&I	NA	NA	NA	1976 June 21/03	REPLACE MENT	NO

7. Description of Work CAPPED OFF TWO EXISTING SCV PENETRATIONS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature] MECH ENGR
Owner or Owner's Designee, Title

Date

26 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/16/03 to 7/01/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

July 1,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 02-006283-003
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 94 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WD# 02-006283-003
Address
 3. Work Performed by Sequoyah Nuclear Plant Repair Organization P.O. No., Job No., etc.
Name Type Code Symbol Stamp N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Authorization No N/A
Address Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC
 5. (a) Applicable Construction Code ASME SECT II 19 68 Edition, W68 Addenda, 1177-5, 1413, 1330-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>STEEL CONTAINMENT VESSEL</u>	<u>CB&I</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACEMENT</u>	<u>NO</u>

7. Description of Work CAPPED OFF TWO EXISTING SCV PENETRATIONS.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

[Signature]

MECH ENGR

Date

17 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 04/25/03 to 6/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 27,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>6/11/03</u> Sheet <u>95</u> of <u>119</u> Unit <u>1</u> <u>WO# 02-006283-003</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
4. Identification of system <u>ERCH, CLASS 2</u>	
5. (a) Applicable Construction Code <u>SEE REMARKS</u> <u>19</u> <u>NO</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-67-K41	TUFFLINE	NA	NA	NA	2003	REPLACE MENT	NO
1-FCV-67-K42	TUFFLINE	NA	NA	NA	2003	REPLACE MENT	NO

7. Description of Work DELETED VALVES

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: THE CONSTRUCTION CODES
Applicable Manufacturer's Data Reports to be Attached
FOR THESE VALVES HAS NOT BEEN DETERMINED
SINCE THEY WERE DELETED.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] Date 26 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
 Inspectors and the State or Province of Tennessee and employed by HSB CT
 of Hartford, Connecticut have inspected the components described in this

Owner's Report during the period 04/25/03 to 6/27/03 and state that to the
 best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
 described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore,
 neither the inspector nor his employer shall be liable in any manner for any personal injury or property
 damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
 Date June 27, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801

Date 6/11/03

Sheet 96 of 119

2. Plant Sequoyah Nuclear Plant
Address
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Unit 1

WID # 02-006283-003

3. Work Performed by Sequoyah Nuclear Plant
Address
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system ERCW, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
47A450-20-47	TVA	NA	NA	NA	2003	REPLACE M&T	NO
47A450-20-48							
47A450-20-37							
47A450-20-42							
47A450-20-44							
47A450-20-46							
47A450-20-45							
47A450-22-4							

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

REPLACEMENT, MECH ENGR

Date

11 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 4/25/03 to 6/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 27,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> Name <u>1101 Market Street, Chattanooga, TN 37402-2801</u> Address	Date <u>6/26/03</u> Sheet <u>97</u> of <u>119</u> Unit <u>1</u>
2. Plant <u>Sequoyah Nuclear Plant</u> Name <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> Address	<u>WD#02-006300-000</u> Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> Name <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> Address	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>FEEDWATER, CLASS 2</u>	
5. (a) Applicable Construction Code <u>SEE REMARKS</u> 19 <u>NA</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-3-511	WALWORTH	NA	NA	NA	2003	*REPLACED	NO

7. Description of Work *REPLACED COVER BOLTING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE: CONTRACT 92615
Applicable Manufacturer's Data Reports to be Attached
AND DRAFT ASME CODE FOR PUMPS & VALVES, 1968.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed Robertson, MECH ENGR Date 26 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 4/04/03 to 6/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McPherson Commissions TN 2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date June 30, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>5/29/03</u> Sheet <u>98</u> of <u>119</u> Unit <u>1</u> <u>WO# 02-009112-000</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	
4. Identification of system <u>EROLK, CLASS 2</u>	
5. (a) Applicable Construction Code <u>SEE REMARKS</u> 19 <u>NA</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCU-67-88	HENRY	A0001-4-3	NA	NA	2003	REPLACED	NO
	PRATT	413670DD-1-1	NA	NA	2003	REPLACEMENT	NO

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE: CONTRACT 92795

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

W. L. Lutz, MECH ENGR

Date

29 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5-01-03 to 6-03-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

JUNE 03,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME-Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801

