

INSERVICE INSPECTION REPORT
UNIT 1 OCONEE 1999 REFUELING
OUTAGE 18

Location: 7800 Rochester Highway, Seneca, SC 29672

NRC Docket No. 50-269

Commercial Service Date: July 15, 1973

Owner: Duke Energy Corporation
526 South Church St.
Charlotte, N. C. 28201-1006

Revision 0

Prepared By:

Rarry C. Keith

Date

9-2-99

Reviewed By:

R. Rame

Date

9/2/99

Approved By:

L. Kevin Rhyme

Date

9/7/99

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FORM NIS-1 OWNER'S DATA REPORT FOR INSERVICE INSPECTIONS

As required by the Provisions of the ASME Code Rules

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
(Name and Address of Owner)
2. Plant: Oconee Nuclear Station, 7800 Rochester Highway, Seneca, SC 29672
(Name and Address of Plant)
3. Plant Unit: 1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: July 15, 1973 6. National Board Number for Unit N/A
7. Components Inspected:

Component or Appurtenance	Manufacturer Installer	Manufacturer Installer Serial No.	State or Province No.	National Board No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	See Section 1.1 in the Attached Report			_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8¹/₂ in. x 11 in., (2) information in items 1 through 6 on this data 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 December 25, 1997 to July 8, 1999
9. Inspection Period Identification: Second Period of the Third Interval
10. Inspection Interval Identification: Third Inservice Inspection Interval
11. Applicable Edition of Section XI 1989 Addenda None
12. Date/Revision of Inspection Plan: April 7, 1998 / Revision 4
13. Abstract of Examinations and Test. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 3.0 and 4.0
14. Abstract of Results of Examination and Tests. See Section 5.0
15. Abstract of Corrective Measures. See Section 8.0

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

Certificate of Authorization No. (if applicable) NA Expiration Date NA

Date 9/7 19 99 Signed Duke Energy Corp. By R. Kevin Payne
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 N. C. employed by *The HSBI&I Co. of Hartford, CN have inspected the components described in this Owner's Report during the period 12-25-97 to 7-8-99, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the 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, test, and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection

M.B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Province, and Endorsements

Date 9-22-99 19 99

* The Hartford Steam Boiler Inspection & Insurance Co.
200 Ashford Center North
Suite 300
Atlanta, GA. 30338

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Oconee Nuclear Station

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's Oconee Nuclear Station, Unit 1, during the 1999 Refueling Outage (also referred to as Outage 18). Outage 18 is the first outage in the second inspection period of the third ten year interval.

Included in this report are the final Inservice Inspection Plan, the inspection results for each item, a summary for each category of examination and corrective action taken when unacceptable conditions were found. In addition, there is a section included for repairs and replacements required since December 25, 1997.

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Babcock & Wilcox	620-0003-51-52	N/A	N-101
Steam Generator A	Babcock & Wilcox	620-0003-55-1	N/A	N-103
Steam Generator B	Babcock & Wilcox	620-0003-55-2	N/A	N-104
Pressurizer	Babcock & Wilcox	620-0003-59	N/A	N-102
Main Steam System	Duke Power	NA	NA	NA
Auxiliary Steam System	Duke Power	NA	NA	NA
Feedwater System	Duke Power	NA	NA	NA
Emergency Feedwater System	Duke Power	NA	NA	NA
Steam Generator Flush System	Duke Power	NA	NA	NA
Condensate System	Duke Power	NA	NA	NA
Vents and Exhaust System	Duke Power	NA	NA	NA

Condenser Circulating Water	Duke Power	NA	NA	NA
High Pressure Service Water System	Duke Power	NA	NA	NA
Low Pressure Service Water System	Duke Power	NA	NA	NA
Reactor Coolant System	Duke Power	NA	NA	NA
High Pressure Injection System	Duke Power	NA	NA	NA
Low Pressure Injection System	Duke Power	NA	NA	NA
Reactor Building Spray System	Duke Power	NA	NA	NA
Component Cooling System	Duke Power	NA	NA	NA
Spent Fuel Cooling System	Duke Power	NA	NA	NA
Vents - Reactor Building Components	Duke Power	NA	NA	NA
Drains - Reactor Building Components	Duke Power	NA	NA	NA

1.2 Authorized Nuclear Inservice Inspector(s)

Name: M. B. Chapman

Employer: The Hartford Steam Boiler Inspection & Insurance Company

Business Address: The Hartford Steam Boiler Inspection & Insurance Co.
200 Ashford Center North
Suite 300
Atlanta, GA 30338

2.0 Summary of Inservice Inspections

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 18 at Oconee Nuclear Station Unit 1.

2.1 *Class 1 Inspection*

Examination Category B-A Pressure Retaining Welds in Reactor Vessel

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B01.010	<i>Shell Welds</i>	
B01.011	Circumferential	0
B01.012	Longitudinal	NA
B01.020	<i>Head Welds</i>	
B01.021	Circumferential	0
B01.022	Meridional	NA
B01.030	Shell to Flange Welds	0
B01.040	Head to Flange Welds	0
B01.050	<i>Repair Welds</i>	
B01.051	Beltline Region	N/A
TOTALS		0

Examination Category B-B

Pressure Retaining Welds in Vessels Other than Reactor Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pressurizer	
B02.010	Shell to Head Welds	
B02.011	Circumferential	1
B02.012	Longitudinal	0
B02.020	Head Welds	
B02.021	Circumferential	NA
B02.022	Meridional	NA
	Steam Generator (Primary Side)	
B02.030	Head Welds	
B02.031	Circumferential	0
B02.032	Meridional	N/A
B02.040	Tubesheet to Head Weld	0
	Heat Exchangers (Primary Side) -- Head	
B02.050	Head Welds	
B02.051	Circumferential	NA
B02.052	Meridional	NA
	Heat Exchangers (Primary Side) -- Shell	
B02.060	Tubesheet to Head Welds	2
B02.070	Longitudinal Welds	NA
B02.080	Tubesheet-to-Shell Welds	NA
TOTALS		3

**Examination Category B-D Full Penetration Welds of Nozzles in Vessels
Inspection Program B**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B03.090	Nozzle-to-Vessel Welds	0
B03.100	Nozzle Inside Radius Section	0
	Pressurizer	
B03.110	Nozzle-to-Vessel Welds	3
B03.120	Nozzle Inside Radius Section	3
	Steam Generators (Primary Side)	
B03.130	Nozzle-to-Vessel Welds	0
B03.140	Nozzle Inside Radius Section	0
	Heat Exchangers (Primary Side)	
B03.150	Nozzle-to-Vessel Welds	
B03.160	Nozzle Inside Radius Section	Request for Relief ONS-009
TOTALS		6

**Examination Category B-E Pressure Retaining Partial Penetration
Welds in Vessels**

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-F Pressure Retaining Dissimilar Metal Welds

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B05.010	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.020	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Weld	NA
B05.030	Nozzle-to-Safe End Socket Welds	NA
	<i>Pressurizer</i>	
B05.040	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.050	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	0
B05.060	Nozzle-to-Safe End Socket Welds	NA
	<i>Steam Generators</i>	
B05.070	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	NA
B05.080	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	NA
B05.090	Nozzle-to-Safe End Socket Welds	NA

Examination Category B-F (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Heat Exchangers	
B05.100	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	NA
B05.110	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	NA
B05.120	Nozzle-to-Safe End Socket Welds	NA
	Piping	
B05.130	Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds	2
B05.140	Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds	2
B05.150	Dissimilar Metal Socket Welds	NA
TOTALS		4

Examination Category B-G-1

Pressure Retaining Bolting, Greater Than 2" in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B06.010	Closure Head Nuts	40
B06.020	Closure Studs, (in place)	NA
B06.030	Closure Studs, (when removed)	20
B06.040	Threads in Flange	0
B06.050	Closure Washers, Bushings	1
	Pressurizer	
B06.060	Bolts and Studs	0
B06.070	Flange Surface, (when connection disassembled)	0
B06.080	Nuts , Bushings and Washers	0
	Steam Generators	
B06.090	Bolts and Studs	NA
B06.100	Flange Surface, (when connection disassembled)	NA
B06.110	Nuts , Bushings and Washers	NA
	Heat Exchangers	
B06.120	Bolts and Studs	NA
B06.130	Flange Surface, (when connection disassembled)	NA
B06.140	Nuts , Bushings and Washers	NA

Examination Category B-G-1 (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Piping	
B06.150	Bolts and Studs	NA
B06.160	Flange Surface, (when connection disassembled)	NA
B06.170	Nuts , Bushings and Washers	NA
	Pumps	
B06.180	Bolts and Studs	0
B06.190	Flange Surface, (when connection disassembled)	1
B06.200	Nuts , Bushings and Washers	0
	Valves	
B06.210	Bolts and Studs	NA
B06.220	Flange Surface, (when connection disassembled)	NA
B06.230	Nuts , Bushings and Washers	NA
TOTALS		62

Examination Category B-G-2

Pressure Retaining Bolting, 2" and
Less in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B07.010	Bolts, Studs, and Nuts	NA
	Pressurizer	
B07.020	Bolts, Studs, and Nuts	0
	Steam Generators	
B07.030	Bolts, Studs, and Nuts	2
	Heat Exchangers	
B07.040	Bolts, Studs, and Nuts	NA
	Piping	
B07.050	Bolts, Studs, and Nuts	2
	Pumps	
B07.060	Bolts, Studs, and Nuts	NA
	Valves	
B07.070	Bolts, Studs, and Nuts	0
	CRD Housings	
B07.080	Bolts, Studs, and Nuts In CRD Housing When Disassembled	2
TOTALS		6

Examination Category B-H Integral Attachments for Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B08.010	Integrally Welded Attachments	NA
	Pressurizer	
B08.020	Integrally Welded Attachments	NA
	Steam Generators	
B08.030	Integrally Welded Attachments	NA
	Heat Exchangers	
B08.040	Integrally Welded Attachments	NA
TOTALS		NA

Examination Category B-J Pressure Retaining Welds in Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.010	Nominal Pipe Size 4" or Larger	
B09.011	Circumferential Welds	7
B09.012	Longitudinal Welds ¹	0
B09.020	Nominal Pipe Size Less Than 4"	
B09.021	Circumferential Welds	10
B09.022	Longitudinal Welds ¹	NA

¹ Longitudinal welds in Examination Category B-J that intersect circumferential welds are examined per Code Case N-524.

Examination Category B-J (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.030	Branch Pipe Connection Welds	
B09.031	Nominal Pipe Size 4" or Larger	0
B09.032	Less Than Nominal Pipe Size 4"	1
B09.040	Socket Welds	6
TOTALS		24

Examination Category B-K-1

Integral Attachments for Piping, Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Piping	
B10.010	Integrally Welded Attachments	NA
	Pumps	
B10.020	Integrally Welded Attachments	NA
	Valves	
B10.030	Integrally Welded Attachments	NA
TOTALS		NA

Examination Category B-L-1, B-M-1 Pressure Retaining Welds in
Pump Casings and Valve Bodies

B-L-2, B-M-2 Pump Casings and Valve Bodies

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Pumps</i>	
B12.010	Pump Casing Welds (B-L-1)	0
B12.020	Pump Casing (B-L-2) (when disassembled for Maintenance, Repair or Volumetric Examination)	0
	<i>Valves</i>	
B12.030	Valves, Nominal Pipe Size Less Than 4" Valve Body Welds (B-M-1)	NA
B12.040	Valves, Nominal Pipe Size 4" or Larger Valve Body Welds (B-M-1)	NA
B12.050	Valve Body, Exceeding 4" Nominal Pipe Size (B-M-2)	2
<i>TOTALS</i>		2

Examination Category B-N-1 Interior of Reactor Vessel

B-N-2 Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels

B-N-3 Removable Core Support Structures

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B13.010	Vessel Interior (B-N-1)	0
	Reactor Vessel (PWR)	
B13.050	Interior Attachments Within The Beltline Region (B-N-2)	NA
B13.060	Interior Attachments Beyond The Beltline Region (B-N-2)	NA
B13.070	Core Support Structure (B-N-3)	0
TOTALS		0

Examination Category B-O Pressure Retaining Welds in Control Rod Housings

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B14.010	Welds in CRD Housing	0
TOTALS		0

Examination Category B-P All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-Q Steam Generator Tubing²

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B16.010	Steam Generator Tubing in Straight Tube Design	NA
B16.020	Steam Generator Tubing in U-Tube Design	NA
TOTALS		NA

Examination Category F-A Class 1 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F1.010	Class 1 Piping Supports Reference Section 4.0 of this report	6
F1.040	Class 1 Supports Other Than Piping Reference Section 4.0 of this report	1
F1.050	Class 1 Snubbers	27
TOTALS		34

² Steam Generator Tubing is examined and documented by Steam Generator Maintenance Group of the Station Support Division as required by the Station Technical Specifications and is not included in this report.

2.2 Class 2 Inspections

Examination Category C-A Pressure Retaining Welds in Pressure Vessel

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C01.010	Shell Circumferential Welds	0
C01.020	Head Circumferential Welds	0
C01.030	Tubesheet to Shell Weld	0
TOTALS		0

Examination Category C-B Pressure Retaining Nozzle Welds in Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.010	Nozzles in Vessels $\leq 1/2$ " Nominal Thickness	
C02.011	Nozzle-to-Shell (or Head) Weld	0
C02.020	Nozzles Without Reinforcing Plate In Vessels $> 1/2$ " Nominal Thickness	
C02.021	Nozzle-to-Shell (or Head) Weld	0
C02.022	Nozzle Inside Radius Section	0
C02.030	Nozzles With Reinforcing Plate in Vessels $> 1/2$ " Nominal Thickness	

Examination Category C-B (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.031	Reinforcing Plate Welds to Nozzle and Vessel	0
C02.032	Nozzle-to-Shell (or Head) Welds When Inside of Vessel Is Accessible	0
C02.033	Nozzle-to-Shell (or Head) Welds When Inside of Vessel is Inaccessible	0
TOTALS		0

Examination Category C-C Integral Attachments For Vessels, Piping, Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pressure Vessels	
C03.010	Integrally Welded Attachments	3
	Piping	
C03.020	Integrally Welded Attachments	18
	Pumps	
C03.030	Integrally Welded Attachments	0
	Valves	
C03.040	Integrally Welded Attachments	NA
TOTALS		21

Examination Category C-D

**Pressure Retaining Bolting Greater Than 2"
in Diameter**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Pressure Vessels</i>	
C04.010	Bolts and Studs	NA
	<i>Piping</i>	
C04.020	Bolts and Studs	NA
	<i>Pumps</i>	
C04.030	Bolts and Studs	1
	<i>Valves</i>	
C04.040	Bolts and Studs	0
TOTALS		1

**Examination Category C-F-1 Pressure Retaining Welds in Austenitic
Stainless Steel or High Alloy Piping**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.010	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4	
C05.011	Circumferential Weld	1
C05.012	Longitudinal Welds ³	NA
C05.020	Piping Welds $> 1/5$ " Nominal Wall Thickness for Piping \geq Nominal Pipe Size 2 and \leq Nominal Pipe Size 4	
C05.021	Circumferential Welds	17
C05.022	Longitudinal Welds ³	NA
C05.030	Socket Welds	2
C05.040	Pipe Branch Connections of Branch Piping \geq Nominal Pipe Size 2	
C05.041	Circumferential Weld	5
C05.042	Longitudinal Weld ³	NA
TOTALS		25

³ Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-F-2 Pressure Retaining Welds in Carbon or Low Alloy Steel Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.050	Piping Welds $\geq \frac{3}{8}$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4	
C05.051	Circumferential Weld	9
C05.052	Longitudinal Weld ³	NA
C05.060	Piping Welds $> \frac{1}{5}$ " Nominal Wall Thickness for Piping \geq Nominal Pipe Size 2 and \leq Nominal Pipe Size 4	
C05.061	Circumferential Weld	NA
C05.062	Longitudinal Weld ³	NA
C05.070	Socket Welds	NA
C05.080	Pipe Branch Connections of Branch Piping \geq Nominal Pipe Size 2	
C05.081	Circumferential Weld	0
C05.082	Longitudinal Weld ³	NA
TOTALS		9

³ Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-G Pressure Retaining Welds in Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Pumps</i>	
C06.010	Pump Casing Welds	NA
	<i>Valves</i>	
C06.020	Valve Body Welds	0
TOTALS		0

Examination Category C-H All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category F-A Class 2 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F1.020	Class 2 Piping Supports Reference Section 4.0 of this report	18
F1.040	Class 2 Supports Other Than Piping Reference Section 4.0 of this report	1
F1.050	Class 2 Snubbers Reference Section 4.0 of this report	40
TOTALS		59

2.3 Augmented Inspections

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
G01.001	Reactor Coolant Pump Flywheel	0
G02.001	HPI Nozzle Safe End Examinations	0
G03.001	Pressurizer Surge Line Examinations	0
G04.001	Thermal Stress Piping (NRC Bulletin 88-08)	13
G05.001	Pressurizer Spray Piping Thermal Transient Inspection	1
G06.001	Auxiliary Feedwater Header Water Hammer Examinations (PSC21-82)	0
G07.001	Augmented Examination of Longitudinal Piping Welds With A Nominal Wall Thickness $< \frac{3}{8}$ " and $>$ Nominal Pipe Size 4"	0
G08.001	Pressurizer Sensing/ Sampling Nozzle Safe Ends	0
G09.001	Class 2 Piping Welds Nominal Pipe Size > 4 " With Nominal Wall Thickness $< \frac{3}{8}$ "	7
G10.001	Class 1 RTE Mounting Bosses	4
G11.001	Reactor Coolant Pumps 3A2 and 3B1 Alternate Examinations	0
G12.001	HPI System Upgrade Piping Welds With A Nominal Wall Thickness $\leq \frac{1}{5}$ " on Piping with a Nominal Pipe Size ≥ 2 " and Nominal Pipe Size ≤ 4 ".	2

A detailed description of each examination listed in Sections 2.1 through 2.3 are located in Section 4 of this report. Results of each examination are located in Section 5 of this report.

3.0 Third Ten Year Inspection Status

The completion status of inspections required in the third ten year inspection interval by the 1989 ASME Section XI Code, no Addenda, is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, and in Table IWC-2500-1 for Class 2 Inspections. Augmented inspections are also included.

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁴Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	15 Welds	2.5 Welds	17%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	11 Welds	5 Welds	45%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	30 Inspections	13 Inspections	43%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 11.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	32 Welds	15 Welds	47%	No
B-G-1	Pressure Retaining Bolting Greater than 2 Inch Diameter	126 Items	83.16 Items	66%	Yes
B-G-2	Pressure Retaining Bolting 2 Inches and Less in Diameter	23 Items	11 Items	48%	No
B-H	Integral Attachment for Vessels	N/A	N/A	N/A	N/A
B-J	Pressure Retaining Welds in Piping	153 Welds	57 Welds	37%	No

⁴Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Class 1 Inspections (Continued)

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁵ Deferral Allowed</i>
B-K-1	Integral Attachments for Piping, Pumps and Valves	N/A	N/A	N/A	N/A
B-L-1	Pressure Retaining Welds in Pump Casings	1 Weld	1 Weld	100%	Yes
B-L-2	Pump Casings	1 Casing	1 Casing	100%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	N/A
B-M-2	Valve Body > 4 in. Nominal Pipe Size	3 Valves	3 Valves	100%	Yes
B-N-1	Interior of Reactor Vessel	3 Inspections	1 Inspection	33%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	N/A	N/A	N/A	N/A
B-N-3	Removable Core Support Structures	1 Item	0 Items	0%	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3 Housings	1 Housing	33%	Yes
B-P	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	N/A	N/A	N/A	N/A
F-A F1.10 & F1.040 items.	Class 1 Component Supports (Except Snubbers)	33 Supports	17 Supports	52%	No
F-A F1.050 items	Class 1 Component Supports, Snubbers	27 Snubbers	27 Snubbers	100%	No

⁵ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Class 2 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁵ Deferral Allowed</i>
C-A	Pressure Retaining Welds in Pressure Vessels	8 Welds	4 Welds	50%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	4 Welds	1 Welds	25%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	93 Attachments	48 Attachments	52%	No
C-D	Pressure Retaining Bolting Greater Than 2 Inches in Diameter	2 Item	1 Items	50%	No
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	142 Welds	70 Welds	49%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	63 Welds	26 Welds	41%	No
C-G	Pressure Retaining Welds in Pumps and Valves	1	1	100%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
F-A F1.020 & F1.040 items.	Class 2 Component Supports (Except Snubbers)	119 Supports	57 Supports	48%	No
F-A F1.050 items	Class 2 Component Supports, Snubbers	40 Snubbers	40 Snubbers	100%	No

⁵ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Augmented Inspections

<i>Description</i>	<i>Percentage Complete</i>
Reactor Coolant Pump Flywheels (Item No. Series G01)	Not Scheduled
High Pressure Injection and Make-Up Nozzle Safe-Ends (Item No. Series G02)	Not Scheduled
Pressurizer Surge Line Drain Line (Item No. Series G03)	Not Scheduled
Thermal Stress Piping (Item No. Series G04)	100% of EOC 18 Requirements
Pressurizer Spray Piping Thermal Transient Inspection (Item No. Series G05)	100% of EOC 18 Requirements
Auxiliary Feedwater Header Preliminary Safety Concern (PSC 21-82) Water Hammer Examinations (Item No. Series G06)	Not Scheduled
Augmented Examination of Longitudinal Piping Welds With A Nominal Wall Thickness Less Than 3/8" and Greater Than Nominal Pipe Size 4" (Item No. Series G07)	No longer applicable. Code Case N-524 is being used for the examination of all longitudinal piping welds.
Pressurizer Sensing/Sampling Nozzle Safe Ends (Item No. Series G08)	Not Scheduled
Class 2 Piping Welds Nominal Pipe Size Greater Than 4" With A Nominal Wall Thickness Less Than 3/8" (Item No. Series G09)	100% of EOC 18 Requirements
Class 1 RTE Mounting Bosses (Item No. Series G10)	100% of EOC 18 Requirements
HPI System Upgrade (Item No. Series G12)	100% of EOC 18 Requirements

4.0 Final Inservice Inspection Plan

The final ISI Plan shown in this section lists all ASME Section XI Class 1 and ASME Section XI Class 2, and Augmented examinations credited for Outage 18 at Oconee Nuclear Station Unit 1.

The information shown below is a field description for the reporting format included in this section of the report:

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID Number	=	Unique Identification Number
Iso / Dwg. Numbers	=	Location and/or Detail Drawings
Proc	=	Examination Procedures
Insp Req.	=	Examination Technique - Magnetic Particle, Dye Penetrant, etc.
Mat / Sch.	=	General Description of Material
Diam. / Thick	=	Diameter/Thickness
Cal Blocks	=	Calibration Block Number
Comments	=	General and/or Detail Description

**CATEGORY B-B, Pressure Retaining Welds in
Vessels Other Than Reactor Vessels**

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Pressurizer

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Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Shell-to-Head Welds; Circumferential ****								
B02.011.003	1-PZR-WP4	50	ISI OCN1-002	NDE-620	UT	CS	84.000	Lower shell to heater belt shell (Inspect in the third interval during the first,second and third periods per IWB 2420(B). Do not count this weld in the percentages. This is a surveillance item).
	Circumferential		OM-201-1878	NDE-640			6.188	
Class A					Pzr (03) to 04/41			
Total B02.011 Items:		1						

CATEGORY B-B, Pressure Retaining Welds in Vessels Other Than Reactor Vessels

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Heat Exchangers (Primary Side)-Shell

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Tubesheet-to-Head Welds ****								
B02.060.001	1-LDCA-IN-V3	51A 18792-1	NDE-630	UT	SS	8.620	40411	LDC-A Inlet Tubesheet Pc. 03 to Channel Body Pc. 02.
	Circumferential	OM-201-3107				0.875		
Class A		OFD-101A-1.1			Tubesheet to Channel Body			
B02.060.002	1-LDCA-OUT-V5	51A 18792-1	NDE-630	UT	SS	8.620	40411	LDC-A Outlet Tubesheet Pc. 03 to Channel Body Pc. 02.
	Circumferential	OM-201-3107				0.875		
Class A		OFD-101A-1.1			Tubesheet to Channel Body			
Total B02.060 Items:		2						
Total B02 Items:		3						

**CATEGORY B-D, Full Penetration Welds of
Nozzles in Vessels**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle-to-Vessel Welds ****								
B03.110.006	1-PZR-WP26-4	50	ISI OCN1-002	NDE-620	UT	CS	5.750	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 W- X Quadrant.
	Circumferential		OM-201-91	NDE-640			6.187	
Class A			OM-201-1878		Pzr Nozzle to Shell			
B03.110.007	1-PZR-WP26-5	50	ISI OCN1-002	NDE-620	UT	CS	5.750	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 Z-Y Quadrant.
	Circumferential		OM-201-91	NDE-640			6.187	
Class A			OM-201-1878		Pzr Nozzle to Shell			
B03.110.008	1-PZR-WP26-6	50	ISI OCN1-002	NDE-620	UT	CS	5.750	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 W-Z Quadrant.
	Circumferential		OM-201-91	NDE-640			6.187	
Class A			OM-201-1878		Pzr Nozzle to Shell			
Total B03.110 Items:		3						

CATEGORY B-D, Full Penetration Welds of Nozzles in Vessels

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS	
**** Nozzle Inside Radius Section ****									
B03.120.006	1-PZR-WP26-4	50	ISI OCN1-002	NDE-680	UT	CS	5.750	40387	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 W & X Quadrant. (Inside Radius Section).
Class A			OM-201-91				2.531		
			OM-201-1878		Pzr Nozzle to Pzr Heater Belt Shell				
B03.120.007	1-PZR-WP26-5	50	ISI OCN1-002	NDE-680	UT	CS	5.750	40387	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 Z & Y Quadrant. (Inside Radius Section).
Class A			OM-201-91				2.531		
			OM-201-1878		Pzr Nozzle to Pzr Heater Belt Shell				
B03.120.008	1-PZR-WP26-6	50	ISI OCN1-002	NDE-680	UT	CS	5.750	40387	Pressurizer Sensing and Sampling Nozzle Pc. 30 to Shell Pc.1 W & Z Quadrant. (Inside Radius Section).
Class A			OM-201-91				2.531		
			OM-201-1878		Pzr Nozzle to Pzr Heater Belt Shell				
Total B03.120 Items:		3							
Total B03 Items:		6							

CATEGORY B-F, Pressure Retaining Dissimilar Metal Welds

Piping

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger; Dissimilar Metal Butt Welds ****									
B05.130.007	1-PIB2-7	50	ISI OCN1-010	NDE-610	UT	SS-CS	33.500	40350	Examine from the pipe side.
Class A	Circumferential		OM-201-1845				2.330		
	Stress weld				Pipe to				
	Dissimilar				Reducer Safe end				
B05.130.007A	1-PIB2-7	50	ISI OCN1-010	NDE-610	UT	SS-CS	33.500	40397	Examine from the safe end side.
Class A	Circumferential		OM-201-1845				2.330		
	Stress weld				Pipe to				
	Dissimilar				Reducer Safe end				
B05.130.007B	1-PIB2-7	50	ISI OCN1-010	NDE-35	PT	SS-CS	33.500		
Class A	Circumferential		OM-201-1845				2.330		
	Stress weld				Pipe to				
	Dissimilar				Reducer Safe end				
B05.130.008	1-PDB2-2	50	ISI OCN1-014	NDE-610	UT	SS-CS	33.500	40350	Examine from the elbow side.
Class A	Circumferential		OM-201-1844				2.333		
	Stress weld				Pipe Safe end to				
	Dissimilar				Elbow 13 degree				
B05.130.008A	1-PDB2-2	50	ISI OCN1-014	NDE-610	UT	SS-CS	33.500	40397	Examine from the safe end side.
Class A	Circumferential		OM-201-1844				2.333		
	Stress weld				Pipe Safe end to				
	Dissimilar				Elbow 13 degree				
B05.130.008B	1-PDB2-2	50	ISI OCN1-014	NDE-35	PT	SS-CS	33.500		
Class A	Circumferential		OM-201-1844				2.333		
	Stress weld				Pipe Safe end to				
	Dissimilar				Elbow 13 degree				
Total B05.130 Items:		6							

**CATEGORY B-F, Pressure Retaining
Dissimilar Metal Welds**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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****** Less Than NPS 4; Dissimilar Metal Butt Welds ******

B05.140.004	1-PDA2-11	50	ISI OCN1-012	NDE-35	PT	SS-CS	3.500	
	Circumferential		OM-201-1870				0.750	
Class A								Nozzle Pressure injection nozzle to Safe End
	Dissimilar							
B05.140.006	1-PIB2-11	50	ISI OCN1-010	NDE-35	PT	CS-Inconel	3.500	
	Circumferential		OM-201-1845				0.816	
Class A								Nozzle Drain Nozzle to Pipe Safe End
	Dissimilar							

Total B05.140 Items:	2
Total B05 Items:	8

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**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

Reactor Vessel

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Closure Head Nuts ****								
B06.010.021	1-RPV-26-203-21	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.022	1-RPV-26-203-22	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.023	1-RPV-26-203-23	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.024	1-RPV-26-203-24	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.025	1-RPV-26-203-25	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.026	1-RPV-26-203-26	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.027	1-RPV-26-203-62	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.028	1-RPV-26-203-28	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.029	1-RPV-26-203-29	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.030	1-RPV-26-203-30	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.031	1-RPV-26-203-61	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.032	1-RPV-26-203-32	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.033	1-RPV-26-203-33	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.034	1-RPV-26-203-65	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut The Closure Nut # 1-RPV-26-203-34 was inspected in 3rd outage of the 3rd interval and was found to be unacceptable for continued service. A new closure nut # 1-RPV-26-203-65 was installed for service in the place of the unacceptable closure nut. See PIP# 1-0-99-2202.
Class A								
B06.010.035	1-RPV-26-203-35	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.036	1-RPV-26-203-36	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.037	1-RPV-26-203-37	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.038	1-RPV-26-203-38	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.039	1-RPV-26-203-39	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.040	1-RPV-26-203-40	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut
Class A								
B06.010.041	1-RPV-26-203-41	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.042	1-RPV-26-203-42	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.043	1-RPV-26-203-43	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.044	1-RPV-26-203-44	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.045	1-RPV-26-203-45	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.046	1-RPV-26-203-46	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.047	1-RPV-26-203-47	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.048	1-RPV-26-203-48	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.049	1-RPV-26-203-49	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.050	1-RPV-26-203-50	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.051	1-RPV-26-203-51	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.052	1-RPV-26-203-52	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.010.053	1-RPV-26-203-53	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.054	1-RPV-26-203-54	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.055	1-RPV-26-203-55	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.056	1-RPV-26-203-56	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.057	1-RPV-26-203-57	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.058	1-RPV-26-203-58	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.059	1-RPV-26-203-59	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								
B06.010.060	1-RPV-26-203-63	OM-201-0005 B&W128723E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Examine in accordance with IWB-2430(a) during outage 3. Nuts will be examined during outage 5 and credit taken at that outage.
Class A								

Total B06.010 Items: 40

CATEGORY B-G-1, Pressure Retaining Bolting, Greater than 2" In Diameter

Reactor Vessel

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**** Closure Studs, when removed ****								
B06.030.021	1-RPV-25-203-21	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.021A	1-RPV-25-203-21	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.022	1-RPV-25-203-22	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.022A	1-RPV-25-203-22	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.023	1-RPV-25-203-23	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.023A	1-RPV-25-203-23	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.024	1-RPV-25-203-24	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.024A	1-RPV-25-203-24	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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B06.030.025	1-RPV-25-203-25	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.025A	1-RPV-25-203-25	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.026	1-RPV-25-203-26	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.026A	1-RPV-25-203-26	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.027	1-RPV-25-203-27	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.027A	1-RPV-25-203-27	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.028	1-RPV-25-203-63	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.028A	1-RPV-25-203-63	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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B06.030.029	1-RPV-25-203-29	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.029A	1-RPV-25-203-29	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.030	1-RPV-25-203-30	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.030A	1-RPV-25-203-30	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.031	1-RPV-25-203-61	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.031A	1-RPV-25-203-61	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.032	1-RPV-25-203-32	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.032A	1-RPV-25-203-32	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.033	1-RPV-25-203-33	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.033A	1-RPV-25-203-33	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.034	1-RPV-25-203-34	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.034A	1-RPV-25-203-34	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.035	1-RPV-25-203-35	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.035A	1-RPV-25-203-35	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.036	1-RPV-25-203-36	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.036A	1-RPV-25-203-36	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								

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**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

Reactor Vessel

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.037	1-RPV-25-203-37	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.037A	1-RPV-25-203-37	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.038	1-RPV-25-203-38	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.038A	1-RPV-25-203-38	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.039	1-RPV-25-203-65	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.039A	1-RPV-25-203-65	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.040	1-RPV-25-203-40	OM-201-0005 B&W128723E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								
B06.030.040A	1-RPV-25-203-40	OM-201-0005 B&W128723E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Stud - Removed. Stud Length = 63.250.
Class A								

Total B06.030 Items: 40

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Closure Washers, Bushings ****								
B06.050.001A	1-RPV-WASH-BUSH		QAL-13	VT-1	CS		9.750	Reactor Vessel Closure Washers and Bushings. Stud
		B&W128723E					0.214	Holes 21 - 40
Class A								
Total B06.050 Items:		1						

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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Pumps

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS	
**** Flange Surface, when connection dissassembled ****									
B06.190.002	1-RCP-1A2-FLANGE	OM-201D-34	QAL-13	VT-1	SS	77.000		Reactor Coolant Pump 1A2 Main Flange. 1" annular surface of flange surrounding each stud.(Inspect Only If Disassembled.)	
		OM-201D-35A				0.000			
Class A									
Total B06.190 Items:		1							
Total B06 Items:		82							

**CATEGORY B-G-2, Pressure Retaining
Bolting, 2" And Less In Diameter**

Steam Generators

DUKE ENERGY CORPORATION
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.030.001	1-SGA-UMW-BOLTS		QAL-13	VT-1	SS	0.000		Steam Generator 1A Upper Head Manway Studs and Nuts. (Total 16 Studs Pc. 111 and Nuts Pc. 109).
		OM-201-550				0.000		
Class A		OM-201-352						
B07.030.005	1-SGA-UHIC-BOLTS		QAL-13	VT-1	SS	0.000		Steam Generator 1A Upper Head Inspection Cover Studs and Nuts. (Total 12 Studs Pc. 112 and Nuts Pc. 110).
		OM-201-550				0.000		
Class A		OM-201-352						
Total B07.030 Items:		2						

**CATEGORY B-G-2, Pressure Retaining
Bolting, 2" And Less In Diameter**

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Piping

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.050.001	1-PZR-RC4-BOLT	OM-2245-86	QAL-13	VT-1	CS	0.000	0.000	Pressurizer EMO Valve 1RC-4 Nozzle Flange Bolting (Between W & E Axis Connected to Valve 1RC-66)
Class A								Total 16 Studs Pc. 19; 16 Nuts Pc. 20.
B07.050.002	1-PZR-RC66-BOLT	B&W129262E	QAL-13	VT-1	CS	0.000	0.000	Pressurizer Relief Valve RC-66 (Between W&Z Axis)
Class A		OM-201-1026						Total 8 Bolts, Inlet and Outlet Flange; 8 Nuts Inlet and Outlet Flange.
Total B07.050 Items:		2						

**CATEGORY B-G-2, Pressure Retaining
Bolting, 2" And Less In Diameter**

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CRD Housings

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS	
**** Bolts, Studs, and Nuts ****									
B07.080.001	1-RPV-CRD-BOLTS	OM-201-2248	QAL-13	VT-1	CS	1.250		CRD Housing Bolts (8 bolts on each connection) Total Connections inspected to date; CRD # 38, 59, 35, 43, 60, 69, 45, 25, 20, 13, 19, 24, 42, 66, 57, 37, 21, 9, 5, 8, 18, 34, 54, 46, 26, 10, 2, 1, 4, 12, 28, 48, 50, 30, 14, and 6. (Inspect only if Disassembled). Reference Request for Relief ONS-004 & ONS-005.	
		DPS 706599-1056				0.000			
Class A		B&W152006E							
B07.080.002	1-RPV-CRD-RINGS	OM-201-2248	QAL-13	VT-1	CS	11.500		CRD Housing Rings ; 1 Pair per CRD Housing. Total CRD Housings inspected to date; CRD # 38, 59, 35, 43, 60, 69, 45, 25, 20, 13, 19, 24, 42, 66, 57, 37, 21, 9, 5, 8, 18, 34, 54, 46, 26, 10, 2, 1, 4, 12, 28, 48, 50, 30, 14, and 6. (Inspect only if Disassembled)	
		DPS 706599-1056				1.250			
Class A		B&W152006E							
Total B07.080 Items:		2							
Total B07 Items:		6							

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****								
B09.011.021	1-PIA2-4	50 ISI OCN1-008	NDE-600	UT	CS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Circumferential Stress weld	OM-201-1845		Pipe to Elbow		2.330		
B09.011.021A	1-PIA2-4	50 ISI OCN1-008	NDE-25	MT	CS	33.500		
Class A	Circumferential Stress weld	OM-201-1845		Pipe to Elbow		2.330		
B09.011.023	1-PIA2-2	50 ISI OCN1-008	NDE-600	UT	CS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Circumferential Stress weld	B&W 131914E6		Pipe to Elbow		2.330		
B09.011.023A	1-PIA2-2	50 ISI OCN1-008	NDE-25	MT	CS	33.500		
Class A	Circumferential Stress weld	B&W 131914E6		Pipe to Elbow		2.330		
B09.011.024	1-PIA2-1	50 ISI OCN1-008	NDE-600	UT	CS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Circumferential Term end / Stress weld	B&W 131914E6		Nozzle Steam Generator 1A to Pipe		2.330		
B09.011.024A	1-PIA2-1	50 ISI OCN1-008	NDE-25	MT	CS	33.500		
Class A	Circumferential Term end / Stress weld	B&W 131914E6		Nozzle Steam Generator 1A to Pipe		2.330		
B09.011.036	1-PIB1-5	50 ISI OCN1-009	NDE-600	UT	CS	33.500		Inspect during the 1st, 2nd and 3rd period in order to comply with surveillance requirements. Inspection in 3rd period (RFO 20) is for surveillance and for the required examination for the 3rd interval. Reference Request for Relief 95-GO-03 for calibration block.
Class A	Circumferential	B&W 131914E6		Elbow to Pipe		2.330		
B09.011.049	1-PIB2-9	50 ISI OCN1-010	NDE-600	UT	SS	36.500		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Circumferential Stress weld	OM-201-1844		Pipe Safe End to RC Pump 1B2		2.330		

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.049A	1-PIB2-9	50	ISI OCN1-010	NDE-35	PT	SS	36.500		
	Circumferential		OM-201-1844				2.330		
Class A	Stress weld								Pipe Safe End to RC Pump 1B2
B09.011.066	1-PHA-2	50	ISI OCN1-005	NDE-600	UT	CS	36.000		Reference Request for Relief 95-GO-03 for calibration block. Ref. Addenda ONS1-073. Ref. Addenda ONS1-080.
	Circumferential		OM-201-583				2.856		
Class A									Pipe to Elbow 90
B09.011.066A	1-PHA-2	50	ISI OCN1-005	NDE-25	MT	CS	36.000		Ref. Addenda ONS1-073. Ref. Addenda ONS1-080.
	Circumferential		OM-201-583				2.856		
Class A									Pipe to Elbow 90
B09.011.112	1-PSL-1	50	ISI OCN1-015	NDE-600	UT	SS	10.750		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential					140	1.000		
Class A	Stress weld								Elbow 90; to Nozzle Surge nozzle safe end
B09.011.112A	1-PSL-1	50	ISI OCN1-015	NDE-35	PT	SS	10.750		
	Circumferential					140	1.000		
Class A									Elbow 90; to Nozzle Surge nozzle safe end

Total B09.011 Items: 13

CATEGORY B-J, Pressure Retaining Welds In Piping

Less Than NPS 4

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**** Circumferential Welds ****

B09.021.002	1-PSP-4	50	ISI OCN1-016	NDE-35	PT	SS	2.875	
	Circumferential		1-50-03(1)			160	0.375	
Class A	Stress weld					Reducer 4 x 2.5 to Pipe		
B09.021.011	1-51A-07-14E	51A	1-51A-07(1)	NDE-35	PT	SS	2.500	
	Circumferential		OFD 100A-1.1				0.375	
Class A						Pipe to Elbow		
B09.021.012	1-51A-07-18E	51A	1-51A-07(1)	NDE-35	PT	SS	2.500	
	Circumferential		OFD 100A-1.1				0.375	
Class A						Pipe to Elbow		
B09.021.013	1-51A-07-22E	51A	1-51A-07(1)	NDE-35	PT	SS	2.500	
	Circumferential		OFD 100A-1.1				0.375	
Class A						Pipe to Elbow 45		
B09.021.014	1-51A-07-24EA	51A	1-51A-07(1)	NDE-35	PT	SS	2.500	
	Circumferential		OFD 100A-1.1				0.375	
Class A						Pipe to Pipe		
B09.021.015	1-51A-7-29E	51A	1-51A-7(2)	NDE-35	PT	SS	2.500	
	Circumferential		OFD-101A-1.1				0.375	
Class A						Pipe to Elbow		
B09.021.016	1-51A-7-101	51A	1-51A-7(2)	NDE-35	PT	SS	2.500	
	Circumferential		OFD-101A-1.1				0.375	
Class A						Pipe to Tee		
B09.021.062	1-51A-134A-6	51A	1-51A-134A	NDE-35	PT	SS	2.500	
	Circumferential		OFD-101A-1.1				0.375	
Class A						Pipe to Reducer		

CATEGORY B-J, Pressure Retaining Welds In Piping

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Less Than NPS 4

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.021.065	1-51A-137-1B	51A 1-51A-137	NDE-35	PT	SS	3.000		
	Circumferential	OFD-101A-1.1				0.438		
Class A	Term end							Reducer Letdown Clr 1B to Elbow
B09.021.074	1-51A-137-27	51A 1-51A-137	NDE-35	PT	SS	2.000		
	Circumferential	OFD-101A-1.1				0.344		
Class A								Reducer to Pipe
Total B09.021 Items:		10						

CATEGORY B-J, Pressure Retaining Welds In Piping

DUKE ENERGY CORPORATION
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Branch Pipe Connection Welds