Date 5/20/03

Sheet 99 of 119

2. Plant Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Unit 1

110# 02-609113-000

3. Work Performed by Sequoyah Nuclear Plant
Address
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000

Repair Organization P.O. No. Job No. etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CCS, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-F01-67-103</u>	<u>PRATT</u>	<u>A-0001-4-23</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACED</u>	<u>NO</u>
		<u>413670DD-1-2</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACE MGT</u>	<u>NO</u>

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE: CONTRACT 92795

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William M. Meacham, MECH ENGR

Date

20 MAY

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5/01/03 to 5/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

May 21,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>6/12/03</u> Sheet <u>100</u> of <u>119</u> Unit <u>1</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	<u>WD# 02-009116-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>CCS, CLASS 2</u>	
5. (a) Applicable Construction Code <u>SEE REMARKS</u> 19 <u>NA</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-FCV-70-89	PRATT	A0015-54	NA	NA	2003	REPLACED	No
		419910DD-17	NA	NA	2003	REPLACE MENT	NO

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE: CONTRACT 92615 AND
Applicable Manufacturer's Data Reports to be Attached
DRAFT ASME CODE FOR PUMPS AND VALVES, 1968.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed William M. Engler, MECH ENGR Date 12 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 04/14/03 to 6/25/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James M. McLean
 Inspector's Signature

Commissions TN2693
 National Board, State, Province, and Endorsements

Date June 25, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/12/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

2. Plant Sequoyah Nuclear Plant Sheet 101 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

WO# 02-009594-000
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A

Authorization No N/A
 Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 1&2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-7	TVA	NA	NA	NA	2003	REPLACE	NO
1-SIH-8						MENT	
1-SIH-21							
1-SIH-41							
1-SIH-108							
1-SIH-113							
1-SIH-169							
1-SIH-172							

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 12 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/19/03 to 7/7/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date July 7, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/12/03
Name
1101 Market Street, Chattanooga, TN 37402-2801 Sheet 102 of 119
Address
 2. Plant Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 WO# 02-009554-000
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Sequoyah Nuclear Plant Type Code Symbol Stamp N/A
Name Authorization No N/A
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Expiration Date N/A
Address
 4. Identification of system SAFETY INJECTION, CLASS 2
 5. (a) Applicable Construction Code ASME B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-385	TVA	NA	NA	NA	2003	REPAIRED	NA
1-SIH-386						REPLACE	
1-SIH-389						MENT	
1-SIH-391							

7. Description of Work REPAIRED ONE SUPPORT AND MODIFIED THE OTHERS.
 8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPAIR AND REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR

Date

12 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 3/19/03 to 7/7/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

July 7,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/12/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 103 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Unit 1
Address
 3. Work Performed by Sequoyah Nuclear Plant WO# 02-009594-000
Name Repair Organization P.O. No., Job No., etc.
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000 Type Code Symbol Stamp N/A
Address Authorization No N/A
 Expiration Date N/A

4. Identification of system CVCS, CLASS 1B2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-CVCH-13	TVA	NA	NA	NA	2003	REPLACE MENT	NO
1-CVCH-252	TVA	NA	NA	NA	2003	REPLACE MENT	NO

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed James N. Mylon MECH ENGR Date 12 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/19/03 to 7/7/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Mylon Commissions TN2693
Inspector's Signature National Board, State, Province, and Endorsements
Date July 7, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>5/24/03</u> Sheet <u>104</u> of <u>119</u> Unit <u>1</u> <u>WO# 02-009594-001</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div> Type Code Symbol Stamp <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>
4. Identification of system <u>MAIN STEAM, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.7</u> ¹⁹ <u>69</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-MSH-300	TVA	NA	NA	NA	2003	REPLACE MENT	NO
1-MSH-303	TVA	NA	NA	NA	2003	REPLACE MENT	NO

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date NA

Signed

W. J. Watson, MECH ENGR
Owner or Owner's Designee, Title

Date 24 MAY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3-18-03 to 5-27-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James A. McLean
Inspector's Signature

Commissions

TN 21693

National Board, State, Province, and Endorsements

Date

May 27,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/26/03

Sheet 105 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WIO# 02-009594-002

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system MAIN STEAM, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 Edition, 70 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
I-MSH-340	TVA	NA	NA	NA	2003	REPLACE MENT	NO
I-MSH-343	TVA	NA	NA	NA	2003	REPLACE MENT	NO