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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**** Less Than NPS 4 ****

B09.032.005	1-PDA1-10	50	ISI OCN1-011	NDE-25	MT	CS	3.000	
	Branch		OM-201-597				2.250	
Class A	Stress weld							Safe End to Nozzle Pressure injection nozzle

Total B09.032 Items: 1

CATEGORY B-J, Pressure Retaining Welds In Piping

DUKE ENERGY CORPORATION
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Socket Welds

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.006	1-50-127-8BA	50 1-50-127	NDE-35	PT	SS	1.500		Auxiliary Pressurizer Spray Line
	Circumferential				160	0.281		
Class A				Elbow to Pipe				
B09.040.007	1-50-127-3	50 1-50-127	NDE-35	PT	SS	1.500		Auxiliary Pressurizer Spray Line
	Circumferential				160	0.281		
Class A				Pipe to Full Coupling				
B09.040.008	1-50-127-37	50 1-50-127	NDE-35	PT	SS	1.500		Auxiliary Pressurizer Spray Line
	Socket				160	0.281		
Class A				Pipe to Reducer Coupling				
B09.040.022	1-51A-07-93	51A 1-51A-07(1)	NDE-35	PT	SS	1.500		
	Socket	OFD 100A-1.1				0.281		
Class A				Pipe to Valve 1RC43				
B09.040.023	1-51A-07-99	51A 1-51A-07(1)	NDE-35	PT	SS	1.500		
	Socket	OFD 100A-1.1				0.281		
Class A				Elbow to Pipe				
B09.040.024	1-51A-137-28	51A 1-51A-137	NDE-35	PT	SS	2.000		
	Socket	OFD-101A-1.1				0.344		
Class A				Pipe to Valve 1HP4				
Total B09.040 Items:		6						
Total B09 Items:		30						

CATEGORY B-M-2, Valve Bodies

DUKE ENERGY CORPORATION
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Valves

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Valve Body, Exceeding NPS 4 ****								
B12.050.007	1-53A-LP-47	53A OM-245-001 OFD-102A-1.2	QAL-14	VT-3	SS	10.937 0.000		B-Side LP1 Valve Body - Valve LP-47. (Inspect only if valve is disassembled for maint. purposes, valve repair, etc). Ref. Addenda ONS1-080.
Class A				Valve Internal Surfaces to				
B12.050.008	1-53A-LP-48	53A OM-245-001 OFD-102A-1.2	QAL-14	VT-3	SS	10.937 0.000		B-Side LP1 Valve Body - Valve LP-48. (Inspect only if valve is disassembled for maint. purposes, valve repair, etc). Ref. Addenda ONS1-080.
Class A				Valve Internal Surfaces to				
<hr/>								
Total B12.050 Items:		2						
Total B12 Items:		2						

CATEGORY C-C, Integral Attachments For
Vessels, Piping, Pumps, And Valves

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

Pressure Vessels

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****								
C03.010.005	1-SGB-WG84-YZ	OM-201-76 OM-201-0006	NDE-25	MT	CS	0.000 1.000		Steam Generator 1B Feedwater Header Support Attachment Pc. 152/153 to Pc. 3 Y-Z Quadrant Nearest to Y- Axis.
Class B				Attachment to Shell				
C03.010.006	1-SGB-WG84-ZY	OM-201-76 OM-201-0006	NDE-25	MT	CS	0.000 1.000		Steam Generator 1B Feedwater Header Support Attachment Pc. 152/153 to Pc. 3 Y-Z Quadrant Nearest to Z- Axis.
Class B				Attachment to Shell				
C03.010.007	1-SGB-WG84-ZW	OM-201-76 OM-201-0006	NDE-25	MT	CS	0.000 1.000		Steam Generator 1B Feedwater Header Support Attachment Pc. 152/153 to Pc. 3 Z-W Quadrant Nearest to Z- Axis.
Class B				Attachment to Shell				
Total C03.010 Items:		3						

CATEGORY C-C, Integral Attachments For
Vessels, Piping, Pumps, And Valves

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Piping

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****								
C03.020.011	1-01A-H8B	01A 0-481A	NDE-25	MT	CS	24.250		Calcalaton No. OSC-1296-06;
	Constant Support	OFD-122A-1.1				1.500		Problem No. 1-01-08; System 01A;PAGE# 6
Class B								(1)-25.18; MAIN STEAM FROM PEN 28 TO SG 1B
C03.020.017	1-01A-R6	01A 0-550	NDE-25	MT	CS	34.000		Calcalaton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				1.000		Problem No. 1-01-01; Sht. .2 of 3; System 01A; Page
Class B								# 132; Main Steam Piping. Inspect with Item No.
								F01.050.082.
C03.020.018	1-01A-R7	01A 0-550	NDE-25	MT	CS	34.000		Calcalaton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				1.000		Problem No. 1-01-01; Sht.1 of 3; System 01A; Page #
Class B								131.1; Main Steam Piping. Inspect with Item No.
								F01.050.083 and F01.022.006.
C03.020.023	1-14-H2	14 0-479A	NDE-25	MT	CS	6.000		Problem No;1-14-16 Sht.0-492A-4
	Rigid Restraint	OFD-124B-1.2				0.750		
Class B		1-14-16						Low Pressure Service Water Emergency Cooler 1C
								Inlet
C03.020.024	1-14-H20D	14 0-479A	NDE-25	MT	CS	8.000		Problem No;1-14-17
	Rigid Restraint	OFD-124B-1.2				1.000		Sht. 0-492A-5
Class B		1-14-17						Low Pressure Service Water Emergency Cooler 1A
								Outlet
C03.020.026	1-14-H22D	14 0-480A	NDE-25	MT	CS	8.000		Problem No;1-14-17
	Rigid Restraint	OFD-124B-1.2				1.000		Sht. 0-492A-5
Class B		1-14-17						Low Pressure Service Water Emergency Cooler 1A
								Outlet
C03.020.032	1-51-SR4	51 0-435C	NDE-35	PT	SS	6.000		Calcalaton No. OSC-1535 Page 136; Problem No.
	Rigid Support	OFD-101A-1.3				0.750		1-51-2 Sheet 2 of 8. System 51
Class B								
C03.020.036	1-51-SR5	51 0-435C	NDE-35	PT	SS	6.000		Calcalaton No. OSC-1535 Page 136; Problem No.
	Rigid Support	OFD-101A-1.3				0.750		1-51-2 Sheet 2 of 8. System 51
Class B								

**CATEGORY C-C, Integral Attachments For
Vessels, Piping, Pumps, And Valves**

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Piping

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C03.020.042	1-53B-DE063	53B 0-435B	NDE-35	PT	SS	14.000		Calcalaton No. OS-407;
	Rigid Restraint	OFD-102A-1.1				1.000		Problem No. 1-53-1;SHT.1 OF 4 PAGE#104;
Class B								SYSTEM 53B; LP INJECTION LINE
C03.020.048	1-53B-H6	53B 5-0-444	NDE-35	PT	NA	10.000		Calculation Number OS-408 Sheet 2 of 3; Problem
	Rigid Restraint	OFD-102A-1.2				1.000		No. 1-53-02 . System 53B LPI Injection and Decay
Class B								Heat Removal
C03.020.050	1-53B-R11	53B 5-0-444	NDE-35	PT	SS	10.000		Calculation Number OS-408 Sheet 2 of 3; Problem
	Rigid Restraint	OFD-102A-1.2				0.875		No. 1-53-02 . System 53B LPI Injection and Decay
Class B								Heat Removal
C03.020.058	1-54A-R11	54A 3-0-439A	NDE-35	PT	SS	8.000		Calcalaton No. OS-416 Page 58.1; Problem No.
	Rigid Restraint	OFD-103A-1.1				1.000		1-54-03, Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
C03.020.060	1-54A-R16	54A 0-439A	NDE-35	PT	SS	8.000		Calcalaton No. OS-416 Page 58.1; Problem No.
	Mech Snubber	OFD-103A-1.1				1.000		1-54-03, Sheet 1 of 1. System 54A Auxiliary Building.
Class B								Inspect with Item No. F01.050.069.
C03.020.061	1-54A-R27	54A 3-0-436D	NDE-35	PT	SS	8.000		Calcalaton No. OSC-1628 Page 60; Problem No.
	Rigid Restraint	OFD-103A-1.1				1.000		1-54-01 Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
C03.020.071	1-JWC-1608	56 0-490B-3A	NDE-25	MT	CS	0.000		Main Fdwtr. B-Rigid W-X Axis Attach. closest to
	Rigid Support	OM-201-0176				1.000		W Axis
Class B								
C03.020.072	1-JWC-1605	56 0-490B-3A	NDE-25	MT	CS	0.000		Main Fdwtr. A-Rigid X-Y Axis Attach. closest to Y
	Rigid Support	OM-201-0176				1.000		Axis
Class B								

**CATEGORY C-C, Integral Attachments For
Vessels, Piping, Pumps, And Valves**

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Piping
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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C03.020.076	1-51-SR17	51B 0-436H	NDE-35	PT	NA	4.000		Integral Attachment
	Rigid Restraint	OFD-101A-1.2				0.750		Inspect with F01.021.026
Class B								
C03.020.080	1-51-SR19	51B 0-436H	NDE-35	PT	NA	4.000		Integral Attachment
	Rigid Restraint	OFD-101A-1.1				0.750		Inspect with F01.020.046
Class B								
<hr/>								
Total C03.020 Items:		18						
Total C03 Items:		21						

**CATEGORY C-D, Pressure Retaining Bolting
Greater Than 2 in. In Diameter**

DUKE ENERGY CORPORATION
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Pumps		Inservice Inspection Plan for Interval 3 Outage 3						
ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS

**** Bolts and Studs ****

C04.030.002	1-HPI-PUMP-1B	51A OM-201-1704 OFD-101A-1.3	NDE-943	UT	NA	2.500 0.000	40422	Case Bolting on HPI Pump 1B . (2.5" in diameter and 12" in length; 20 bolts total) We are required to inspect the Case bolting on only one of the HPI pumps during the 3rd interval. (HPI Pump 1A, 1B or 1C). We scheduled the inspection for every outage hoping that one of the pumps will be disassembled during the interval. If one is not disassembled then we will have to inspect the bolting in one of the pumps in place.
Class B								

Total C04.030 Items:	1
Total C04 Items:	1

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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**Piping Welds >= 3/8 in. Nominal Wall Thickness
for Piping > NPS 4**

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.011.005	1-53A-01-31L	53A 1-53A-01(3)	NDE-600	UT	SS	10.000		Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 53A category C5.11. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-1.2				1.125		
Class B				Pipe to Valve 1LP-17				
C05.011.005A	1-53A-01-31L	53A 1-53A-01(3)	NDE-35	PT	SS	10.000		Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 53A category C5.11.
	Circumferential	OFD-102A-1.2				1.125		
Class B				Pipe to Valve 1LP-17				

Total C05.011 Items: 2

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**CATEGORY C-F-1, Pressure Retaining Welds
 In Austenitic SS or High Alloy Piping**

Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4

Ocone 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.021.003	1-51A-03-93BA	51A 1-51A-03(1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.4				0.531		
Class B				Pipe to Elbow				
C05.021.003A	1-51A-03-93BA	51A 1-51A-03(1)	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-1.4				0.531		
Class B				Pipe to Elbow				
C05.021.009	1HP-192-4	51A 1HP-192	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.4				0.531		
Class B				Pipe to Elbow				
C05.021.009A	1HP-192-4	51A 1HP-192	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-1.4				0.531		
Class B				Pipe to Elbow				
C05.021.014	1-51A-124-2	51A 1-51A-124	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.3				0.531		
Class B				Elbow to Pipe				
C05.021.014A	1-51A-124-2	51A 1-51A-124	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-1.3				0.531		
Class B				Elbow to Pipe				
C05.021.020	1HP-184-2	51A 1HP-184	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.4				0.531		
Class B				Elbow to Pipe				
C05.021.020A	1HP-184-2	51A 1HP-184	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-1.4				0.531		
Class B				Elbow to Pipe				

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK CAL BLOCKS	COMMENTS
C05.021.026	1HP-191-1	51A 1HP-191	NDE-600	UT	SS	4.000	Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.4				0.531	
Class B				Pipe to Elbow			
C05.021.026A	1HP-191-1	51A 1HP-191	NDE-35	PT	SS	4.000	
	Circumferential	OFD-101A-1.4				0.531	
Class B				Pipe to Elbow			
C05.021.032	1HP-200-4	51A 1HP-200	NDE-600	UT	SS	4.000	Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.1				0.674	
Class B				Elbow to Pipe			This weld was previously listed as weld 1-51A-14-4 until the iso was redrawn.
C05.021.032A	1HP-200-4	51A 1HP-200	NDE-35	PT	SS	4.000	This weld was previously listed as weld 1-51A-14-4 until the iso was redrawn.
	Circumferential	OFD-101A-1.1				0.674	
Class B				Elbow to Pipe			
C05.021.036	1HP-180-97E	51A 1HP-180	NDE-600	UT	SS	2.500	Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.1				0.375	
Class B				Elbow to Pipe			
C05.021.036A	1HP-180-97E	51A 1HP-180	NDE-35	PT	SS	2.500	
	Circumferential	OFD-101A-1.1				0.375	
Class B				Elbow to Pipe			
C05.021.041	1HP-282-76A	51A 1HP-282	NDE-600	UT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.3				0.531	
Class B				Tee to Valve 1HP-117			This weld was listed previously as 1-51A-01-76A until iso 1-51A-01 part 3 was redrawn.
C05.021.041A	1HP-282-76A	51A 1HP-282	NDE-35	PT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. This weld was listed previously as 1-51A-01-76A until iso 1-51A-01 part 3 was redrawn.
	Circumferential	OFD-101A-1.3				0.531	
Class B				Tee to Valve 1HP-117			

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK CAL BLOCKS	COMMENTS
C05.021.047	1-51A-01-116A	51A 1-51A-01(4)	NDE-600	UT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-1.3		Tee to Pipe		0.531	
C05.021.047A	1-51A-01-116A	51A 1-51A-01(4)	NDE-35	PT	SS	4.000	
Class B	Circumferential	OFD-101A-1.3		Tee to Pipe		0.531	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21
C05.021.053	1-51A-02-64B	51A 1-51A-02	NDE-600	UT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-1.3		Elbow to Elbow		0.531	
C05.021.053A	1-51A-02-64B	51A 1-51A-02	NDE-35	PT	SS	4.000	
Class B	Circumferential	OFD-101A-1.3		Elbow to Elbow		0.531	Inspecting this weld in order to meet 7.5% of system 53B. Borrowing from system 51A category C5.21.
C05.021.057	1-51A-03-93BB	51A 1-51A-03(1)	NDE-600	UT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-1.4		Elbow to Pipe		0.531	
C05.021.057A	1-51A-03-93BB	51A 1-51A-03(1)	NDE-35	PT	SS	4.000	
Class B	Circumferential	OFD-101A-1.4		Elbow to Pipe		0.531	Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
C05.021.063	1HP-193-13	51A 1HP-193	NDE-600	UT	SS	4.000	
Class B	Circumferential	OFD-101A-1.4		Valve 1HP-26 to Tee		0.674	
C05.021.063A	1HP-193-13	51A 1HP-193	NDE-35	PT	SS	4.000	Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21
Class B	Circumferential	OFD-101A-1.4		Valve 1HP-26 to Tee		0.674	

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

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Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.070	1-51A-136-10	51A 1-51A-136	NDE-600	UT	SS	2.500		Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-1.1		Pipe to Elbow		0.375		
C05.021.070A	1-51A-136-10	51A 1-51A-136	NDE-35	PT	SS	2.500		Inspecting this weld in order to meet 7.5% of system 54A. Borrowing from system 51A category C5.21
Class B	Circumferential	OFD-101A-1.1		Pipe to Elbow		0.375		
C05.021.077	1-51A-01-27A	51A 1-51A-01(1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block. Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.3		Elbow to Elbow		0.237		
C05.021.077A	1-51A-01-27A	51A 1-51A-01(1)	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.3		Elbow to Elbow		0.237		
C05.021.083	1-51A-01-121AA	51A 1-51A-01(4)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block. Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.3		Elbow to Pipe		0.531		
C05.021.083A	1-51A-01-121AA	51A 1-51A-01(4)	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.3		Elbow to Pipe		0.531		
C05.021.089	1-51A-02-30B	51A 1-51A-02	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block. Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.4		Tee to Pipe		0.531		
C05.021.089A	1-51A-02-30B	51A 1-51A-02	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B	Circumferential	OFD-101A-1.4		Tee to Pipe		0.531		

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.095	1-51A-03-87B	51A 1-51A-03(1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-1.4				0.531		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
Class B				Pipe to Elbow				
C05.021.095A	1-51A-03-87B	51A 1-51A-03(1)	NDE-35	PT	SS	4.000		Inspecting this weld in order to meet 7.5% of system 51B. Borrowing from system 51A Category C5.21
	Circumferential	OFD-101A-1.4				0.531		
Class B				Pipe to Elbow				

Total C05.021 Items: 34

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

Socket Welds

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.030.002	1-51B-10-49	51B 1-51B-10	NDE-35	PT	SS	2.000		
	Socket	OFD-101A-1.1				0.154		
	Class B				Pipe to Valve 1HP21			
C05.030.005	1-51A-136-27	51A 1-51A-136	NDE-35	PT	SS	2.000		
	Socket	OFD-101A-1.1				0.344		
	Class B				Pipe to Elbow			
Total C05.030 Items:		2						

CATEGORY C-F-1, Pressure Retaining Welds In Austenitic SS or High Alloy Piping

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Inservice Inspection Database Management System**

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Pipe Branch Connections of Branch Piping >= NPS 2

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.041.005	1LP-136-27E	53B 1LP-136	NDE-35	PT	SS	8.000		This weld was listed previously as 1-53B-03-27E until iso 1-53B-03(3) was redrawn.
Class B	Branch	OFD-102A-1.2		Pipe to Pipe		0.250		
C05.041.015	1-53B-07-23	53B 1-53B-07(1)	NDE-35	PT	SS	6.000		
Class B	Branch	OFD-102A-1.2		Pipe to Pipe		0.134		
C05.041.030	1-51B-1-12AA	51B 1-51B-1	NDE-35	PT	SS	2.000		Branch Socket Weld
Class B	Branch	OFD-101A-1.2		Pipe to Half Coupling		0.154		
C05.041.034	1LP-136-27Z	53B 1LP-136	NDE-35	PT	SS	8.000		This weld was listed previously as 1-53B-03-27Z until iso 1-53B-03(3) was redrawn. Reinforcing collar weld at weld 1LP-136-27E
Class B	Branch	OFD-102A-1.2		Pipe to Pipe		0.250		
C05.041.035	1LP-136-27ZA	53B 1LP-136	NDE-35	PT	SS	8.000		This weld was listed previously as 1-53B-03-27ZA until iso 1-53B-03(3) was redrawn. Reinforcing collar weld at weld 1LP-136-27E
Class B	Branch	OFD-102A-1.2		Pipe to Pipe		0.250		
Total C05.041 Items:		5						

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CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping

Piping Welds 3 3/8 in. Nominal Wall Thickness for
Piping > NPS 4

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.051.002	1MS-073-13B	01A 1MS-073	NDE-600	UT	CS	26.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was previously listed as 1-01A-02-13B before the Iso was redrawn.
	Circumferential	OFD-122A-1.1				0.875		
Class B				Elbow to Pipe				
C05.051.002A	1MS-073-13B	01A 1MS-073	NDE-25	MT	CS	26.000		This weld was previously listed as 1-01A-02-13B before the Iso was redrawn.
	Circumferential	OFD-122A-1.1				0.875		
Class B				Elbow to Pipe				
C05.051.004	1-MS1B-B	01A 1MS-068	NDE-600	UT	CS	26.000		Grinnell subassembly MS-1B. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential					0.875		
Class B				Elbow to Pipe				
C05.051.004A	1-MS1B-B	01A 1MS-068	NDE-25	MT	CS	26.000		Grinnell subassembly MS-1B.
	Circumferential					0.875		
Class B				Elbow to Pipe				
C05.051.014	1MS-068-34B	01A 1MS-068	NDE-600	UT	CS	24.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was previously listed as 1-01A-02-34B before the Iso was redrawn.
	Circumferential	OFD-122A-1.1				0.969		
Class B	Term end			Reducer to Nozzle SG 1B				
C05.051.014A	1MS-068-34B	01A 1MS-068	NDE-25	MT	CS	24.000		This weld was previously listed as 1-01A-02-34B before the Iso was redrawn.
	Circumferential	OFD-122A-1.1				0.969		
Class B	Term end			Reducer to Nozzle SG 1B				
C05.051.015	1-MS21A-D	01A 1MS-066	NDE-600	UT	CS	24.000		Grinnell subassembly MS-21A. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential					0.969		
Class B				Elbow Y to Pipe				
C05.051.015A	1-MS21A-D	01A 1MS-066	NDE-25	MT	CS	24.000		Grinnell subassembly MS-21A.
	Circumferential					0.969		
Class B				Elbow Y to Pipe				

**CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping**

**DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System**

**Piping Welds 3/8 in. Nominal Wall Thickness for
Piping > NPS 4**

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.051.026	1-FWD64-E	03 1-03-3(1)	NDE-600	UT	CS	24.000		Reference Request for Relief 95-GO-03 for calibration block. Grinnell subassembly FWD-64
Class B	Circumferential			Elbow to Reducer		1.219		
C05.051.026A	1-FWD64-E	03 1-03-3(1)	NDE-25	MT	CS	24.000		
Class B	Circumferential			Elbow to Reducer		1.219		
C05.051.031	1CC-136-81B	55 1CC-136 OFD-144A-1.2	NDE-600	UT	CS	8.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was listed previously as 1-55-3-81B until iso 1-55-3 was redrawn.
Class B	Circumferential			Pipe to Elbow		0.500		
C05.051.031A	1CC-136-81B	55 1CC-136 OFD-144A-1.2	NDE-25	MT	CS	8.000		This weld was listed previously as 1-55-3-81B until iso 1-55-3 was redrawn.
Class B	Circumferential			Pipe to Elbow		0.500		
C05.051.037	1-LPSW-344-18	14B 1-LPSW-344 OFD-124B-1.2	NDE-600	UT	CS	8.000		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Elbow to Pipe		0.500		
C05.051.037A	1-LPSW-344-18	14B 1-LPSW-344 OFD-124B-1.2	NDE-25	MT	CS	8.000		
Class B	Circumferential			Elbow to Pipe		0.500		
C05.051.041	1LPSW-345-19	14B 1LPSW-345 OFD-124B-1.2	NDE-600	UT	CS	8.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was listed previously as 1-LPSW-345-19 until iso 1-LPSW-345 was redrawn. This weld was listed previously as 1-LPS-345-19 until iso 1-LPS-345 was deleted.
Class B	Circumferential			Elbow to Pipe		0.500		
C05.051.041A	1LPSW-345-19	14B 1LPSW-345 OFD-124B-1.2	NDE-25	MT	CS	8.000		This weld was listed previously as 1-LPSW-345-19 until iso 1-LPSW-345 was redrawn. This weld was listed previously as 1-LPS-345-19 until iso 1-LPS-345 was deleted.
Class B	Circumferential			Elbow to Pipe		0.500		

**CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

**Piping Welds ≥ 3/8 in. Nominal Wall Thickness for
Piping > NPS 4**

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.051.047	1-LPSW-346-37	14B 1-LPSW-346	NDE-600	UT	CS	8.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-124B-1.2				0.500		
Class B				Pipe to Elbow				
C05.051.047A	1-LPSW-346-37	14B 1-LPSW-346	NDE-25	MT	CS	8.000		
	Circumferential	OFD-124B-1.2				0.500		
Class B				Pipe to Elbow				

Total C05.051 Items: 18
Total C05 Items: 61

CATEGORY D-B, Systems In Support Of ECC, CHR, Atmos. Cleanup, And Reactor RHR

**DUKE ENERGY CORPORATION
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Inservice Inspection Database Management System**

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Component Supports and Restraints ****								
D02.020.008 Class C	1-03A-DE049 Rigid Restraint	03A 0-401B OFD-121D-1.1	QAL-14	VT-3	NA	6.000 0.500		Calcalaton No. OSC-343 Page 50; Problem No. 03A-10 . System 03A 6"EMER. FEED.WTR.
D02.020.017 Class C	1-03A-H1A Rigid Restraint	03A 0-480A OFD-121D-1.1	QAL-14	VT-3	NA	6.000 0.500		Calcalaton No. OSC-1224-16 Page 41;Problem No.1- 03A-14. System 03A AUX. SERVICE WATER PIPE
D02.020.029 Class C	1-03A-H6 Rigid Restraint	03A 1-0-439C OFD-121D-1.1	QAL-14	VT-3	NA	6.000 0.250		Calcalaton No. OSC-1224-19 Page 27;Problem No.1- 03A-13. System 03A AUX. SERVICE WATER PIPE
D02.020.030 Class C	1-03A-H7 Rigid Restraint	03A 1-0-439C OFD-121D-1.1	QAL-14	VT-3	NA	6.000 0.250		Calcalaton No. OSC-1224-19 Page 27;Problem No.1- 03A-13. System 03A AUX. SERVICE WATER PIPE
D02.020.037 Class C	1-03A-R38 Rigid Restraint	03A 1-0-400A OFD-121D-1.1	QAL-14	VT-3	NA	6.000 1.500		Calcalaton No. OSC-343 Page 49; Problem No. 03A-10 . System 03A 6"EMER. FEED.WTR.
D02.020.041 Class C	1-03A-SR17 Rigid Restraint	03A 1-0-401A OFD-121D-1.1	QAL-14	VT-3	NA	6.000 1.000		Calcalaton No. OSC-343 Page 49; Problem No. 03A-10 . System 03A 6"EMER. FEED.WTR.
D02.020.052 Class C	1-03A-SR5 Rigid Restraint	03A 1-0-401A OFD-121D-1.1	QAL-14	VT-3	NA	6.000 1.000		Calcalaton No. OSC-339 Page79; Problem No. 1-03A-5 . System 03A 6"EMER. F.WTR. TO 24"MAIN F.WTR.
D02.020.059 Class C	1-03A-SR9 Rigid Restraint	03A 1-0-401A OFD-121D-1.1	QAL-14	VT-3	NA	6.000 1.000		Calcalaton No. OSC-343 Page 51; Problem No. 03A-10 . System 03A 6"EMER. FEED.WTR.

**CATEGORY D-B, Systems In Support Of ECC,
CHR, Atmos. Cleanup, And Reactor RHR**

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
D02.020.065	1-04A-R4	04A 2-0-439B	QAL-14	VT-3	NA	6.000		Calcutaton No. OSC-1404
	Rigid Restraint	OFD-121B-1.5				0.375		Page 77; Problem No.1- 04A-06.
Class C								System 04A OTSG SECONDARY SIDE DRAIN TO COND.
D02.020.069	1-07A-H35	07A 6-0-400A	QAL-14	VT-3	NA	12.000		Calcutaton No. OSC-361
	Rigid Restraint	OFD-121A-1.8				0.750		Page 86; Problem No.1-07A-01
Class C								L.P. & H.P. Condensate System 07A
D02.020.077	1-14B-ASR8	14B 0-444	QAL-14	VT-3	NA	6.000		Calculation No. OSC-339, page 81; Problem No.
	Rigid Restraint	OFD-121D-1.2				0.500		1-03A-5, sh. 3. 6" Emergency Feed Water
Class C		1-03A-5						
D02.020.081	1-14B-DE061	14B 0-437A	QAL-14	VT-3	NA	16.000		Calcutaton No. OSC-393;
	Rigid Restraint	OFD-124B-1.1				0.187		Problem No. 1-14-5 SHT.1 OF 1. System 14B; PAGE
Class C				FIG# 162 to				78; LPSW BETWEEN LP COOLER 1B AUX BLD & TURBINE BLD BASEMENT FLOOR
D02.020.086	1-14B-H3	14B 0-439B	QAL-14	VT-3	NA	14.000		File OSC-1341 pg. 100. Low Pressure Service
	Rigid Restraint	OFD-124B-1.2				0.322		Water Supply from Penetration 21, 30, 31 and 32 to
Class C		1-14-06						Coolers 1A & 1B.
D02.020.091	1-14B-SR35	14B 0-400B	QAL-14	VT-3	NA	24.000		Calculation No. OSC-1541 Page 101, problem no.
	Rigid Restraint	OFD-124A-1.1				3.500		1-14-06 page 2 of 3. Low Pressure Service Water
Class C								
D02.020.097	1-14B-SR51	14B 0-437A	QAL-14	VT-3	NA	14.000		Calcutaton No. OSC-1541;
	Rigid Restraint	OFD-124B-1.1				1.625		Problem No. 1-14-06 SHT. 2 OF 3. System
Class C								14B; PAGE 101; LPSW SUPPLY TO RB
								COMPONENT COOLERS & LP COOLERS 1A & 1B
D02.020.104	1-57-H4	57 0-479A	QAL-14	VT-3	NA	12.000		Calcutaton No. OSC-1313-06
	Rigid Restraint	OFD-107A-1.1				2.000		Page 44.1; Problem No.1-57-01
Class C								Pressurizer Relief Valve System
								System 57

Total D02.020 Items: 16

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Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Mechanical and Hydraulic Snubbers ****								
D02.030.005	1-03-R7	03 0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building. Inspect with Item No. F01.050.044
	Hyd Snubber	OFD-121B-1.3				1.000		
Class C								
D02.030.006	1-57-H14	57 0-481A	QAL-14	VT-3	NA	8.000		Calculation No. OS-1313-06 Page 44.1; Problem No. 1-57-01. System 57 Pressurizer Relief Valve System. Inspect with Item No. F01.050.023
	Hyd Snubber	OFD-100A-1.2				0.216		
Class C								
Total D02.030 Items:		2						

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**CATEGORY D-B, Systems In Support Of ECC,
CHR, Atmos. Cleanup, And Reactor RHR**

Integral Attachment

Oconee 1

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Spring Type Supports ****								
D02.040.010	1-03A-H199	03A 1-0-400A	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-343
	Spring Hgr	OFD-121D-1.1					0.500	Page 49; Problem No. 03A-10 . System 03A
	Class C							6"EMER. FEED.WTR.
D02.040.011	1-03A-H29	03A 1-0-400A	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-343
	Spring Hgr	OFD-121D-1.1					0.562	Page 49; Problem No. 03A-10 . System 03A
	Class C							6"EMER. FEED.WTR.
D02.040.012	1-03A-H61	03A 1-0-400B	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-342
	Spring Hgr	OFD-121D-1.1					0.500	Page 104; Problem No. 03A-9 . System 03A
	Class C							6"EMER. F.WTR. BYPASS
<hr/>								
Total D02.040 Items:		3						
Total D02 Items:		21						

CATEGORY D-C, Systems In Support Of RHR From Spent Fuel Storage Pool

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Component Supports and Restraints ****								
D03.020.004	1-56-H18	56	5-0-437B	QAL-14	VT-3	NA	8.000	Calcuton No. OSC-1359-02
	Rigid Restraint		OFD-104A-1.1				0.125	Page 28 ; Problem No.4-56-07
Class C								Spent Fuel Cooling (Suction Side)
								System 56 (Fig. 162 Size 8)
D03.020.009	1-56-H58	56	2-0-437B	QAL-14	VT-3	NA	8.000	Calcuton No. OS-421
	Rigid Restraint		OFD-104A-1.2				0.125	Page 95;Problem No.4-56-02.
Class C								System 56 Spent Fuel Cooling
								Fig.162 Size 8
Total D03.020 Items:	2							
Total D03 Items:	2							

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**Class 1 Mech. Conn. to Press. Retaining Comp. &
Bld. Structure**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.010.001	1-51A-H11B	51A 0-479A	QAL-14	VT-3	NA	2.500		Calculation No. OSC-1304-06, page 6(1)32.2; Problem No. 1-15-26. High Pressure Injection.
	Rigid Restraint	OFD-101A-1.4				0.000		
Class A		1-51-26						
F01.010.004	1-51A-H3C	51A 0-478A	QAL-14	VT-3	NA	2.500		Calculation No. OSC-1660-11; Problem No. 1-55-03;SHT.4 OF 4; System 51A;PAGE# 68; RC PUMP PIPING TO HP INJECTION LETDOWN COOLERS
	Rigid Restraint	OFD-101A-1.1				0.750		
Class A								
Total F01.010 Items:		2						
F01.011.001	1-51A-H10B	51A 0-479A	QAL-14	VT-3	NA	2.500		Calculation No. OSC-1304-06, page 6(1)32.2; Problem No. 1-15-26. High Pressure Injection.
	Rigid Restraint	OFD-101A-1.4				0.000		
Class A		1-51-26						
F01.011.002	1-51A-H2C	51A 0-478A	QAL-14	VT-3	NA	2.500		Calculation No. OSC-1660-11; Problem No. 1-55-03;SHT.4 OF 4; System 51A;PAGE# 68; RC PUMP PIPING TO HP INJECTION LETDOWN COOLERS
	Rigid Restraint	OFD-101A-1.1				0.154		
Class A								
Total F01.011 Items:		2						
F01.012.014	1-53A-H5B	53A 0-478A	QAL-14	VT-3	NA	10.000		Calculation No. OSC-1300 Problem No.1-53-08 System 53A Low Pressure Inj. System East Iso.
	Spring Hgr	OFD-102A-1.3				0.000		
Class A								
F01.012.016	1-50-RCPM-S6	50 0-66A	QAL-14	VT-3	NA	5.000		Calculation No. OSC-0971-01-0006, Reactor Coolant Pump 1A2 Motor Snubbers. Reference PIP 0-096-1575. Inspect with F01.050.098.
	Hyd Snubber	OFD-100A-1.1				0.000		
Class A		OFD-100A-1.3						
Total F01.012 Items:		2						

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Class 2 Weld Connections to Building Structure

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.002 Class B	1-01A-H2 Rigid Restraint	01A 0-550 OFD-122A-1.1	QAL-14	VT-3 SS to	NA		34.000 0.000	Calcalaton No. OSC-320; Problem No. 1-01-01;SHT.1 OF 3; System 01A;PAGE# 131.1; MAIN STEAM PIPING
F01.020.006 Class B	1-14B-H18E Rigid Restraint	14 0-479A OFD-124B-1.2 1-14-15	QAL-14	VT-3	NA		8.000 0.000	File OSC-1306-07. Low Pressure Service Water from Penetration 32 to Cooler1B. Problem No;1-14-15
F01.020.014 Class B	1-51-SR4 Rigid Support	51B 0-435C OFD-101A-1.3	QAL-14	VT-3	NA		6.000 0.750	Calcalaton No. OSC-1535 Page 136; Problem No. 1-51-2 Sheet 2 of 8. System 51
F01.020.015 Class B	1-51-SR5 Rigid Support	51B 0-435C OFD-101A-1.3	QAL-14	VT-3	NA		6.000 0.750	Calcalaton No. OSC-1535 Page 136; Problem No. 1-51-2 Sheet 2 of 8. System 51
F01.020.032 Class B	1-53B-H6 Rigid Restraint	53B 5-0-444 OFD-102A-1.2	QAL-14	VT-3	NA		10.000 1.000	Calculation Number OS-408 Sheet 2 of 3; Problem No. 1-53-02 . System 53B LPI Injection and Decay Heat Removal
F01.020.034 Class B	1-53B-R14 Rigid Restraint	53B 5-0-439 OFD-102A-1.2	QAL-14	VT-3	NA		10.000 0.000	Calculation Number OS-408 Sheet 2 of 3; Problem No. 1-53-02 . System 53B LPI Injection and Decay Heat Removal
F01.020.036 Class B	1-54A-DE05 Rigid Restraint	54A 0-435B OFD-103A-1.1	QAL-14	VT-3 Fig162 to	NA		8.000 0.125	Calcalaton No. OS-415 Page 50; Problem No. 1-54-2 Sheet 1 of 1. System 54A Auxiliary Building.
F01.020.046 Class B	1-51-SR19 Rigid Restraint	51B 0-436H OFD-101A-1.1	QAL-14	VT-3	NA		4.000 0.750	Calc No.=OSC-400, Page 50 Problem No.=1-51-01,Sht. 1 of 3
Total F01.020 Items:		8						

CATEGORY F-A, Supports (Category B)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.021.006	1-14-H21C	14 0-480A	QAL-14	VT-3	NA	8.000		Problem No;1-14-16 Sht.0-492A-4
	Rigid Restraint	OFD-124B-1.2				0.000		
Class B		1-14-16						Low Pressure Service Water Emergency Cooler 1C Inlet
F01.021.012	1-51A-H114	51A 0-444	QAL-14	VT-3	NA	4.000		Calcalton No. OSC-1410
	Rigid Support	OFD-101A-1.3				0.000		Page104; Problem No. 1-51-13 . System 51
Class B								HPI CROSS CONNECT & HEADER
F01.021.019	1-53B-H7	53B 2-0-436E	QAL-14	VT-3	NA	6.000		Calcalton No. OSC-1535 Page 136; Problem No.
	Rigid Support	OFD-101A-1.3				0.000		1-51-2 Sheet 2 of 8. System 51
Class B								
F01.021.022	1-54A-R11	54A 3-0-439A	QAL-14	VT-3	NA	8.000		Calcalton No. OS-416 Page 58.1; Problem No.
	Rigid Restraint	OFD-103A-1.1				1.000		1-54-03, Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
F01.021.026	1-51-SR17	51B 0-436H	QAL-14	VT-3	NA	4.000		Calc No.=OSC-400, Page 51
	Rigid Restraint	OFD-101A-1.2				0.750		Problem No.=1-51-01,Sht. 2 of 3
Class B								
F01.021.032	1-53B-R11	53B 5-0-444	QAL-14	VT-3	NA	10.000		Calculation Number OS-408 Sheet 2 of 3; Problem
	Rigid Restraint	OFD-102A-1.2				0.875		No. 1-53-02 . System 53B LPI Injection and Decay
Class B								Heat Removal
Total F01.021 Items:		6						
F01.022.005	1-01A-H7	01A 1-1-0-401A	QAL-14	VT-3	NA	12.000		Calcalton No. OSC-321;
	Spring Hgr	OFD-122A-1.2				0.000		Problem No. 1-01-2 SHT. 3 OF 5. System 01A; MAIN
Class B								STEAM BYPASS TO CONDENSER
F01.022.006	1-01A-R7	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				1.000		Problem No. 1-01-01; Sht.1 of 3; System 01A; Page #
Class B								131.1; Main Steam Piping. Inspect with Item No.
								F01.050.083 and C03.020.018.

CATEGORY F-A, Supports (Category C)**DUKE ENERGY CORPORATION
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.022.014	1-53A-H5B	53A 0-479A	QAL-14	VT-3	NA	12.000		Calcalaton No. OSC-1301-06; Problem No. 1-53-07; PAGE#92; SYSTEM 53A; DECAY HEAT REMOVAL SYS. Inspect with F01.050.014
	Hyd Snubber	OFD-102A-1.1				0.000		
Class B								
F01.022.023	1-54A-H25A	54A 3-0-439A	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-416 Page 58.1; Problem No. 1-54-03, Sheet 1 of 1. System 54A Auxiliary Building.
	Spring Hgr	OFD-103A-1.1				0.000		
Class B								
Total F01.022 Items:		4						

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**Class 3 Weld/Mech Conns at Inter Joints in
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.003	1-03-R11	03 0-551	QAL-14	VT-3	NA		24.000	Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
	Rigid Restraint	OFD-121B-1.3					0.000	
Class C				Sway Strut to				
F01.030.012	1-03A-H5242	03A 0-439G	QAL-14	VT-3	NA		6.000	Calculation No. OSC-1224-19 Page 26; Problem No. 1- 03A-13. System 03A AUX. SERVICE WATER PIPE
	Rigid Restraint	OFD-121D-1.1					0.000	
Class C				SS to				
F01.030.023	1-14-H6014	14 0-478E	QAL-14	VT-3	NA		6.000	Calculation No. OSC-1224-16 Page 44; Problem No. 1- 03A-14. System 03A AUX. SERVICE WATER PIPE
	Rigid Restraint	OFD-121D-1.1					0.000	
Class C								
F01.030.024	1-14B-ASR14	14B 0-436L	QAL-14	VT-3	NA		8.000	Calculation No. OSC-394, page 79; Problem No. 4-14-3, sh. 4. Auxiliary Feed water Lines from Auxiliary Service Water Pump
	Rigid Restraint	OFD-121D-1.2					0.000	
Class C		4-14-3						
F01.030.025	1-14B-DE009	14B 0-439B	QAL-14	VT-3	NA		10.000	Calculation No. OSC-1541; Problem No. 1-14-06; SHT.1 OF 4; System 51A; PAGE# 100; LPSW SUPPLY FROM PEN 21 TO RB COMP LP COOLERS 1A & 1B
	Rigid Restraint	OFD-124B-1.4					0.000	
Class C								
F01.030.037	1-56-H5106	56 0-443	QAL-14	VT-3	NA		8.000	Calculation No. OSC-421 Page 99; Problem No. 4-56-02 Spent Fuel Cooling System 56
	Rigid Restraint	OFD-104A-1.1					0.000	
Class C				SS to				
Total F01.030 Items:		6						
F01.031.010	1-14B-ASR8	14B 0-444	QAL-14	VT-3	NA		6.000	Calculation No. OSC-339, page 81; Problem No. 1-03A-5, sh. 3. 6" Emergency Feed Water
	Rigid Restraint	OFD-121D-1.2					0.500	
Class C		1-03A-5						

CATEGORY F-A, Supports (Category B)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.031.012	1-56-H5110	56 0-437B	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-421
	Rigid Restraint	OFD-104A-1.1				0.000		Page 99; Problem No.4-56-02
Class C								Spent Fuel Cooling
								System 56
Total F01.031 Items:		2						
F01.032.001	1-01A-H2	01A 4-1-0-401A	QAL-14	VT-3	NA	6.000		Calculation Number OSC-325 Sheet 1 of 3; Problem
	Spring Hgr	OFD-122A-1.4				0.000		1-01-06 Page 88. System 01A Steam Supply to
Class C								Emergency Feedwater Pump Turbine.
F01.032.005	1-03A-H21	03A 1-0-439B	QAL-14	VT-3	NA	6.000		Calcalaton No. OSC-339
	Spring Hgr	OFD-121D-1.1				0.000		Page 80; Problem No. 1-03A-5 . System 03A
Class C								6"EMER. F.WTR. TO 24"MAIN F.WTR.
Total F01.032 Items:		2						

CATEGORY F-A, Supports

DUKE ENERGY CORPORATION
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Clearances of Guides & Stops, Align of Supps,
Assembly of Supp Items

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.040.003	1-PZR-SUPPORT	50 OM-201-91 OM-201-637	QAL-14	VT-3	NA	0.000 0.000		Pressurizer Support Stand.
Class A								
F01.040.010	1-EFDW-MD-PU-A	03A OM-206-0036 OFD-121D-1.1	QAL-14	VT-3	NA	0.000 0.000		Emergency Feedwater Motor Driven Pump 1A, Pump Support & Pad. Class C
Class C								
F01.040.011	1-EFDW-PT	03A OM-200B-0006 OFD-122A-1.4	QAL-14	VT-3	NA	0.000 0.000		Emergency Feedwater Pump Turbine. Ref. Fig 1 in Manual Om-200B-0006, Items 12 & 18. Class C
Class C								
F01.040.012	1-EFDW-TD-PU	03A OM-206A-0001 OFD-121D-1.1	QAL-14	VT-3	NA	0.000 0.000		Emergency Feedwater Turbine Driven Pump, Support & Pad. Class C
Class C								
F01.040.023	1-RC-SR FILTER	51B OM-201-2135 OFD-101A-1.1	QAL-14	VT-3	NA	0.000 0.000		R C Seal Return Filter. Hanger number is 1-51B-H64. Calc No. OSC-1538, Page 93 Problem No. 1-51-06, Sht. 1 of 3.
Class B								
Total F01.040 Items:		5						

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.050.001 Class A	1-50-H12 Hyd Snubber	50 0-479A OFD-100A-1.1	QAL-14	VT-3	NA		2.500 0.000	Calcalaton No. OSC-1314-06 Page 129; Problem No.1-50-01 Pressurizer Spray System System 50
F01.050.002 Class A	1-50-H1A Hyd Snubber	50 0-479A OFD-100A-1.1	QAL-14	VT-3	NA		10.000 0.000	Pressurizer Surge Lines
F01.050.003 Class A	1-50-H2A Hyd Snubber	50 0-479A OFD-100A-1.1	QAL-14	VT-3	NA		10.000 0.000	Pressurizer Surge Lines.
F01.050.004 Class A	1-50-H3 Hyd Snubber	50 0-481A OFD-100A-1.2 1-50-01	QAL-14	VT-3	NA		2.500 0.154	File OSC-1314-06 page 129. Pressurizer Relief Valve System
F01.050.005 Class A	1-50-H3A Hyd Snubber	50 0-479A OFD-100A-1.1	QAL-14	VT-3	NA		10.000 0.000	Pressurizer Surge Lines
F01.050.006 Class A	1-50-H7 Hyd Snubber	50 0-481A OFD-100A-1.1	QAL-14	VT-3	NA		2.500 0.500	Calcalaton No. OSC-1314-06 Page 129; Problem No.1-50-01 Pressurizer Spray System System 50
F01.050.007 Class A	1-50-H8 Hyd Snubber	50 0-480A OFD-100A-1.1	QAL-14	VT-3	NA		2.500 0.000	Calcalaton No. OSC-1314-06 Page 129; Problem No.1-50-01 Pressurizer Spray System System 50
F01.050.008 Class A	1-50-H9 Hyd Snubber	50 0-480A OFD-100A-1.1	QAL-14	VT-3	NA		2.500 0.000	Calcalaton No. OSC-1314-06 Page 129; Problem No.1-50-01 Pressurizer Spray System System 50

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.009	1-50-H10	50 0-480A	QAL-14	VT-3	NA	2.500		Calcalaton No. OSC-1314-06
	Hyd Snubber	OFD-100A-1.1				0.000		Page 129; Problem No.1-50-01
Class A								Pressurizer Spray System
								System 50
F01.050.011	1-50-H1	50 0-481A	QAL-14	VT-3	NA	2.500		File OSC-1314-06 page 129. Pressurizer Relief
	Hyd Snubber	OFD-100A-1.2				0.000		Valve System.
Class A		1-50-01						
F01.050.012	1-51A-H17A	51A 0-479A	QAL-14	VT-3	NA	2.500		Calculation No. OSC-1304-06, page 61; Problem No.
	Hyd Snubber	OFD-101A-1.4				0.145		1-51-15. High Pressure Injection.
Class A		1-51-15						
F01.050.013	1-53A-H5A	53A 0-479A	QAL-14	VT-3	NA	12.000		Calcalaton No. OSC-1301-06;
	Hyd Snubber	OFD-102A-1.1				0.000		Problem No. 1-53-07; Page #92; System 53A; Decay
Class B								Heat Removal System
F01.050.014	1-53A-H5B	53A 0-479A	QAL-14	VT-3	NA	12.000		Calcalaton No. OSC-1301-06;
	Hyd Snubber	OFD-102A-1.1				0.000		Problem No. 1-53-07; Page #92; System 53A; Decay
Class B								Heat Removal System.
F01.050.015	1-03-H7B	03 0-480A	QAL-14	VT-3	NA	24.000		Calculation No. OSC-1297-06 ; Problem No. 1-03-05 .
	Hyd Snubber	OFD-121B-1.3				0.237		System 03 Steam Generator 1B .
Class B								
F01.050.016	1-50-H11	50 0-480A	QAL-14	VT-3	NA	1.500		Calcalaton No. OSC-1314-06
	Hyd Snubber	OFD-100A-1.1				0.000		Page 129; Problem No.1-50-01
Class A								Pressurizer Spray System
								System 50.
F01.050.017	1-03-H10A	03 0-480B	QAL-14	VT-3	NA	20.000		Calculation No. OSC-1297-06; Problem No. 1-03-06
	Hyd Snubber	OFD-121B-1.3				0.000		Sheet 1 of 2; System 03 Steam Generator 1A .
Class B								

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.018	1-53A-H40C	53A 0-481A	QAL-14	VT-3	NA	1.500		File OSC-1314-06 page 129. Pressurizer Relief Valve System
Class A	Hyd Snubber	OFD-100A-1.2 1-50-01				0.000		
F01.050.019	1-53A-H41C	53A 0-481A	QAL-14	VT-3	NA	2.500		File OSC-1314-06 page 129. Pressurizer Relief Valve System
Class A	Hyd Snubber	OFD-100A-1.2 1-50-01				0.000		
F01.050.020	1-57-H10	57 0-481A	QAL-14	VT-3	NA	6.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-57-01. System 57 Pressurizer Relief Valve System
Class C	Hyd Snubber	OFD-100A-1.2				0.000		
F01.050.021	1-57-H11	57 0-481A	QAL-14	VT-3	NA	6.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-57-01. System 57 Pressurizer Relief Valve System
Class C	Hyd Snubber	OFD-100A-1.2				0.000		
F01.050.022	1-50-H13A	50 0-481A	QAL-14	VT-3	NA	4.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-50-01. System 50 Pressurizer Relief Valve System.
Class A	Hyd Snubber	OFD-100A-1.2				0.000		
F01.050.023	1-57-H14	57 0-481A	QAL-14	VT-3	NA	8.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-57-01. System 57 Pressurizer Relief Valve System.
Class C	Hyd Snubber	OFD-100A-1.2				0.216		
F01.050.024	1-57-H15	57 0-481A	QAL-14	VT-3	NA	8.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-57-01. System 57 Pressurizer Relief Valve System
Class C	Hyd Snubber	OFD-100A-1.2				0.000		
F01.050.025	1-57-H17	57 0-481A	QAL-14	VT-3	NA	6.000		Calcaluton No. OS-1313-06 Page 44.1;Problem No.1-57-01. System 57 Pressurizer Relief Valve System
Class C	Hyd Snubber	OFD-100A-1.2				0.000		

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.026	1-57-H18	57	0-481A	QAL-14	VT-3	NA	6.000		Calculaton No. OS-1313-06
Class C	Hyd Snubber		OFD-100A-1.2				0.000		Page 44.1;Problem No.1-57-01.
									System 57 Pressurizer Relief Valve System
F01.050.027	1-57-H22	57	0-481A	QAL-14	VT-3	NA	6.000		Calculaton No. OS-1313-06
Class C	Hyd Snubber		OFD-100A-1.2				0.000		Page 44.1;Problem No.1-57-01.
									System 57 Pressurizer Relief Valve System
F01.050.028	1-57-H26	57	0-481A	QAL-14	VT-3	NA	6.000		Calculaton No. OS-1313-06
Class C	Hyd Snubber		OFD-100A-1.2				0.000		Page 44.1;Problem No.1-57-01.
									System 57 Pressurizer Relief Valve System
F01.050.029	1-57-H9	57	0-481A	QAL-14	VT-3	NA	6.000		Calculaton No. OS-1313-06
Class C	Hyd Snubber		OFD-100A-1.2				1.000		Page 44.1;Problem No.1-57-01.
									System 57 Pressurizer Relief Valve System.
F01.050.030	1-01A-H10B	01A	0-481B	QAL-14	VT-3	NA	24.250		Calculaton No. OSC-1296-06;
Class B	Hyd Snubber		OFD-122A-1.1				0.437		Problem No. 1-01-08; System 01A;Page# 6 (1)-25.18;
									PIPE FAB SKETCH 6" PIPE to Main Steam From Pen 28 TO SG 1B
F01.050.031	1-01A-H11A	01A	0-481B	QAL-14	VT-3	NA	24.250		Calculaton No. OSC-1296-06;
Class B	Hyd Snubber		OFD-122A-1.1				0.437		Problem No. 1-01-07; System 01A;Page# 6
									(2)-24.23A Main Steam From Pen 26 TO SG 1A
F01.050.032	1-01A-H11B	01A	0-481B	QAL-14	VT-3	NA	24.250		Calculaton No. OSC-1296-06;
Class B	Hyd Snubber		OFD-122A-1.1				0.437		Problem No. 1-01-08; System 01A;Page# 6 (1)-25.18;
									PIPE FAB SKETCH 6" PIPE to Main Steam From Pen 28 TO SG 1B
F01.050.033	1-01A-H12A	01A	0-481B	QAL-14	VT-3	NA	24.250		Calculaton No. OSC-1296-06;
Class B	Hyd Snubber		OFD-122A-1.1				0.375		Problem No. 1-01-07; System 01A;Page# 6
									(2)-24.23A Main Steam From Pen 26 TO SG 1A

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.034	1-01A-DE005	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht.1 of 3; System 01A;Page# 131.1; Main Steam Piping.
Class B	Hyd Snubber	OFD-122A-1.1				0.000		
F01.050.035	1-01A-DE006	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht.1 of 3; System 01A;Page# 131.1; Main Steam Piping.
Class B	Hyd Snubber	OFD-122A-1.1				0.000		
F01.050.036	1-01A-R-2-1	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht.1 of 3; System 01A;Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		
F01.050.037	1-01A-R-2-2	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht. 1 of 3; System 01A;Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		
F01.050.038	1-01A-R12	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht.2 of 3; System 01A;Page# 132; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.000		
F01.050.039	1-01A-R9-1	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01;Sht.1 of 3; System 01A; Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		
F01.050.040	1-01A-R9-2	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01; sht. 1 of 3; System 01A; Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		
F01.050.041	1-01A-R9-3	01A 0-550	QAL-14	VT-3	NA	34.000		Calcalaton No. OSC-320; Problem No. 1-01-01; Sht. 1 of 3; System 01A; Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		

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F01.050.042	1-01A-R9-4	01A 0-550	QAL-14	VT-3	NA	34.000		Calculaton No. OSC-320; Problem No. 1-01-01; Sht.1 of 3; System 01A; Page# 131.1; Main Steam Piping
Class B	Hyd Snubber	OFD-122A-1.1				0.687		
F01.050.043	1-03-R12	03 0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
Class C	Hyd Snubber	OFD-121B-1.3				1.000		
F01.050.044	1-03-R7	03 0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
Class C	Hyd Snubber	OFD-121B-1.3				1.000		
F01.050.045	1-03A-SR56	03A 1-0-400B	QAL-14	VT-3	NA	6.000		Calculaton No. OSC-342 Page 104; Problem No. 03A-9 . System 03A 6" Emergency Feedwater Bypass
Class C	Hyd Snubber	OFD-121D-1.1				0.000		
F01.050.046	1-03A-SR57	03A 1-0-400B	QAL-14	VT-3	NA	6.000		Calculaton No. OSC-342 Page 104; Problem No. 03A-9 . System 03A 6" Emergency Feedwater Bypass
Class C	Hyd Snubber	OFD-121D-1.1				0.000		
F01.050.047	1-03A-SR58	03A 1-0-400B	QAL-14	VT-3	NA	6.000		Calculaton No. OSC-342 Page 104; Problem No. 03A-9 . System 03A 6" Emergency Feedwater Bypass
Class C	Hyd Snubber	OFD-121D-1.1				0.000		
F01.050.048	1-03A-SR59	03A 1-0-400B	QAL-14	VT-3	NA	6.000		Calculaton No. OSC-342 Page 104; Problem No. 03A-9 . System 03A 6" Emergency Feedwater Bypass
Class C	Hyd Snubber	OFD-121D-1.1				0.000		
F01.050.049	1-03A-SR50	03A 1-0-401A	QAL-14	VT-3	NA	6.000		Calculation Number OSC-339; Problem Number 1-03A-5 Sheet 1 of 4; System 03A Emergency Feedwater.
Class C	Hyd Snubber	OFD-121B-1.3				0.000		

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.050	1-03A-SR63	03A 1-0-438B	QAL-14	VT-3	NA		6.000	Calculaton No. OSC-342
Class C	Hyd Snubber	OFD-121D-1.1					0.000	Page 102; Problem No. 03A-9 . System 03A 6" Emergency Feedwater Bypass
F01.050.051	1-03A-SR64	03A 1-0-439B	QAL-14	VT-3	NA		6.000	Calculaton No. OSC-1224-19
Class C	Hyd Snubber	OFD-121D-1.1					0.000	Page 27;Problem No.1- 03A-13. System 03A Aux. Service Water Pipe
F01.050.053	1-01A-H44	01A 1-1-0-401A	QAL-14	VT-3	NA		12.000	Calculaton No. OSC-321;
Class B	Hyd Snubber	OFD-122A-1.2					0.000	Problem No. 1-01-2 Sht. 3 of 5. System 01A; Main Steam Bypass To Condenser
F01.050.055	1-01A-R2	01A 4-2-0-403C	QAL-14	VT-3	NA		6.000	Calculation Number OSC-325 Sheet 2 of 3; Problem
Class C	Hyd Snubber	OFD-122A-1.4					0.000	1-01-06 Page 89.1. System 01A . Steam Supply to Emergency Feedwater Pump Turbine.
F01.050.056	1-03A-DE058	03A 0-401A	QAL-14	VT-3	NA		6.000	Calculaton No. OSC-339
Class C	Mech Snubber	OFD-121D-1.1					0.000	Page79; Problem No. 1-03A-5 . System 03A 6" Emergency Feedwater To 24" Main Feedwater.
F01.050.057	1-03-H4171	03 0-401B	QAL-14	VT-3	NA		24.000	Calculation No. OS-336 Page 45a.1; Problem No.
Class C	Mech Snubber	OFD-121B-1.3					0.322	1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
F01.050.058	1-53B-DE056	53B 0-435B	QAL-14	VT-3	NA		10.000	Calculation Number OS-406 Sheet 1 of 1; Problem
Class B	Mech Snubber	OFD-102A-1.2					0.000	No. 1-53-03 Page 71. System 53B Decay Heat Pump 1B and 1C to Decay Heat Cooler 1B .
F01.050.059	1-53B-DE059	53B 0-435B	QAL-14	VT-3	NA		10.000	Calculation Number OS-408 Sheet 1 of 3; Problem
Class B	Mech Snubber	OFD-102A-1.2					0.000	No. 1-53-02 . System 53B LPI Injection and Decay Heat Removal

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F01.050.060	1-53B-DE066	53B 0-435B	QAL-14	VT-3	NA	14.000		Calcalaton No. OS-407;
	Mech Snubber	OFD-102A-1.1				0.000		Problem No. 1-53-1;SHT.1 OF 4 Page #104; System
Class B								53B; LP Injection Line
F01.050.061	1-54A-DE-020	54A 0-435B	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-415 Page 50; Problem No. 1-54-2
	Mech Snubber	OFD-103A-1.1				0.000		Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
F01.050.062	1-54A-DE015	54A 0-435B	QAL-14	VT-3	NA	8.000		Calcalaton No. OSC-1628 Page 60; Problem No.
	Mech Snubber	OFD-103A-1.1				0.000		1-54-01, Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
F01.050.063	1-51A-DE001A	51A 0-435C	QAL-14	VT-3	NA	4.000		Calcalaton No. OSC-1410
	Mech Snubber	OFD-101A-1.3				0.000		Page105; Problem No. 1-51-13 . System 51
Class B								HPI.
F01.050.064	1-53B-DE060	53B 0-436D	QAL-14	VT-3	NA	10.000		Calculation Number OS-408 Sheet 1 of 3; Problem
	Mech Snubber	OFD-102A-1.2				0.000		No. 1-53-02 . System 53B LPI Injection and Decay
Class B								Heat Removal
F01.050.065	1-53B-DE055	53B 0-438C	QAL-14	VT-3	NA	12.000		Calcalaton No. OS-404;
	Mech Snubber	OFD-102A-1.1				0.000		Problem No. 1-53-04; Sht.1 of 1; Page #39; System
Class B								53B; Decay Heat RemovalL System & LP Injection.
F01.050.066	1-53B-DE057	53B 0-438C	QAL-14	VT-3	NA	8.000		Calcalaton No. OS-408;
	Mech Snubber	OFD-102A-1.1				0.000		Problem No. 1-53-02; Sht.2 of 3; Page #73.3; System
Class B								53B; Decay Heat Removal System & LP Injection
F01.050.067	1-51A-H102	51A 0-439A	QAL-14	VT-3	NA	4.000		Calculation No. OSC-1639, page 32.2; Problem No.
	Mech Snubber	OFD-101A-1.4				0.000		1-51-04. High Pressure Injection.
Class B		1-51-04						

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.068	1-51A-H97	51A 0-439A	QAL-14	VT-3	NA		4.000	Calculation No. OSC-1639, page 32.2; Problem No.
	Mech Snubber	OFD-101A-1.4					0.000	1-51-04. High Pressure Injection.
Class B		1-51-04						
F01.050.069	1-54A-R16	54A 0-439A	QAL-14	VT-3	NA		8.000	Calcalaton No. OS-416 Page 58.1; Problem No.
	Mech Snubber	OFD-103A-1.1					1.000	1-54-03, Sheet 1 of 1. System 54A Auxiliary Building.
Class B								
F01.050.070	1-51A-H80	51A 0-439C	QAL-14	VT-3	NA		4.000	Calculation No. OSC-1639, page 33; Problem No.
	Mech Snubber	OFD-101A-1.4					0.000	1-51-04. High Pressure Injection.
Class B		1-51-04						
F01.050.071	1-51A-H86	51A 0-439C	QAL-14	VT-3	NA		4.000	Calculation No. OSC-1639, page 32.2; Problem No.
	Mech Snubber	OFD-101A-1.4					0.000	1-51-04. High Pressure Injection.
Class B		1-51-04						
F01.050.072	1-53A-GPD-H0010	53A 0-479A	QAL-14	VT-3	NA		12.000	Calcalaton No. OSC-1301-06;
	Mech Snubber	OFD-102A-1.1					0.000	Problem No. 1-53-07; Page #92; System 53A; Decay
Class B								Heat Removal System
F01.050.073	1-03-H6068	03 0-479F	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-1224-16
	Mech Snubber	OFD-121D-1.1					0.000	Page 42;Problem No.1- 03A-14.
Class C								System 03A
								Aux. Service Water Pipe.
F01.050.074	1-03-H6020	03 0-480A	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-1224-16
	Mech Snubber	OFD-121D-1.1					0.000	Page 42;Problem No.1- 03A-14.
Class C								System 03A
								Aux. Service Water Pipe
F01.050.075	1-03-H6070	03 0-480A	QAL-14	VT-3	NA		6.000	Calcalaton No. OSC-1224-16
	Mech Snubber	OFD-121D-1.1					0.000	Page 41;Problem No.1- 03A-14.
Class C								System 03A
								Aux Service Water Pipe.