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

Edison, MECH ENGR
Owner or Owner's Designee, Title

Date

26 MAY

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/18/03 to 5/27/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 27,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 5/26/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 106 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 WOT# 02-009594-003
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system MAIN STEAM, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-MSH-380	TVA	NA	NA	NA	2003	REPLACE MGMT	NO
1-MSH-383	TVA	NA	NA	NA	2003	REPLACE MGMT	NO

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 26 MAY 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/18/03 to 5/28/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions TN 2693
Inspector's Signature National Board, State, Province, and Endorsements
Date May 28, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <div style="text-align: center;"><small>Name</small></div> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <div style="text-align: center;"><small>Address</small></div>	Date <u>5/28/03</u> Sheet <u>107</u> of <u>119</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	Unit <u>1</u> <u>WID# 02-009594-004</u> <div style="text-align: center;"><small>Repair Organization P.O. No., Job No., etc.</small></div>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <div style="text-align: center;"><small>Name</small></div> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <div style="text-align: center;"><small>Address</small></div>	Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>MAIN STEAM, CLASS 2</u>	
5. (a) Applicable Construction Code <u>ANSI B31.79</u> <u>69</u> Edition, <u>70</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u>	

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-MSH-420	TVA	NA	NA	NA	2003	REPLACE MENT	NO
1-MSH-423	NA	NA	NA	NA	2003	REPLACE MENT	NO

7. Description of Work MODIFIED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

CR Watson, MECH ENGR
Owner or Owner's Designee, Title

Date

28 MAY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/18/03 to 5/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James N. Myer
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

May 30,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/6/03

Sheet 108 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 02-009594-005

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 2

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>1-SIH-131</u>	<u>TVA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>2003</u>	<u>REPLACEMENT</u>	<u>NO</u>
<u>1-SIH-134</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>1-SIH-804</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>1-SIH-813</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>1-SIH-814</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

REPLACEMENT, MECH ENGR
Owner or Owner's Designee, Title

Date

6 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/12/03 to 6/10/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 10,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority Date 6/6/03
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant Sheet 109 of 119
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant Unit 1
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
110* 62-009594-005
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A
 4. Identification of system SAFETY INJECTION CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 ¹⁹ 60 Edition, 70 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-58	TVA	NA	NA	NA	2003	REPLACE	NO
1-SIH-73							
1-SIH-109							
1-SIH-110							
1-SIH-111							
1-SIH-114							
1-SIH-115							
1-SIH-116							

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed [Signature] MECH ENGR Date 6 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/12/03 to 6/10/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions TN2693
National Board, State, Province, and Endorsements

Date June 10, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address
 2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address
 3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Date 6/6/03
 Sheet 110 of 119
 Unit 1
WO# 02-009594-005
Repair Organization P.O. No., Job No., etc.
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 2
 5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-3	TVA	NA	NA	NA	2003	REPLACE MENT	NO
1-SIH-4							
1-SIH-11							
1-SIH-13							
1-SIH-15							
1-SIH-27							
1-SIH-29							
1-SIH-57							

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William E. Brown, MECH ENGR
Owner or Owner's Designee, Title

Date

6 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/12/03 to 6/10/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McGraw
Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 10,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/6/03

Sheet 111 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WO# 02-0095A4-005

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system SAFETY INJECTION, CLASS 1

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, 70 Addenda, NA Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-105	TVA	NA	NA	NA	2003	REPLACE INVENT	No
1-SIH-117	↓	↓	↓	↓	↓	↓	↓
1-SIH-151							
1-SIH-171							
1-SIH-173							

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR
Owner or Owner's Designee, Title

Date

6 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/12/03 to 6/10/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 10,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/6/03

Sheet 112 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO#02-009594-005

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system SAFETY INJECTION, CCASSI

5. (a) Applicable Construction Code ASME B31.7 19 69 Edition, 70 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SIH-6	TVA	NA	NA	NA	2003	REPLACEMENT	NO
1-SIH-9							
1-SIH-23							
1-SIH-28							
1-SIH-32							
1-SIH-63							
1-SIH-67							
1-SIH-69							

7. Description of Work DELETED PIPE SUPPORTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure NA psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

William, MECH ENGR

Date

6 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/12/03 to 6/10/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 10,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/29/03

Sheet 113 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

NO# 02-010319-000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CVCS, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62-662	CROSBY	NE9972-00-0001	NA	NA	2003	REPLACEMENT REPLACED	NO
		RV-1-8117	NA	NA	2003	REPLACED	NO

KW
5/13/03
2004
5/13/03

7. Description of Work REPLACED RELIEF VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/17/03

Sheet 114 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

120th 02-010320-000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system CVCS, CLASS 2

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-62-675	CROSBY	N69903-01-0001	NA	NA	2003	REPLACED	NO
		RV-1-8/19	NA	NA	2003	REPLACE MGMT	NO

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: CONTRACT 91934 AND
Applicable Manufacturer's Data Reports to be Attached
WESTINGHOUSE E-SPECS 678758 AND 676257

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed MECH ELGR Date 17 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
 Inspectors and the State or Province of Tennessee and employed by HSB CT
 of Hartford, Connecticut have inspected the components described in this
 Owner's Report during the period 03/10/03 to 6/25/03 and state that to the
 best of my knowledge and belief, the Owner has performed examinations and taken corrective measures
 described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore,
 neither the inspector nor his employer shall be liable in any manner for any personal injury or property
 damage or a loss of any kind arising from or connected with this inspection.

James M. McLean Commissions TN2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date JUNE 25, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>6/30/03</u> Sheet <u>115</u> of <u>119</u> Unit <u>1</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	<u>KD# 02-010334-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u>
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
4. Identification of system <u>SAFETY INJECTION, CLASS 1 AND 2</u>	
5. (a) Applicable Construction Code <u>SEE REMARKS</u> <u>19th</u> Edition, <u>NA</u> Addenda, <u>NA</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> , <u>CODE CASE N-416-1</u>	
6. Identification of Components Repaired or Replaced and Replacement Components	

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-63-553	ROCKWELL EDWARDS	IZA39	NA	NA	2003	REPLACED	NO
	FLOWSERVE	E-530T-1-1	NA	NA	2003	REPLACEMENT	YES
SAFETY INJECTION PIPING	TVA	NA	NA	NA	2003	REPLACED	NO

7. Description of Work REPLACED VALVE AND SECTION OF PIPING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

CONSTRUCTION CODE:

Applicable Manufacturer's Data Reports to be Attached

PIPING - ANSI B31.7, 1969 EDITION, 1970 ADDENDA

VALVE - ASME SECTION III, 1986 EDITION

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

H. Ellison, MECH ENGR

Date

30 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut

have inspected the components described in this Owner's Report during the period 4/17/03 to 6/30/03 and state that to the

best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McLean
Inspector's Signature

Commissions

TW 2693

National Board, State, Province, and Endorsements

Date

JUNE 30,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/13/08
Sheet 116 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1
WO# 02-010365-000
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

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

4. Identification of system RCS, CLASS 1

5. (a) Applicable Construction Code SEE REMARKS 19 NA Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-68-565	CROSBY	N73370-010003	NA	NA	2003	REPLACE NGIT	No
		SPONEB	NA	NA	2003	REPLACED	No

7. Description of Work REPLACED VALVE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure h
Other ☐ Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks CONSTRUCTION CODE: CONTRACT 91934
Applicable Manufacturer's Data Reports to be Attached
AND WESTINGHOUSE E-SPECS 678764 & 676279.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date NA

Signed W. Robertson, MECH ENGR Date 18 JUNE 2003
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 3/21/03 to 6/30/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James H. McPherson Commissions TN2693
 Inspector's Signature National Board, State, Province, and Endorsements
 Date June 30, 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 5/27/03

Sheet 117 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

WIO# 03-001838000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No N/A

Expiration Date N/A

4. Identification of system RCS CLASS 1

5. (a) Applicable Construction Code ASME SECT III 19 80 Edition, W80 Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-PCV-68-340A	TARGET ROCK	2	NA	NA	1983	REPLACED	YES
		3	NA	NA	1983	REPLACE MGMT	YES

7. Description of Work REPLACED VALVE.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other Pressure _____ psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

MECH ENGR

Date

17 JUNE

2003

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 04/29/03 to 6/23/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature

Commissions

TN 2693

National Board, State, Province, and Endorsements

Date

June 23,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner Tennessee Valley Authority
Name
1101 Market Street, Chattanooga, TN 37402-2801
Address

Date 6/10/03

Sheet 118 of 119

2. Plant Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Unit 1

W.O.# 03-002861-000

3. Work Performed by Sequoyah Nuclear Plant
Name
P. O. Box 2000, Soddy-Daisy, TN, 37384-2000
Address

Repair Organization P.O. No., Job No., etc.
Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of system CONTAINMENT, CLASS MC