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F01.050.076	1-03-H6071	03 0-480A	QAL-14	VT-3	NA	6.000		Calcuton No. OSC-1224-16
	Mech Snubber	OFD-121D-1.1				0.000		Page 42; Problem No. 1- 03A-14.
Class B								System 03A
								Aux. Service Water Pipe.
F01.050.077	1-57-NW1Z	57 0-480A	QAL-14	VT-3	NA	12.000		Calcuton No. OSC-1313-06
	Mech Snubber	OFD-107A-1.1				0.000		Page 44.1; Problem No. 1-57-01
Class C								Pressurizer Relief Valve System
								System 57
F01.050.078	1-57-H23	57 0-481A	QAL-14	VT-3	NA	12.000		Calcuton No. OS-1313-06
	Mech Snubber	OFD-100A-1.2				0.000		Page 44.1; Problem No. 1-57-01.
Class C								System 57 Pressurizer Relief Valve System
F01.050.079	1-01A-R11	01A 0-550	QAL-14	VT-3	NA	34.000		Calcuton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				0.000		Problem No. 1-01-01; Sht.2 of 3; System 01A; Page #
Class B								132; Main Steam Piping
F01.050.080	1-01A-R4	01A 0-550	QAL-14	VT-3	NA	34.000		Calcuton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				0.000		Problem No. 1-01-01; Sht.2 of 3; System 01A; Page #
Class B								132; Main Steam Piping
F01.050.081	1-01A-R5	01A 0-550	QAL-14	VT-3	NA	34.000		Calcuton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				0.000		Problem No. 1-01-01; Sht.2 of 3; System 01A; Page#
Class B								132; Main Steam Piping
F01.050.082	1-01A-R6	01A 0-550	QAL-14	VT-3	NA	34.000		Calcuton No. OSC-320;
	Mech Snubber	OFD-122A-1.1				1.000		Problem No. 1-01-01; Sht. 2 of 3; System 01A; Page
Class B								# 132; Main Steam Piping.
F01.050.083	1-01A-R7	01A 0-550	QAL-14	VT-3	NA	34.000		Calcuton No. OSC-320;
	Hyd Snubber	OFD-122A-1.1				1.000		Problem No. 1-01-01; Sht.1 of 3; System 01A; Page #
Class B								131.1; Main Steam Piping.

ITEM NUMBER	ID NUMBER	SYS	05/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.084	1-03-R13	03	0-551	QAL-14	VT-3	NA	24.000		Calculation No. OS-336 Page 45a.1; Problem No. 1-03-01 Sheet 1 of 2. System 03 Auxiliary and Turbine Building.
Class C	Mech Snubber		OFD-121B-1.3				0.000		
F01.050.085	1-03A-H115	03A	1-0-400B	QAL-14	VT-3	NA	6.000		Calcuton No. OSC-1214
Class C	Mech Snubber		OFD-121D-1.1				0.000		Page 25; Problem No.1- 03A-11. System 03A
									6" Emergency Feedwater
F01.050.086	1-03A-H123	03A	1-0-400B	QAL-14	VT-3	NA	6.000		Calcuton No. OSC-1214
Class C	Mech Snubber		OFD-121D-1.1				0.000		Page 25; Problem No.1- 03A-11. System 03A
									6" Emergency Feedwater
F01.050.087	1-03A-SR62	03A	1-0-437A	QAL-14	VT-3	NA	6.000		Calcuton No. OSC-339
Class C	Hyd Snubber		OFD-121D-1.1				0.000		Page 81; Problem No. 1-03A-5 . System 03A 6" Emergency Feedwater to 24" Main Feedwater.
F01.050.088	1-01A-H43	01A	1-1-0-401A	QAL-14	VT-3	NA	12.000		Calcuton No. OSC-321;
Class B	Mech Snubber		OFD-122A-1.2				0.000		Problem No. 1-01-2 Sht. 3 of 5. System 01A; Main Steam Bypass To Condenser.
F01.050.089	1-01A-R11	01A	4-2-0-400A	QAL-14	VT-3	NA	6.000		Calculation Number OSC-325 Sheet 3 of 3; Problem
Class C	Mech Snubber		OFD-122A-1.4				0.250		1-01-06 Page 91. System 01A Steam Supply to Emergency Feedwater Pump Turbine.
F01.050.090	1-07A-H39	07A	6-0-400A	QAL-14	VT-3	NA	20.000		Calcuton No. OSC-361
Class C	Mech Snubber		OFD-121A-1.8				0.000		Page 85.1 Problem No.1-07A-01 L.P.& H.P.Condensate System 07A
F01.050.091	1-07A-H40	07A	6-0-400A	QAL-14	VT-3	NA	20.000		Calcuton No. OSC-361
Class C	Mech Snubber		OFD-121A-1.8				0.000		Page 85.1 Problem No.1-07A-01 L.P.& H.P.Condensate System 07A

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F01.050.092	1-07A-H41	07A 6-0-400A	QAL-14	VT-3	NA	24.000		Calcuton No. OSC-361
	Mech Snubber	OFD-121A-1.8				0.000		Page 85.1 Problem No.1-07A-01
Class C								L.P.& H.P.Condensate System 07A
F01.050.093	1-50-RCPM-S1	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0001, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A1 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575. Inspect with F01.012.015.
F01.050.094	1-50-RCPM-S2	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0002, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A1 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575
F01.050.095	1-50-RCPM-S3	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0003, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A1 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575
F01.050.096	1-50-RCPM-S4	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0004, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A2 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575
F01.050.097	1-50-RCPM-S5	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0005, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A2 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575
F01.050.098	1-50-RCPM-S6	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0006, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1A2 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575. Inspect with F01.012.016.
F01.050.099	1-50-RCPM-S7	50 0-66A	QAL-14	VT-3	NA	5.000		Calcuton No. OSC-0971-01-0007, Reactor Coolant
	Hyd Snubber	OFD-100A-1.1				0.000		Pump 1B1 Motor Snubbers. Reference PIP
Class A		OFD-100A-1.3						0-O96-1575

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.100 Class A	1-50-RCPM-S8 Hyd Snubber	50 0-66A OFD-100A-1.1 OFD-100A-1.3	QAL-14	VT-3	NA		5.000 0.000	Calcutaton No. OSC-0971-01-0008, Reactor Coolant Pump 1B1 Motor Snubbers. Reference PIP 0-O96-1575
F01.050.101 Class A	1-50-RCPM-S9 Hyd Snubber	50 0-66A OFD-100A-1.1 OFD-100A-1.3	QAL-14	VT-3	NA		5.000 0.000	Calcutaton No. OSC-0971-01-0009, Reactor Coolant Pump 1B1 Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.017.
F01.050.102 Class A	1-50-RCPM-S10 Hyd Snubber	50 0-66A OFD-100A-1.1 OFD-100A-1.3	QAL-14	VT-3	NA		5.000 0.000	Calcutaton No. OSC-0971-01-0010, Reactor Coolant Pump 1B2 Motor Snubbers. Reference PIP 0-O96-1575
F01.050.103 Class A	1-50-RCPM-S11 Hyd Snubber	50 0-66A OFD-100A-1.1 OFD-100A-1.3	QAL-14	VT-3	NA		5.000 0.000	Calcutaton No. OSC-0971-01-0011, Reactor Coolant Pump 1B2 Motor Snubbers. Reference PIP 0-O96-1575
F01.050.104 Class A	1-50-RCPM-S12 Hyd Snubber	50 0-66A OFD-100A-1.1 OFD-100A-1.3	QAL-14	VT-3	NA		5.000 0.000	Calcutaton No. OSC-0971-01-0012, Reactor Coolant Pump 1B2 Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.018.
Total F01.050 Items:		101						
Total F01 Items:		140						

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G04.001.007 Class A	1-51A-10-6 Circumferential	51A 1-51A-10 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
				Elbow to Pipe				
G04.001.012 Class A	1HP-190-12 Circumferential	51A 1HP-190	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-5-77C until iso 1-51A-5 was redrawn.
				Pipe to Elbow				
G04.001.015 Class A	1HP-190-16 Circumferential	51A 1HP-190 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
				Pipe to Valve 1HP-488				
G04.001.016 Class A	1HP-190-13 Circumferential	51A 1HP-190 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
				Elbow to Pipe				
G04.001.017 Class A	1HP-279-4 Circumferential	51A 1HP-279 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-10-4 until iso 1-51A-10 was redrawn
				Elbow to Pipe				
G04.001.018 Class A	1HP-279-3 Circumferential	51A 1HP-279 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-10-3 until iso 1-51A-10 was redrawn.
				Elbow to Pipe				
G04.001.019 Class A	1HP-279-24 Circumferential	51A 1HP-279 OFD-101A-1.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
				Pipe to Valve 1HP-489				

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G04.001.021	1HP-277-42C	51A 1HP-277	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-04-42C until iso 1-51A-04 was redrawn.
Class A	Circumferential	OFD-101A-1.4		Pipe to Elbow		0.375		
G04.001.022	1HP-277-43C	51A 1HP-277	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-04-43C until iso 1-51A-04 was redrawn.
Class A	Circumferential	OFD-101A-1.4		Elbow to Pipe		0.375		
G04.001.023	1HP-277-52	51A 1HP-277	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
Class A	Circumferential	OFD-101A-1.4		Pipe to Valve 1HP-486		0.375		
G04.001.025	1HP-278-22C	51A 1HP-278	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-04-22C until iso 1-51A-04 was redrawn.
Class A	Circumferential	OFD-101A-1.4		Pipe to Elbow		0.375		
G04.001.026	1HP-278-23C	51A 1HP-278	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1. This weld was listed previously as 1-51A-04-23C until iso 1-51A-04 was redrawn.
Class A	Circumferential	OFD-101A-1.4		Elbow to Pipe		0.375		
G04.001.027	1HP-278-24	51A 1HP-278	NDE-600	UT	SS	2.500		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 of the ISI Plan, Volume 1.
Class A	Circumferential	OFD-101A-1.4		Pipe to Valve 1HP-487		0.375		
Total G04.001 Items:		13						
Total G04 Items:		13						

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G05.001.001A	1-50-03-52	50 1-50-03(1)	NDE-35	PT	SS		1.000	Pressurizer Spray Piping Thermal Transient Inspection Ref. PIR # 1-O-89-0003. Note: Weld 42A was deleted and weld 52 took its place. Examine the weld and 1" of the adjoining base metal. 52 is a socket weld and a Stress weld. We are looking at it for the PIR requirements as an augmented exam.
	Socket				160		0.250	
Class A	Stress weld			Pipe to Valve 1LP-46				

Total G05.001 Items: 1**Total G05 Items: 1**

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Circumferential Pipe Welds With A Nom. Wall
Thk. < 3/8" and > NPS 4"

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G09.001.003	1-51A-01-44A	51A 1-51A-01(2)	NDE-35	PT	SS	6.000		
	Circumferential	OFD-101A-1.3				0.280		Valve 1HP-100 to Pipe
Class B								
G09.001.009	1-53B-02-A15	53B 1-53B-02(3)	NDE-35	PT	SS	12.000		
	Circumferential	OFD-102A-1.2				0.180		Pipe to Elbow
Class B								
G09.001.015	1-53B-05-108J	53B 1-53B-05(2)	NDE-35	PT	SS	10.000		
	Circumferential	OFD-102A-1.2				0.250		Elbow to Pipe
Class B								
G09.001.021	1-53B-06-48K	53B 1-53B-06(4)	NDE-35	PT	SS	10.000		
	Circumferential	OFD-102A-1.2				0.250		Pipe to Elbow
Class B								
G09.001.027	1-53B-16-4	53B 1-53B-16	NDE-35	PT	SS	8.000		
	Circumferential	OFD-102A-1.2				0.148		Elbow to Elbow
Class B								
G09.001.033	1-54A-01-13C	54A 1-54A-01(3)	NDE-35	PT	SS	10.000		
	Circumferential	OFD-103A-1.1				0.250		Expansion joint to Elbow
Class B								
G09.001.039	1-54A-04-74C	54A 1-54A-04(2)	NDE-35	PT	SS	8.000		
	Circumferential	OFD-103A-1.1				0.250		Pipe to Pipe
Class B								
Total G09.001 Items:		7						
Total G09 Items:		7						

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Class 1 RTE Mounting Bosses

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G10.001.001	1-PHA-13	50	ISI OCN1-005	NDE-35	PT	CS-Inconel	9.000		Reference Section 7, Paragraph 7.1.10 in the ISI Plan Volume 1. This weld covers the X axis. The diameter of the hole that penetrates the nozzle into the Hot Leg = .613". RTE Mounting Boss
Class A	Circumferential						2.875		
	Dissimilar			Pipe to RTE Mounting Boss					
G10.001.002	1-PHA-14	50	ISI OCN1-005	NDE-35	PT	CS-Inconel	9.000		Reference Section 7, Paragraph 7.1.10 in the ISI Plan Volume 1. This weld covers the Y-Z axis. The diameter of the hole that penetrates the nozzle into the Hot Leg = .613". RTE Mounting Boss.
Class A	Circumferential						2.875		
	Dissimilar			Pipe to RTE Mounting Boss					
G10.001.003	1-PHA-15	50	ISI OCN1-005	NDE-35	PT	CS-Inconel	9.000		Reference Section 7, Paragraph 7.1.10 in ISI Plan Volume 1. This weld covers the Z- W Axis. The diameter of hole that penetrates the nozzle into the Hot Leg = .613". RTE Mounting Boss.
Class A	Circumferential						2.875		
	Dissimilar			Pipe to RTE Mounting Boss					
G10.001.010	1-PIB2-12	50	ISI OCN1-010	NDE-35	PT	CS-Inconel	8.750		Reference Section 7, Paragraph 7.1.10 in ISI Plan Volume 1. This weld covers the Z- W Axis. The diameter of hole that penetrates the nozzle into the RCP 1B2 Suction Piping = .613".
Class A	Branch		OM-201-2296				2.250		
	Dissimilar			Nozzle Salvaged pipe to Pipe RTE Mounting pipe					
Total G10.001 Items:		4							
Total G10 Items:		4							

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HPI System Upgrade

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G12.001.009	1-51B-2-148A	51B 1-51B-2	NDE-35	PT	SS	2.500		
	Circumferential	OFD-109A-1.1				0.120		
Class B				Elbow to Pipe				
G12.001.014	1-51B-5-12B	51B 1-51B-5	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-1.2				0.120		
Class B				Tee to Valve 1HP78				
Total G12.001 Items:		2						
Total G12 Items:		2						

5.0 Results Of Inspections Performed

The results of each examination shown in the final ISI Plan (Section 4 of this report) are included in this section. The completion date and status for each examination are shown. Limited examinations are described in further detail in Section 5.2. All examinations revealing reportable indications are described in further detail in Section 6.

5.1 The information shown below is a field description for the reporting format included in this section of the report:

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID Number	=	Unique Identification Number
System	=	System examined
Insp Date	=	Date of Examination
Insp Status	=	CLR Clear REC Recordable REP Reportable
Insp Limited	=	Indicates inspection was limited. Coverage obtained is listed
Geo. Ref. (Geometric Reflector applies only to UT)	=	<u>Y</u> Yes <u>N</u> No
RFR	=	Request for Relief Required
Comments	=	General and/or Detail Description

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B02.011.003	1-PZR-WP4	50	05/28/1999	REC	---	N	N	For flaw comparison only. No detectable change of indication size.
B02.060.001	1-LDCA-IN-V3	51A	05/31/1999	CLR	---	N	N	
B02.060.002	1-LDCA-OUT-V5	51A	05/31/1999	CLR	---	N	N	
B03.110.006	1-PZR-WP26-4	50	05/28/1999	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.110.007	1-PZR-WP26-5	50	05/28/1999	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.110.008	1-PZR-WP26-6	50	05/30/1999	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.120.006	1-PZR-WP26-4	50	05/28/1999	CLR	78.06%	N	Y	Request for Relief # 98-03
B03.120.007	1-PZR-WP26-5	50	05/28/1999	CLR	78.06%	N	Y	Request for Relief # 98-03
B03.120.008	1-PZR-WP26-6	50	05/30/1999	CLR	78.06%	N	Y	Request for Relief # 98-03
B05.130.007	1-PIB2-7	50	05/26/1999	CLR	---	N	N	
B05.130.007A	1-PIB2-7	50	05/26/1999	CLR	---	N	N	
B05.130.007B	1-PIB2-7	50	05/26/1999	CLR	---	N	N	
B05.130.008	1-PDB2-2	50	05/26/1999	CLR	---	N	N	
B05.130.008A	1-PDB2-2	50	05/26/1999	CLR	---	N	N	
B05.130.008B	1-PDB2-2	50	05/26/1999	CLR	---	N	N	
B05.140.004	1-PDA2-11	50	05/26/1999	CLR	---	N	N	
B05.140.006	1-PIB2-11	50	05/28/1999	CLR	---	N	N	
B06.010.021	1-RPV-26-203-21		06/08/1999	CLR	---	N	N	
B06.010.022	1-RPV-26-203-22		06/08/1999	CLR	---	N	N	
B06.010.023	1-RPV-26-203-23		06/08/1999	CLR	---	N	N	
B06.010.024	1-RPV-26-203-24		06/08/1999	CLR	---	N	N	
B06.010.025	1-RPV-26-203-25		06/03/1999	CLR	---	N	N	
B06.010.026	1-RPV-26-203-26		06/03/1999	CLR	---	N	N	
B06.010.027	1-RPV-26-203-62		06/03/1999	CLR	---	N	N	
B06.010.028	1-RPV-26-203-28		06/03/1999	CLR	---	N	N	
B06.010.029	1-RPV-26-203-29		06/03/1999	CLR	---	N	N	
B06.010.030	1-RPV-26-203-30		06/03/1999	CLR	---	N	N	
B06.010.031	1-RPV-26-203-61		06/03/1999	CLR	---	N	N	
B06.010.032	1-RPV-26-203-32		06/03/1999	CLR	---	N	N	
B06.010.033	1-RPV-26-203-33		06/03/1999	CLR	---	N	N	
B06.010.034	1-RPV-26-203-34		06/03/1999	REP	---	N	N	The Closure Nut # 1-RPV-26-203-34 was inspected in 3rd outage of the 3rd interval and was found to be unacceptable for continued service. A new closure nut # 1-RPV-26-203-65 was installed for service in the place of the unacceptable closure nut. See PIP# 1-0-99-2202.
B06.010.035	1-RPV-26-203-35		06/03/1999	CLR	---	N	N	

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B06.010.036	1-RPV-26-203-36		06/03/1999	CLR	---	N	N	
B06.010.037	1-RPV-26-203-37		06/02/1999	CLR	---	N	N	
B06.010.038	1-RPV-26-203-38		06/02/1999	CLR	---	N	N	
B06.010.039	1-RPV-26-203-39		06/02/1999	CLR	---	N	N	
B06.010.040	1-RPV-26-203-40		06/02/1999	CLR	---	N	N	
B06.010.041	1-RPV-26-203-41		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.042	1-RPV-26-203-42		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.043	1-RPV-26-203-43		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.044	1-RPV-26-203-44		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.045	1-RPV-26-203-45		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.046	1-RPV-26-203-46		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.047	1-RPV-26-203-47		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.048	1-RPV-26-203-48		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.049	1-RPV-26-203-49		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.050	1-RPV-26-203-50		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.051	1-RPV-26-203-51		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.052	1-RPV-26-203-52		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.053	1-RPV-26-203-53		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.054	1-RPV-26-203-54		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.055	1-RPV-26-203-55		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.056	1-RPV-26-203-56		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.057	1-RPV-26-203-57		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.058	1-RPV-26-203-58		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.059	1-RPV-26-203-59		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.010.060	1-RPV-26-203-63		06/09/1999	CLR	---	N	N	Additional sample inspection.
B06.030.021	1-RPV-25-203-21		06/08/1999	CLR	---	N	N	
B06.030.021A	1-RPV-25-203-21		06/08/1999	CLR	---	N	N	
B06.030.022	1-RPV-25-203-22		06/08/1999	CLR	---	N	N	
B06.030.022A	1-RPV-25-203-22		06/08/1999	CLR	---	N	N	
B06.030.023	1-RPV-25-203-23		06/08/1999	CLR	---	N	N	
B06.030.023A	1-RPV-25-203-23		06/08/1999	CLR	---	N	N	
B06.030.024	1-RPV-25-203-24		06/08/1999	CLR	---	N	N	
B06.030.024A	1-RPV-25-203-24		06/08/1999	CLR	---	N	N	
B06.030.025	1-RPV-25-203-25		06/03/1999	CLR	---	N	N	
B06.030.025A	1-RPV-25-203-25		06/03/1999	CLR	---	N	N	
B06.030.026	1-RPV-25-203-26		06/03/1999	CLR	---	N	N	
B06.030.026A	1-RPV-25-203-26		06/03/1999	CLR	---	N	N	

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B06.030.027	1-RPV-25-203-27		06/03/1999	CLR	---	N	N	
B06.030.027A	1-RPV-25-203-27		06/03/1999	CLR	---	N	N	
B06.030.028	1-RPV-25-203-63		06/03/1999	CLR	---	N	N	
B06.030.028A	1-RPV-25-203-63		06/03/1999	CLR	---	N	N	
B06.030.029	1-RPV-25-203-29		06/03/1999	CLR	---	N	N	
B06.030.029A	1-RPV-25-203-29		06/03/1999	CLR	---	N	N	
B06.030.030	1-RPV-25-203-30		06/03/1999	CLR	---	N	N	
B06.030.030A	1-RPV-25-203-30		06/03/1999	CLR	---	N	N	
B06.030.031	1-RPV-25-203-61		06/03/1999	CLR	---	N	N	
B06.030.031A	1-RPV-25-203-61		06/03/1999	CLR	---	N	N	
B06.030.032	1-RPV-25-203-32		06/03/1999	CLR	---	N	N	
B06.030.032A	1-RPV-25-203-32		06/03/1999	CLR	---	N	N	
B06.030.033	1-RPV-25-203-33		06/03/1999	CLR	---	N	N	
B06.030.033A	1-RPV-25-203-33		06/03/1999	CLR	---	N	N	
B06.030.034	1-RPV-25-203-34		06/03/1999	CLR	---	N	N	
B06.030.034A	1-RPV-25-203-34		06/03/1999	CLR	---	N	N	
B06.030.035	1-RPV-25-203-35		06/03/1999	CLR	---	N	N	
B06.030.035A	1-RPV-25-203-35		06/03/1999	CLR	---	N	N	
B06.030.036	1-RPV-25-203-36		06/03/1999	CLR	---	N	N	
B06.030.036A	1-RPV-25-203-36		06/03/1999	CLR	---	N	N	
B06.030.037	1-RPV-25-203-37		06/02/1999	CLR	---	N	N	
B06.030.037A	1-RPV-25-203-37		06/02/1999	CLR	---	N	N	
B06.030.038	1-RPV-25-203-38		06/02/1999	CLR	---	N	N	
B06.030.038A	1-RPV-25-203-38		06/02/1999	CLR	---	N	N	
B06.030.039	1-RPV-25-203-65		06/02/1999	CLR	---	N	N	
B06.030.039A	1-RPV-25-203-65		06/02/1999	CLR	---	N	N	
B06.030.040	1-RPV-25-203-40		06/02/1999	CLR	---	N	N	
B06.030.040A	1-RPV-25-203-40		06/02/1999	CLR	---	N	N	
B06.050.001A	1-RPV-WASH-BUSH		06/03/1999	CLR	---	N	N	
B06.190.002	1-RCP-1A2-FLANGE		06/05/1999	CLR	---	N	N	
B07.030.001	1-SGA-UMW-BOLTS		05/29/1999	CLR	---	N	N	
B07.030.005	1-SGA-UHIC-BOLTS		06/03/1999	CLR	---	N	N	
B07.050.001	1-PZR-RC4-BOLT		06/02/1999	CLR	---	N	N	Note:Light Rust.
B07.050.002	1-PZR-RC66-BOLT		06/02/1999	CLR	---	N	N	Note: Light Rust.
B07.080.001	1-RPV-CRD-BOLTS		06/02/1999	CLR	---	N	N	Housing bolts were inspected on the following CRD's: 35, 43, 60, 69, 45, 25, 20, 13, 19, 24, 42, 66, 57, 37, 21, 9, 5, 8, 18, 34, 54, 46, 26, 10, 2, 1, 4, 12, 28, 48, 50, 30, 14, and 6.

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B07.080.002	1-RPV-CRD-RINGS		06/02/1999	CLR	---	N	N	No apparent service induced damage. Housing rings were inspected on the following CRD's: 35, 43, 60, 69, 45, 25, 20, 13, 19, 24, 42, 66, 57, 37, 21, 9, 5, 8, 18, 34, 54, 46, 26, 10, 2, 1, 4, 12, 28, 48, 50, 30, 14, and 6.
B09.011.021	1-PIA2-4	50	06/09/1999	CLR	---	N	N	No apparent service induced damage.
B09.011.021A	1-PIA2-4	50	06/09/1999	CLR	---	N	N	
B09.011.023	1-PIA2-2	50	06/09/1999	CLR	---	N	N	
B09.011.023A	1-PIA2-2	50	06/09/1999	CLR	---	N	N	
B09.011.024	1-PIA2-1	50	06/09/1999	CLR	---	N	N	
B09.011.024A	1-PIA2-1	50	06/09/1999	CLR	---	N	N	
B09.011.036	1-PIB1-5	50	06/09/1999	REC	---	N	N	This weld was inspected in order to comply with surveillance requirements. There were no changes in the indication from the previous inspection results.
B09.011.049	1-PIB2-9	50	05/26/1999	CLR	---	N	N	
B09.011.049A	1-PIB2-9	50	05/26/1999	CLR	---	N	N	
B09.011.066	1-PHA-2	50	06/12/1999	CLR	---	N	N	
B09.011.066A	1-PHA-2	50	06/12/1999	CLR	---	N	N	
B09.011.112	1-PSL-1	50	06/08/1999	CLR	---	N	N	
B09.011.112A	1-PSL-1	50	06/08/1999	CLR	---	N	N	
B09.021.002	1-PSP-4	50	05/27/1999	CLR	---	N	N	
B09.021.011	1-51A-07-14E	51A	05/28/1999	CLR	---	N	N	
B09.021.012	1-51A-07-18E	51A	05/28/1999	CLR	---	N	N	
B09.021.013	1-51A-07-22E	51A	05/28/1999	CLR	---	N	N	
B09.021.014	1-51A-07-24EA	51A	06/10/1999	CLR	---	N	N	
B09.021.015	1-51A-7-29E	51A	06/10/1999	CLR	---	N	N	
B09.021.016	1-51A-7-101	51A	05/28/1999	CLR	---	N	N	
B09.021.062	1-51A-134A-6	51A	05/28/1999	CLR	---	N	N	
B09.021.065	1-51A-137-1B	51A	05/28/1999	CLR	---	N	N	
B09.021.074	1-51A-137-27	51A	05/28/1999	CLR	---	N	N	
B09.032.005	1-PDA1-10	50	05/26/1999	CLR	---	N	N	
B09.040.006	1-50-127-8BA	50	05/29/1999	CLR	---	N	N	
B09.040.007	1-50-127-3	50	05/29/1999	CLR	---	N	N	
B09.040.008	1-50-127-37	50	05/27/1999	CLR	---	N	N	
B09.040.022	1-51A-07-93	51A	05/28/1999	CLR	---	N	N	
B09.040.023	1-51A-07-99	51A	05/28/1999	CLR	---	N	N	
B09.040.024	1-51A-137-28	51A	05/28/1999	CLR	---	N	N	

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B12.050.007	1-53A-LP-47	53A	06/05/1999	CLR	---	N	N	
B12.050.008	1-53A-LP-48	53A	06/06/1999	CLR	---	N	N	
C03.010.005	1-SGB-WG84-YZ		05/29/1999	CLR	---	N	N	
C03.010.006	1-SGB-WG84-ZY		05/29/1999	CLR	---	N	N	
C03.010.007	1-SGB-WG84-ZW		05/29/1999	CLR	---	N	N	
C03.020.011	1-01A-H8B	01A	06/13/1999	CLR	---	N	N	
C03.020.017	1-01A-R6	01A	06/23/1999	CLR	---	N	N	
C03.020.018	1-01A-R7	01A	06/23/1999	CLR	---	N	N	
C03.020.023	1-14-H2	14	06/10/1999	CLR	---	N	N	
C03.020.024	1-14-H20D	14	06/10/1999	CLR	---	N	N	
C03.020.026	1-14-H22D	14	06/10/1999	CLR	---	N	N	
C03.020.032	1-51-SR4	51	04/19/1999	CLR	---	N	N	
C03.020.036	1-51-SR5	51	04/19/1999	CLR	---	N	N	
C03.020.042	1-53B-DE063	53B	04/20/1999	CLR	---	N	N	
C03.020.048	1-53B-H6	53B	04/21/1999	CLR	---	N	N	
C03.020.050	1-53B-R11	53B	04/12/1999	CLR	---	N	N	
C03.020.058	1-54A-R11	54A	04/12/1999	CLR	---	N	N	
C03.020.060	1-54A-R16	54A	04/12/1999	CLR	---	N	N	
C03.020.061	1-54A-R27	54A	04/21/1999	CLR	---	N	N	
C03.020.071	1-JWC-1608	56	06/13/1999	CLR	---	N	N	
C03.020.072	1-JWC-1605	56	05/27/1999	CLR	---	N	N	
C03.020.076	1-51-SR17	51B	06/02/1999	CLR	---	N	N	
C03.020.080	1-51-SR19	51B	06/02/1999	CLR	---	N	N	
C04.030.002	1-HPI-PUMP-1B	51A	06/02/1999	CLR	---	N	N	
C05.011.005	1-53A-01-31L	53A	04/15/1999	REC	---	Y	N	Indications # 1-60 deg and # 3-60 deg L are reflectors from a weld repair area. Indications 2-60 deg and 4-60 deg L are reflectors from a porosity cluster. These were confirmed using a 70 deg shear wave and review of the RT film.
C05.011.005A	1-53A-01-31L	53A	04/15/1999	CLR	---	N	N	
C05.021.003	1-51A-03-93BA	51A	04/13/1999	CLR	---	N	N	
C05.021.003A	1-51A-03-93BA	51A	04/13/1999	CLR	98.00%	N	N	
C05.021.009	1HP-192-4	51A	04/12/1999	CLR	---	N	N	
C05.021.009A	1HP-192-4	51A	04/12/1999	CLR	---	N	N	
C05.021.014	1-51A-124-2	51A	04/13/1999	CLR	---	N	N	
C05.021.014A	1-51A-124-2	51A	04/13/1999	CLR	---	N	N	
C05.021.020	1HP-184-2	51A	04/13/1999	CLR	---	N	N	
C05.021.020A	1HP-184-2	51A	04/13/1999	CLR	---	N	N	

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C05.021.026	1HP-191-1	51A	04/12/1999	CLR	---	N	N	
C05.021.026A	1HP-191-1	51A	04/12/1999	CLR	---	N	N	
C05.021.032	1HP-200-4	51A	04/15/1999	CLR	---	N	N	
C05.021.032A	1HP-200-4	51A	04/15/1999	CLR	---	N	N	
C05.021.036	1HP-180-97E	51A	06/04/1999	CLR	---	N	N	
C05.021.036A	1HP-180-97E	51A	06/04/1999	CLR	---	N	N	
C05.021.041	1HP-282-76A	51A	04/20/1999	CLR	---	N	N	
C05.021.041A	1HP-282-76A	51A	04/19/1999	CLR	---	N	N	
C05.021.047	1-51A-01-116A	51A	04/20/1999	REC	---	Y	N	Indication # 1-60 deg is a geometric reflector due to counterbore. This was confirmed using a 70 deg shear wave and review of the RT film.
C05.021.047A	1-51A-01-116A	51A	04/19/1999	CLR	---	N	N	
C05.021.053	1-51A-02-64B	51A	04/20/1999	CLR	---	N	N	
C05.021.053A	1-51A-02-64B	51A	04/20/1999	CLR	---	N	N	
C05.021.057	1-51A-03-93BB	51A	04/13/1999	CLR	---	N	N	
C05.021.057A	1-51A-03-93BB	51A	04/13/1999	CLR	---	N	N	
C05.021.063	1HP-193-13	51A	04/15/1999	CLR	---	N	N	
C05.021.063A	1HP-193-13	51A	04/15/1999	CLR	---	N	N	
C05.021.070	1-51A-136-10	51A	06/07/1999	CLR	---	N	N	
C05.021.070A	1-51A-136-10	51A	06/07/1999	CLR	---	N	N	
C05.021.077	1-51A-01-27A	51A	04/21/1999	CLR	---	N	N	
C05.021.077A	1-51A-01-27A	51A	04/21/1999	CLR	---	N	N	
C05.021.083	1-51A-01-121AA	51A	04/20/1999	CLR	---	N	N	
C05.021.083A	1-51A-01-121AA	51A	04/19/1999	CLR	---	N	N	
C05.021.089	1-51A-02-30B	51A	05/31/1999	REC	---	Y	N	Indication # 1-60 deg and indication # 2-60 deg L are geometric reflectors due to weld root configuration. This was confirmed using a 70 deg shear wave and review of the RT film.
C05.021.089A	1-51A-02-30B	51A	05/31/1999	CLR	---	N	N	
C05.021.095	1-51A-03-87B	51A	04/15/1999	REC	---	Y	N	Indication # 1-60 deg is a geometric reflector due to an excessively wide weld root. Indication # 2-60 deg is a mode converted signal due to weld root geometry. Indication # 3-60 deg is a geometric reflector due to weld root. These were confirmed using a 70 deg shear wave and review of the RT film.
C05.021.095A	1-51A-03-87B	51A	04/15/1999	CLR	---	N	N	
C05.030.002	1-51B-10-49	51B	04/15/1999	CLR	---	N	N	
C05.030.005	1-51A-136-27	51A	06/22/1999	CLR	---	N	N	
C05.041.005	1LP-136-27E	53B	04/20/1999	CLR	---	N	N	

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C05.041.015	1-53B-07-23	53B	04/20/1999	CLR	---	N	N	
C05.041.030	1-51B-1-12AA	51B	06/02/1999	CLR	---	N	N	
C05.041.034	1LP-136-27Z	53B	04/20/1999	CLR	---	N	N	
C05.041.035	1LP-136-27ZA	53B	04/20/1999	CLR	---	N	N	
C05.051.002	1MS-073-13B	01A	06/13/1999	REC	---	Y	N	Indication # 1 was determined to be an i.d. geometric reflector due to weld root geometry. This was confirmed by reviewing the RT film.
C05.051.002A	1MS-073-13B	01A	06/13/1999	CLR	---	N	N	
C05.051.004	1-MS1B-B	01A	06/10/1999	REC	---	Y	N	Indication # 1-45 deg is an indication from the weld/backing ring interface. The metal path on the indication plots inside the backing ring. Review of the RT film was inconclusive. The indication was not detectable with a WSY-70 or a 60 deg shear wave. Indication # 2-60 deg and indication # 5-60 deg are area reflectors due to counterbore/weld prep at the backing ring and were verified on RT film. Indication #3-60 deg and indication # 4-60 deg are reflectors at the backing ring and were verified by RT film.
C05.051.004A	1-MS1B-B	01A	06/10/1999	CLR	---	N	N	
C05.051.014	1MS-068-34B	01A	06/10/1999	REC	---	Y	N	Indication # 1-45 deg and indication # 2-45 deg are reflectors from tack welds on the backing ring and were verified on RT film. Indication # 3-60 deg and indication # 4-60 deg are reflectors from the backing ring and were verified on RT film. Indication # 5-60 deg is a reflector from counterbore/weld prep at the edge of backing ring. Nozzle configuration will not allow the 60 deg angle wedge to back up enough to max the signal, but review of RT film confirms this condition.
C05.051.014A	1MS-068-34B	01A	06/10/1999	CLR	---	N	N	
C05.051.015	1-MS21A-D	01A	06/15/1999	REC	---	Y	N	Indication # 1 was determined to be an i.d. geometric reflector due to backing ring. This was confirmed by the use of a combination of angle beam scans and the review of the RT film.
C05.051.015A	1-MS21A-D	01A	06/15/1999	CLR	---	N	N	
C05.051.026	1-FWD64-E	03	05/29/1999	REC	---	Y	N	Indication # 1 was geometric reflector due to i.d. backing ring. Indication # 2 was geometric reflector due to i.d. backing ring. Indication # 3 was geometric reflector due to i.d. counterbore. Indication # 4 was geometric reflector due to i.d. backing ring. Indication # 5 was geometric reflector due to i.d. backing ring. Indication # 6 was geometric reflector due to i.d. backing ring. Each of the indications were confirmed with a 70 deg scan and

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								the review of RT film.
C05.051.026A	1-FWD64-E	03	05/29/1999	CLR	---	N	N	
C05.051.031	1CC-136-81B	55	04/14/1999	REC	---	Y	N	Indication # 1-45 deg and indication # 2-45 deg are the same indication. Plotting and review of the RT film shows "backing ring end" where it joins together.
C05.051.031A	1CC-136-81B	55	04/14/1999	CLR	---	N	N	
C05.051.037	1-LPSW-344-18	14B	04/15/1999	REC	---	Y	N	Indication # 1-60 deg and indication # 2-60 deg are reflectors from i.d. root repair. This was verified using a 70 deg shear wave with a lower amplitude and review of RT film.
C05.051.037A	1-LPSW-344-18	14B	04/15/1999	CLR	---	N	N	
C05.051.041	1LPS-345-19	14B	04/13/1999	CLR	---	N	N	
C05.051.041A	1LPS-345-19	14B	04/13/1999	CLR	---	N	N	
C05.051.047	1-LPSW-346-37	14B	04/13/1999	CLR	---	N	N	
C05.051.047A	1-LPSW-346-37	14B	04/13/1999	CLR	---	N	N	
D02.020.008	1-03A-DE049	03A	06/16/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.017	1-03A-H1A	03A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.029	1-03A-H6	03A	05/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98167945 was written to correct problems.
D02.020.030	1-03A-H7	03A	05/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98167945 was written to correct problems.
D02.020.037	1-03A-R38	03A	04/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98162963 was written to correct problems.
D02.020.041	1-03A-SR17	03A	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.052	1-03A-SR5	03A	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98168496 was written to correct problems.
D02.020.059	1-03A-SR9	03A	04/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98161500 was written to correct problems.
D02.020.065	1-04A-R4	04A	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.069	1-07A-H35	07A	04/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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D02.020.077	1-14B-ASR8	14B	05/11/1999	REC	---	N	N	and the support was found to be acceptable for service. Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98163001 was written to correct problems.
D02.020.081	1-14B-DE061	14B	06/24/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98173943 was written to correct problems.
D02.020.086	1-14B-H3	14B	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98168076 was written to correct problems.
D02.020.091	1-14B-SR35	14B	06/24/1999	CLR	---	N	N	
D02.020.097	1-14B-SR51	14B	06/03/1999	CLR	---	N	N	
D02.020.104	1-57-H4	57	05/22/1999	CLR	---	N	N	
D02.030.005	1-03-R7	03	06/20/1999	CLR	---	N	N	
D02.030.006	1-57-H14	57	05/22/1999	CLR	---	N	N	
D02.040.010	1-03A-H199	03A	04/21/1999	CLR	---	N	N	
D02.040.011	1-03A-H29	03A	04/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98161465 was written to correct problems.
D02.040.012	1-03A-H61	03A	04/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98167690 was written to correct problems.
D03.020.004	1-56-H18	56	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D03.020.009	1-56-H58	56	05/18/1999	CLR	---	N	N	
F01.010.001	1-51A-H11B	51A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.010.004	1-51A-H3C	51A	06/10/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.011.001	1-51A-H10B	51A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.011.002	1-51A-H2C	51A	06/10/1999	CLR	---	N	N	
F01.012.014	1-53A-H5B	53A	06/10/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.012.016	1-50-RCPM-S6	50	05/22/1999	CLR	---	N	N	
F01.020.002	1-01A-H2	01A	06/07/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work

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F01.020.006	1-14B-H18E	14	06/10/1999	REC	---	N	N	Order # 98082395 was written to correct problems. Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98170449 was written to correct problems.
F01.020.014	1-51-SR4	51B	04/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98168073 was written to correct problems.
F01.020.015	1-51-SR5	51B	04/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98168073 was written to correct problems.
F01.020.032	1-53B-H6	53B	04/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.034	1-53B-R14	53B	05/05/1999	CLR	---	N	N	
F01.020.036	1-54A-DE05	54A	05/18/1999	CLR	---	N	N	
F01.020.046	1-51-SR19	51B	06/01/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.006	1-14-H21C	14	06/10/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98170449 was written to correct problems.
F01.021.012	1-51A-H114	51A	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.019	1-53B-H7	53B	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.022	1-54A-R11	54A	04/15/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.026	1-51-SR17	51B	06/01/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.021.032	1-53B-R11	53B	04/15/1999	CLR	---	N	N	
F01.022.005	1-01A-H7	01A	04/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.022.006	1-01A-R7	01A	06/17/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98084250 was written to correct problems.
F01.022.014	1-53A-H5B	53A	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.022.023	1-54A-H25A	54A	05/11/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.003	1-03-R11	03	06/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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								and the support was found to be acceptable for service. Work Order # 98172891 was written to correct problems.
F01.030.012	1-03A-H5242	03A	05/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.023	1-14-H6014	14	06/10/1999	CLR	---	N	N	
F01.030.024	1-14B-ASR14	14B	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.025	1-14B-DE009	14B	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.037	1-56-H5106	56	05/27/1999	CLR	---	N	N	
F01.031.010	1-14B-ASR8	14B	05/11/1999	CLR	---	N	N	
F01.031.012	1-56-H5110	56	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98164073 was written to correct problems..
F01.032.001	1-01A-H2	01A	06/15/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98171080 was written to correct problems.
F01.032.005	1-03A-H21	03A	04/15/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.040.003	1-PZR-SUPPORT	50	05/25/1999	CLR	---	N	N	
F01.040.010	1-EFDW-MD-PU-A	03A	05/13/1999	CLR	---	N	N	
F01.040.011	1-EFDW-PT	03A	05/13/1999	CLR	---	N	N	
F01.040.012	1-EFDW-TD-PU	03A	05/13/1999	CLR	---	N	N	
F01.040.023	1-RC-SR FILTER	51B	05/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.001	1-50-H12	50	06/10/1999	CLR	---	N	N	
F01.050.002	1-50-H1A	50	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.003	1-50-H2A	50	05/22/1999	CLR	---	N	N	
F01.050.004	1-50-H3	50	05/22/1999	CLR	---	N	N	
F01.050.005	1-50-H3A	50	05/22/1999	CLR	---	N	N	
F01.050.006	1-50-H7	50	05/22/1999	CLR	---	N	N	
F01.050.007	1-50-H8	50	05/22/1999	CLR	---	N	N	
F01.050.008	1-50-H9	50	05/22/1999	CLR	---	N	N	
F01.050.009	1-50-H10	50	05/22/1999	CLR	---	N	N	
F01.050.011	1-50-H1	50	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work