5. (a) Applicable Construction Code ASME SECT III 19 68 Edition, W68 Addenda, 1177-5, 1413, 1330-1 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992, 1992 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>STEEL CONTAINMENT VESSEL</u>	<u>CB&I</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>1976</u> <u>11/6/75/0</u>	<u>REPAIRED</u>	<u>NO</u>

7. Description of Work REPAIRED ARC STRIKES BY GRINDING AND WELDING.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure N/A psi Test Temp °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

KEITH GUNZ, ASME ENGINEER
Owner or Owner's Designee, Title

Date

10 JUNE

2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 04/25/03 to 6/25/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James R. McLean
Inspector's Signature

Commissions

TN2693

National Board, State, Province, and Endorsements

Date

June 25,

2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner <u>Tennessee Valley Authority</u> <small>Name</small> <u>1101 Market Street, Chattanooga, TN 37402-2801</u> <small>Address</small>	Date <u>5/24/03</u> Sheet <u>119</u> of <u>119</u> Unit <u>1</u> <u>W0# 03-005566-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u>
2. Plant <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	
3. Work Performed by <u>Sequoyah Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Soddy-Daisy, TN, 37384-2000</u> <small>Address</small>	

4. Identification of system CVCS, CLASS 2

5. (a) Applicable Construction Code ASME SECT III **19** 68 Edition, NA Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SEAL WATER	ATLAS	1231	1054	NA	1971	REPAIRED	YES
HEAT							
EXCHANGER							

7. Description of Work REPAIRED INDICATION IN WELD AT INTEGRAL ATTACHMENT TO BODY JOINT.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other Pressure N/A psi Test Temp _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks NA

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA

Expiration Date

NA

Signed

K. D. Wilson, MECHANIC
Owner or Owner's Designee, Title

Date

24 MAY 2003

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB CT of Hartford, Connecticut have inspected the components described in this Owner's Report during the period 5-01-03 to 5-26-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

James M. McLean
Inspector's Signature

Commissions

NB10822A, N, I TN2693

National Board, State, Province, and Endorsements

Date

May 26,

2003

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

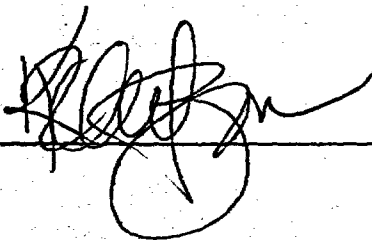
CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

APPENDIX C

PRESSURE TEST REPORT

The inspection plan work required for the first outage of the third period of the second interval for Code Category B-P, Code Category C-H, Code Category D-A, Item number D1.10; Code Category D-B, Item number D2.10; Code Category D-C, Item number D3.10 and RI-ISI Code Category R-A (Item numbers R1.11 and R1.12) is on schedule.

PREPARED BY

A handwritten signature in black ink, appearing to be "R. L. Smith", written over a horizontal line.

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAJSY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

**Pressure Tests
Unit 1 Cycle 12
Third Period of the Second Interval**

The unit 1 tests scheduled for the third period which were required to be performed during the U1C12 refueling outage have been completed. Table A below list the test completed during U1C12 refueling outage. The additional tests in Table B below are those performed since the last report.

TABLE A

System	Test Results
RCS System Leakage Test	No leakage found
Blowdown RI-ISI	No leakage found
Chemical Volume and Control RI-ISI	No leakage found
Containment Spray RI-ISI	No leakage found
Feedwater RI-ISI	No leakage found
Reactor Coolant RI-ISI	No leakage found
Safety Injection RI-ISI	No leakage found
All other Class 2 and 3 inside containment – Performed in conjunction with the RCS System Leakage Test	No leakage found
Containment Spray/RHR Spray Headers	No unimpaired flow

TABLE B

System	Test Results
ERCW Outside of Unit 1 Reactor Building	One leak identified. Reference PER 00-005050-000
SDBR Chilled Water Train A	One leak identified at a threaded joint. Reference WO 02-015042-000
SDBR Chilled Water Train B	No leakage identified
SFPC Unit 0 and 1	No through wall leakage

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

APPENDIX D

IWE METAL CONTAINMENT EVALUATIONS

The following evaluations were performed for containment examinations performed during U1C12 for inaccessible areas and additional examinations in accordance with 10CFR 50.55a(b)(2)(ix) for Class MC components.

PREPARED BY

Jeffy Coulst

OWNER: TENNESSEE VALLEY AUTHORITY
1101 MARKET STREET
CHATTANOOGA, TENNESSEE 37402-2801

PLANT: SEQUOYAH NUCLEAR PLANT
P.O. BOX 2000
SODDY DAISY, TENNESSEE 37384-2000

UNIT: ONE
COMMERCIAL SERVICE DATE: JULY 1, 1981
NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED

CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

SUMMARY OF IWE METAL CONTAINMENT EVALUATIONS

The Unit 1 Cycle 12 Inservice Inspection of Class MC components included three Notification of Indications (NOI) for IWE Metal Containment evaluation. These evaluations require reporting per 10CFR 50.55a(b)(2)(ix).

NOI NUMBER	COMPONENT IDENTIFIER
1-SQ-453	SCV-DOME-IB
DISPOSITION: Cleaned and repainted areas.	
1-SQ-454	SCV-1, 2, 3 and 4 (A-B)
DISPOSITION: Cleaned and repainted areas.	
1-SQ-455	SCV-1, SCV-3, SCV-DOME, SCV-3-IB, SCV-4-IB
DISPOSITION: Arc strike areas removed and area repainted	

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

IWE METAL CONTAINMENT EVALUATION

NOI Number: 1-SQ-453

Examination Report Number: SCV-0128
Component Identifier: SCV- DOME-IB
Disposition: Cleaned and repainted areas

Evaluation of inaccessible areas as required by 10CFR50.55a(b)(2)(ix)(A)
(Include (1) A description of the type and estimated extent of degradation, and the conditions that led to the degradation; (2) An evaluation of each area, and the result of the evaluation; and (3) A description of necessary corrective actions).

These indications were noted during the VT-3 visual examinations of the SCV dome interior surface area (cut out section during steam generator replacement). The area examined was identified for coating repair, and this VT-3 visual examination was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). The examination identified indications in a 6" X 10" area consisting of light rust and discoloration with no visible signs of active corrosion. The area examined did not show any wall loss or gross degradation. The surface condition appeared to be from original construction. This area is not considered suspect and does not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. Based on this information, there is no indication that an adverse condition exists in the area examined or that an adverse condition would be present in inaccessible areas.

Evaluation of additional examinations required per 10CFR50.55a(b)(2)(ix)(D). (1) A description of each flaw or area, including the extent of degradation, and the conditions that led to the degradation; (2) The acceptability of each flaw or area, and the need for additional examinations to verify that similar degradation does not exist in similar components; (3) A description of the necessary corrective actions; and (4) The number and type of additional examinations to ensure detection of similar degradation in similar components.

These indications were noted during the VT-3 visual examinations of the SCV dome interior surface area (cut out section during steam generator replacement). The area examined was identified for coating repair, and this VT-3 visual examination was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). The examination identified indications in a 6" X 10" area consisting of light rust and discoloration, with no visible signs of active corrosion. The areas examined did not show any significant wall loss or gross degradation. The surface condition appeared to be from original construction. This area is not considered suspect and does not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. The area was recoated according to site procedures. A VT-3 preservice examination was performed on this area following reapplication of the coatings to satisfy the requirements of IWE-2200(g). The component is acceptable for continued service, and no further corrective action is required. Therefore, additional examinations are not warranted.

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

IWE METAL CONTAINMENT EVALUATION

NOI Number: 1-SQ-454

Examination Report Number: SCV-0135, SCV-0136, SCV-0137 and SCV-0138
Component Identifier: SCV- 1, 2, 3 and 4 (elevation 679)
Disposition: Cleaned and repainted areas

Evaluation of inaccessible areas as required by 10CFR50.55a(b)(2)(ix)(A)
(Include (1) A description of the type and estimated extent of degradation, and the conditions that led to the degradation; (2) An evaluation of each area, and the result of the evaluation; and (3) A description of necessary corrective actions).

These indications were noted during the VT-3 visual examination of the SCV exterior surface areas from the floor up to horizontal stiffener B, at the fuel transfer canal wall and behind the emergency gas treatment EGTS duct work approximately 340 feet. The areas examined were identified for coating repairs, and this visual examination (VT-3) was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). The SCV surface showed minor corrosion, rusting, and pitting, with no visible signs of active corrosion. The areas examined did not show any significant wall loss or gross degradation. The corrosion damage appeared to be from original construction. These areas are not considered suspect and do not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. Based on this information, there is no indication that an adverse condition exists in the areas examined or that an adverse condition would be present in inaccessible areas.

Evaluation of additional examinations required per 10CFR50.55a(b)(2)(ix)(D). (1) A description of each flaw or area, including the extent of degradation, and the conditions that led to the degradation; (2) The acceptability of each flaw or area, and the need for additional examinations to verify that similar degradation does not exist in similar components; (3) A description of the necessary corrective actions; and (4) The number and type of additional examinations to ensure detection of similar degradation in similar components.

These indications were noted during the VT-3 visual examination of the SCV exterior surface areas from the floor up to horizontal stiffener B, at the fuel transfer canal wall and behind the emergency gas treatment EGTS duct work approximately 340 feet. The areas examined were identified for coating repairs, and this visual examination (VT-3) was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). The SCV surface showed minor corrosion, rusting, and pitting, with no visible signs of active corrosion. The areas examined did not show any significant wall loss or gross degradation. The corrosion damage appeared to be from original construction. These areas are not considered suspect and do not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. The areas were recoated according to site procedures. A VT-3 preservice examination was performed on these areas following reapplication of the coatings to satisfy the requirements of IWE-2200(g). The component is acceptable for continued service, and no further corrective action is required. Therefore, additional examinations are not warranted.

OWNER: TENNESSEE VALLEY AUTHORITY 1101 MARKET STREET CHATTANOOGA, TENNESSEE 37402-2801	PLANT: SEQUOYAH NUCLEAR PLANT P.O. BOX 2000 SODDY DAISY, TENNESSEE 37384-2000
UNIT: ONE COMMERCIAL SERVICE DATE: JULY 1, 1981 NATIONAL BOARD NUMBER FOR UNIT: NOT REQUIRED	CERTIFICATE OF AUTHORIZATION: NOT REQUIRED

IWE METAL CONTAINMENT EVALUATION

NOI Number: 1-SQ-455

Component Identifier: SCV- 1, SCV-3, SCV-DOME, SCV-3-IB and SCV-4-IB
Examination Report Number: SCV-0146, SCV-0147, SCV-0148, SCV-0149 and
SCV-0150

Disposition: Arc strike areas removed and areas repainted.

Evaluation of Inaccessible areas as required by 10CFR50.55a(b)(2)(b)(A)
(Include (1) A description of the type and estimated extent of degradation, and the
conditions that led to the degradation; (2) An evaluation of each area, and the
result of the evaluation; and (3) A description of necessary corrective actions).

These indications were noted during the VT-3 visual examination of the SCV interior and exterior surface areas that were identified during the U1C12 general visual examination. This examination identified arc strike areas on the SCV. The areas examined were identified for coating repairs during arc strike removal process, and this visual examination (VT-3) was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). These arc strike areas were removed in accordance with 0-MI-MXX-000-030.0. A surface exam was performed after their removal. There were no signs of indications and/or defects after the performance of the surface exam. One area required repair for wall thickness after grinding. These areas are not considered suspect and do not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. Therefore, there is no indication that an adverse condition exists which may be present in inaccessible areas.

Evaluation of additional examinations required per 10CFR50.55a(b)(2)(b)(D). (1)
A description of each flaw or area, including the extent of degradation, and the
conditions that led to the degradation; (2) The acceptability of each flaw or area,
and the need for additional examinations to verify that similar degradation does
not exist in similar components; (3) A description of the necessary corrective
actions; and (4) The number and type of additional examinations to ensure
detection of similar degradation in similar components.

These indications were noted during the VT-3 visual examination of the SCV interior and exterior surface areas that were identified during the U1C12 general visual examination. The areas examined were identified for coating repairs during arc strike removal process, and this visual examination (VT-3) was performed prior to surface preparation to satisfy the requirements of IWE-2500(b). These arc strike areas were removed by blending. A surface exam was performed after their removal. No indications were found. The surrounding areas were checked for wall loss using N-UT-9. One area required repair due to wall thickness after grinding. These areas are not considered suspect and do not impact the structural integrity or leak tightness of the SCV. No detrimental flaws were observed. These areas were recoated according to site procedures. A VT-3 preservice examination was performed on these areas following reapplication of the coatings to satisfy the requirements of IWE-2200(g). The component is acceptable for continued service, and no further corrective action is required. Therefore, additional examinations are not warranted.