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								Order # 98166137 was written to correct problems.
F01.050.012	1-51A-H17A	51A	05/22/1999	CLR	---	N	N	
F01.050.013	1-53A-H5A	53A	05/22/1999	CLR	---	N	N	
F01.050.014	1-53A-H5B	53A	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165947 was written to correct problems.
F01.050.015	1-03-H7B	03	05/20/1999	CLR	---	N	N	
F01.050.016	1-50-H11	50	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165948 was written to correct problems.
F01.050.017	1-03-H10A	03	05/22/1999	CLR	---	N	N	
F01.050.018	1-53A-H40C	53A	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98166137 was written to correct problems..
F01.050.019	1-53A-H41C	53A	05/22/1999	CLR	---	N	N	
F01.050.020	1-57-H10	57	05/22/1999	CLR	---	N	N	
F01.050.021	1-57-H11	57	05/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.022	1-50-H13A	50	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98077509 was written to correct problems.
F01.050.023	1-57-H14	57	05/22/1999	CLR	---	N	N	
F01.050.024	1-57-H15	57	05/22/1999	CLR	---	N	N	
F01.050.025	1-57-H17	57	05/22/1999	CLR	---	N	N	
F01.050.026	1-57-H18	57	05/22/1999	CLR	---	N	N	
F01.050.027	1-57-H22	57	05/22/1999	CLR	---	N	N	
F01.050.028	1-57-H26	57	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98166137 was written to correct problems.
F01.050.029	1-57-H9	57	05/22/1999	CLR	---	N	N	
F01.050.030	1-01A-H10B	01A	05/23/1999	CLR	---	N	N	
F01.050.031	1-01A-H11A	01A	05/23/1999	CLR	---	N	N	
F01.050.032	1-01A-H11B	01A	05/23/1999	CLR	---	N	N	
F01.050.033	1-01A-H12A	01A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165947 was written to correct problems.
F01.050.034	1-01A-DE005	01A	06/02/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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								and the support was found to be acceptable for service. Work Order # 98081785 was written to correct problems.
F01.050.035	1-01A-DE006	01A	05/31/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98081785 was written to correct problems.
F01.050.036	1-01A-R-2-1	01A	05/31/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98081785 was written to correct problems.
F01.050.037	1-01A-R-2-2	01A	05/31/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98081785 was written to correct problems.
F01.050.038	1-01A-R12	01A	03/31/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.039	1-01A-R9-1	01A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165448 was written to correct problems.
F01.050.040	1-01A-R9-2	01A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165448 was written to correct problems.
F01.050.041	1-01A-R9-3	01A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165448 was written to correct problems.
F01.050.042	1-01A-R9-4	01A	05/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98165171 was written to correct problems.
F01.050.043	1-03-R12	03	04/08/1999	CLR	---	N	N	
F01.050.044	1-03-R7	03	06/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.045	1-03A-SR56	03A	04/28/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98160754 was written to correct problems.
F01.050.046	1-03A-SR57	03A	06/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98173935 was written to correct problems.
F01.050.047	1-03A-SR58	03A	04/21/1999	CLR	---	N	N	
F01.050.048	1-03A-SR59	03A	04/21/1999	CLR	---	N	N	
F01.050.049	1-03A-SR50	03A	04/28/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work

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								Order # 98160751 was written to correct problems.
F01.050.050	1-03A-SR63	03A	05/12/1999	CLR	---	N	N	
F01.050.051	1-03A-SR64	03A	05/18/1999	CLR	---	N	N	
F01.050.053	1-01A-H44	01A	04/05/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98164083 was written to correct problems.
F01.050.055	1-01A-R2	01A	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.056	1-03A-DE058	03A	04/28/1999	CLR	---	N	N	
F01.050.057	1-03-H4171	03	04/13/1999	CLR	---	N	N	
F01.050.058	1-53B-DE056	53B	05/18/1999	CLR	---	N	N	
F01.050.059	1-53B-DE059	53B	05/18/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.060	1-53B-DE066	53B	05/18/1999	CLR	---	N	N	
F01.050.061	1-54A-DE-020	54A	05/18/1999	CLR	---	N	N	
F01.050.062	1-54A-DE015	54A	05/18/1999	CLR	---	N	N	
F01.050.063	1-51A-DE001A	51A	05/18/1999	CLR	---	N	N	
F01.050.064	1-53B-DE060	53B	05/18/1999	CLR	---	N	N	
F01.050.065	1-53B-DE055	53B	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. PIP # 1-099-1793 was written to document problem.
F01.050.066	1-53B-DE057	53B	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.067	1-51A-H102	51A	05/11/1999	CLR	---	N	N	
F01.050.068	1-51A-H97	51A	04/15/1999	CLR	---	N	N	
F01.050.069	1-54A-R16	54A	04/15/1999	CLR	---	N	N	
F01.050.070	1-51A-H80	51A	04/15/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98164023 was written to correct problems.
F01.050.071	1-51A-H86	51A	04/15/1999	CLR	---	N	N	
F01.050.072	1-53A-GPD-H0010	53A	05/22/1999	CLR	---	N	N	
F01.050.073	1-03-H6068	03	05/20/1999	CLR	---	N	N	
F01.050.074	1-03-H6020	03	05/20/1999	CLR	---	N	N	
F01.050.075	1-03-H6070	03	05/22/1999	CLR	---	N	N	
F01.050.076	1-03-H6071	03	05/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.077	1-57-NW1Z	57	05/22/1999	CLR	---	N	N	

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F01.050.078	1-57-H23	57	05/22/1999	CLR	---	N	N	
F01.050.079	1-01A-R11	01A	03/30/1999	CLR	---	N	N	
F01.050.080	1-01A-R4	01A	03/24/1999	CLR	---	N	N	Factory Snubber Tag is missing 2 rivets.
F01.050.081	1-01A-R5	01A	03/30/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98159554 was written to correct problems.
F01.050.082	1-01A-R6	01A	05/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.083	1-01A-R7	01A	06/17/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98083952 was written to correct problems.
F01.050.084	1-03-R13	03	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.085	1-03A-H115	03A	04/21/1999	CLR	---	N	N	
F01.050.086	1-03A-H123	03A	05/13/1999	CLR	---	N	N	
F01.050.087	1-03A-SR62	03A	04/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98166170 was written to correct problems.
F01.050.088	1-01A-H43	01A	05/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98161855 was written to correct problems.
F01.050.089	1-01A-R11	01A	05/13/1999	CLR	---	N	N	
F01.050.090	1-07A-H39	07A	04/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.091	1-07A-H40	07A	04/28/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.092	1-07A-H41	07A	04/28/1999	CLR	---	N	N	
F01.050.093	1-50-RCPM-S1	50	05/22/1999	CLR	---	N	N	
F01.050.094	1-50-RCPM-S2	50	05/22/1999	CLR	---	N	N	
F01.050.095	1-50-RCPM-S3	50	05/22/1999	CLR	---	N	N	
F01.050.096	1-50-RCPM-S4	50	05/22/1999	CLR	---	N	N	
F01.050.097	1-50-RCPM-S5	50	05/22/1999	CLR	---	N	N	
F01.050.098	1-50-RCPM-S6	50	05/22/1999	CLR	---	N	N	
F01.050.099	1-50-RCPM-S7	50	05/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Minor Mod OE-12222 was already scheduled for this outage and it resolved these discrepancies.

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F01.050.100	1-50-RCPM-S8	50	05/20/1999	CLR	---	N	N	
F01.050.101	1-50-RCPM-S9	50	05/20/1999	CLR	---	N	N	
F01.050.102	1-50-RCPM-S10	50	05/20/1999	CLR	---	N	N	
F01.050.103	1-50-RCPM-S11	50	05/20/1999	CLR	---	N	N	
F01.050.104	1-50-RCPM-S12	50	05/20/1999	CLR	---	N	N	
G04.001.007	1-51A-10-6	51A	05/30/1999	CLR	---	N	N	
G04.001.012	1HP-190-12	51A	05/30/1999	CLR	---	N	N	
G04.001.015	1HP-190-16	51A	05/27/1999	CLR	---	N	N	
G04.001.016	1HP-190-13	51A	05/27/1999	CLR	---	N	N	
G04.001.017	1HP-279-4	51A	05/30/1999	CLR	---	N	N	
G04.001.018	1HP-279-3	51A	05/30/1999	CLR	---	N	N	
G04.001.019	1HP-279-24	51A	05/30/1999	CLR	---	N	N	
G04.001.021	1HP-277-42C	51A	05/27/1999	CLR	---	N	N	
G04.001.022	1HP-277-43C	51A	05/27/1999	CLR	---	N	N	
G04.001.023	1HP-277-52	51A	05/27/1999	CLR	---	N	N	
G04.001.025	1HP-278-22C	51A	05/30/1999	CLR	---	N	N	
G04.001.026	1HP-278-23C	51A	05/30/1999	CLR	---	N	N	
G04.001.027	1HP-278-24	51A	05/30/1999	CLR	---	N	N	
G05.001.001A	1-50-03-52	50	05/27/1999	CLR	---	N	N	1" of the adjoining base metal could not be examined because only .375" base metal exist between welds.(All this area covered in exam.)
G09.001.003	1-51A-01-44A	51A	04/19/1999	CLR	---	N	N	
G09.001.009	1-53B-02-A15	53B	04/14/1999	CLR	97.10%	N	N	
G09.001.015	1-53B-05-108J	53B	04/20/1999	CLR	---	N	N	
G09.001.021	1-53B-06-48K	53B	04/14/1999	CLR	---	N	N	
G09.001.027	1-53B-16-4	53B	04/20/1999	CLR	---	N	N	
G09.001.033	1-54A-01-13C	54A	04/21/1999	CLR	---	N	N	
G09.001.039	1-54A-04-74C	54A	04/13/1999	CLR	---	N	N	
G10.001.001	1-PHA-13	50	05/27/1999	CLR	---	N	N	
G10.001.002	1-PHA-14	50	05/27/1999	CLR	---	N	N	
G10.001.003	1-PHA-15	50	05/27/1999	CLR	---	N	N	
G10.001.010	1-PIB2-12	50	05/26/1999	CLR	---	N	N	
G12.001.009	1-51B-2-148A	51B	06/21/1999	CLR	---	N	N	
G12.001.014	1-51B-5-12B	51B	06/01/1999	CLR	---	N	N	

- 5.2 Limited examinations (i.e., less than or equal to 90% of the required examination coverage obtained) identified during Outage 18 are shown below. A copy of the Request for Relief is contained in Section 9.0 of this report

<u>Item Number</u>	<u>Request for Relief Serial Number</u>
B03.110.006	98-03
B03.110.007	98-03
B03.110.008	98-03
B03.120.006	98-03
B03.120.007	98-03
B03.120.008	98-03

6.0 Reportable Indications

Outage 18 had one reportable item

An indication was identified by MT examination on item number B06.010.034 (RPV Closure Nut # 1-RPV-26-203-34). The closure nut discrepancy was reviewed by Oconee Engineering and the MT NDE Level III and was declared unacceptable for service. The unacceptable closure nut was replaced with closure nut # 1-RPV-26-203-65. PIP # 1-0-99-2202 was written to document the problems found with the closure nut. A copy of PIP # 1-0-99-2202 is located in Section 9 of this report. Additional samples(20 total) were added to the ISI plan for outage 18 in accordance with IWB-2430(a).

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from December 25, 1997 to July 8, 1999 at Oconee Nuclear Station, Unit 1, were certified in accordance with the requirements of 1989 Edition of ASME Section XI with no addenda. The appropriate certification records for each inspector are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of periodic calibration of inspection equipment are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of materials used, (i.e., NDE consumables) are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

8.0 Corrective Action

PIP # 1-0-99-2202 was written to document the discrepancy found with a closure nut identified by MT examination on item number B06.010.034 (RPV Closure Nut # 1-RPV-26-203-34). The closure nut discrepancy was reviewed by Oconee Engineering and the MT NDE Level III and was declared unacceptable for service. The unacceptable closure nut was replaced with closure nut # 1-RPV-26-203-65. A copy of PIP # 1-0-99-2202 is located in Section 9 of this report. Additional samples (20 total) were added to the ISI plan for outage 18 in accordance with IWB-2430(a).

PIP # 1-0-99-1793 was written to document a recordable indication found during a VT-3 inspection on item number F01.050.065. The snubber was found to be acceptable for service and the indication was not service induced. A copy of PIP # 1-0-99-1793 is located in section 9 of this report.

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 18 at Oconee 1.

Duke Power Company Problem Investigation Process Report # 1-0-99-2202

Duke Power Company Problem Investigation Process Report # 1-0-99-1793

Duke Energy Request for Relief 98-03

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-1793
LER No:

Action Category: 2
Other Report:

I. Problem ID

Discovered Time/Date: 09:30 05/12/99

Occurred Time/Date:

Unit(s): 1

Status at Time Discovered
Mode
% Power

Unit 1
1

Unit 2
N/A

Unit 3
N/A

Unit Status Remarks:

System(s) Affected: LPI Other Low Pressure Injection Equipment

Affected Equipment

<u>WMS Equipment ID No.</u>	<u>Comp. Code</u>	<u>Manufacturer</u>
-----------------------------	-------------------	---------------------

Location of Problem - Bldg: AB Column Line: Elev:

Location Remarks:

In Cast Decon Tank Room

Method Used to Discover Problem:

ISI

Brief Problem Description:

Design oversight will cause snubber on LPI piping to bottom out in hot condition.

Detailed Problem Description:

A recent ISI on hanger S/R# 1-53B-0-438C-DE055 identified a design problem with the snubber. The current setting on the snubber is 1" with the LPI piping in the cold system condition. The analysis predicts the pipe to move 2.46" west when the pipe heats up to its design temperature. The snubber is located on the west side of the pipe, so it will contract when the piping heats up. This will cause the snubber to bottom out because only 1" of contraction is available. The snubber was originally designed to be located on the east side of the piping.

Preliminary investigation shows the snubber bottoming out in the hot system condition will cause the piping to be outside code allowables.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 05/12/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

Other Units/Components/Systems/Areas Affected (Y,N,N):

Industry Plants Affected (Y,N,U): U

Immediate Corrective Actions:

Performed piping analysis to evaluate affect on the system. Initial results show piping will be outside code allowables but within operability allowables (Operable with a Non-Conforming Item). A minor mod needs to be initiated to reset the snubber to a proper position.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 05/12/99

Problem Found While Working with Document No. :

Immediate Corrective Action Work Request / Work Order No. :

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date:</u>
Problem Identified By:	PAW4981	RAH8344	CEN	05/12/99
Problem Entered By:	PAW4981	RAH8344	CEN	05/12/99

II. Screening

Is the Problem Significant? Y Action Category: 2
Significance Codes: 5 Operability per NSD 203

OEP No:

Other Report Nos:

Event Codes: D6 Drawings or Calculations

Screening Remarks:

Operability Evaluation required to determine acceptability of piping with incorrect snubber settings.

Originated By: RAH8344: HEINECK, ROBERT A Team: RAH8344 Group: CEN Date: 05/12/99

This PIP does meet MSE criteria in that an operability evaluation is required.

Last Updated By: RWVASSEY: VASSEY, R.W. Team: RTB7310 Group: SRG Date: 05/17/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

Responsible Group(s) for Problem Evaluation: CEN

Civ, Elect., Nuclear

Responsible Group for Present Operability: CEN

Civ, Elect., Nuclear

Responsible Group for Past Operability: CEN

Civ, Elect., Nuclear

Responsible Group for Reportability: RGC

Regulatory Compliance

Responsible Group for Overall PIP approval: CEN

Civ, Elect., Nuclear

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Screened By:	RAH8344	RAH8344	CEN	05/12/99

III. Operability

Present Operability:

Responsible Group: CEN Status: Closed

Sys/Comp Operable?(Y,N,C,E): T

Required Mode:

Comments:

1. Statement of Problem

The snubber of the S/R # 1-53B-0-438C-DE055 does not have enough cold piston setting to facilitate piping thermal movement.

2. Relation to QA Condition

Piping and supports are QA Condition - 1. The Pipe Class is B and the ISI Class is B.

3. Applicable codes And standards

U.S.A.S B31.1 Code for pressure piping (1967).
U.S.A.S B31.7 Nuclear piping code (1968) and Addenda (June 1968)
ASME Code , Section III, 1977, Subsection NC

4. Evaluation Inputs/Methods Used

A lumped mass Finite Element model was analyzed by stiffness method to determine pipe movements, stresses and support loads using SUPERPIPE computer program.

5. Other Evaluation Criteria

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

None

6. Applicable Licensing References

UFSAR Chapter 3

7. Assumptions

will be addressed as applicable during evaluation.

8. References

OS-027B.00-00-0001, Rev.4

9. Calculation/Evaluation

The ISI examination of the hanger 1-53B-0-438C-DE055 reported that the Cold Piston Setting of the snubber is 1". The pipe thermal movement in the west direction is 2.46". The snubber of this support is installed to the west of the pipe. The 1" Cold Piston Setting is not sufficient to allow pipe movements of 2.46" therefore, the snubber will bottom out after pipe moves 1" and pipe will be restrained during thermal operation. The pipe thermal stresses will increase and the support will experience excessive thermal loads. The equation 11 is 15% above the design allowable which is well within the operability allowable. The supports are reviewed for the increased loads. The following supports experienced load increases: 1-53B-3-0-438C-H26, 1-53B-438C-H5586, 1-53B-438C-H5587, 1-53B-0-438B-DE050, 1-53B-3-0-437B-H25, 1-53B-0-437B-DE052, 1-53B-0-438C-DE055 and 1-53B-3-0-444-R3. Except for the S/R 1-53B-0-438C-DE055, all supports are found operable per piping analysis when snubber locked out (some supports did exceed design allowables, but stresses/safety factors were adequate for those supports to perform their intended function). The support 1-53B-0-438C-DE055 failed due to excessive thermal and seismic loads. As such, the new piping analysis was performed excluding S/R 1-53B-0-438C-DE055 from the math model. The stresses of this analysis after removing stress intensification from torsion moments are less than 2Sy (Sy of SA312, TP 304 at 250 deg.F is 23750 psi). Thus the piping remained operable with NCI. All remaining supports are reviewed for the increased loads and found operable or operable with NCI.

The operability evaluation can be found within the calculation OSC-404, rev.12.

10. Compensatory Actions Required for Operability

None

11. Conclusions

The piping and the supports are considered operable with NCI.

Originated By: JPP610C: PATEL, JASHBHAI P Team: RAH8344 Group: CEN Date: 05/13/99

Last Updated By: JPP610C: PATEL, JASHBHAI P Team: RAH8344 Group: CEN Date: 05/13/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

Last Updated By: JPP610C: PATEL, JASHBHAI P Team: RAH8344 Group: CEN Date: 05/13/99

Last Updated By: PHP4260: PATEL, PARSHOTTAM H Team: RAH8344 Group: CEN Date: 05/13/99

Last Updated By: PHP4260: PATEL, PARSHOTTAM H Team: RAH8344 Group: CEN Date: 05/13/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	05/15/99			
Accepted By:	RAH8344	RAH8344	CEN	05/12/99
Assigned To:	JPP610C	RAH8344	CEN	05/12/99
Ready for Checked By:	PHP4260	RAH8344	CEN	05/13/99
Checked By Assigned To:	PCC2458	RAH8344	CEN	05/13/99
Checked By:	PCC2458	RAH8344	CEN	05/14/99
Ready For Approval:	PCC2458	RAH8344	CEN	05/14/99
Approval Assigned To:	RAH8344	RAH8344	CEN	05/14/99
Approved By:	RAH8344	RAH8344	CEN	05/14/99
Evaluation Assigned To:	RPT7314	JEB8371	RGC	05/18/99
Evaluated By:	RPT7314	JEB8371	RGC	05/26/99

Past Operability:

Responsible Group: CEN Status: Closed

Sys/Comp Operable?(Y,N,C,E): Y

Required Mode:

Comments:

1. Statement of Problem

The snubber of the s/r # 1-53B-0-438C-DE055 does not have enough cold piston setting to facilitate piping thermal movement.

2. Relation to QA Condition

Piping and supports are QA Condition - 1. The Pipe Class is B and the ISI Class is B.

3. Applicable codes And standards

U.S.A.S B31.1 Code for pressure piping (1967).
U.S.A.S B31.7 Nuclear piping code(1968) and Addend as (June 1968)

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-1793
LER No:

Action Category: 2
Other Report:

ASME Code , Section III, 1977, Subsection NC

4. Evaluation Inputs/Methods Used

A lumped mass Finite Element model was analyzed by stiffness method to determine pipe movements, stresses and support loads using SUPERPIPE computer program.

5. Other Evaluation Criteria

None

6. Applicable Licensing References

UFSAR Chapter 3.

7. Assumptions

will be addressed as applicable during evaluation.

8. References

OSC-404, Rev.11
OS-027B.00-00-0001, Rev.4

9. Evaluation

The present operability was established for the piping system and the associated supports of the analysis problem 1-53-04 for all applicable loads. Based on the present operability the piping system and associated supports of the analysis problem 1-53-04 declared past operable.

10. Conclusion.

The piping system and the associated supports are past operable.

Last Updated By: JPP610C: PATEL, JASHBHAI P Team: RAH8344 Group: CEN Date: 05/27/99

Last Updated By: JPP610C: PATEL, JASHBHAI P Team: RAH8344 Group: CEN Date: 06/04/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	06/11/99			
Accepted By:	RAH8344	RAH8344	CEN	05/12/99
Assigned To:	JPP610C	RAH8344	CEN	05/12/99

Oconee Nuclear Station
Problem Investigation Process - PIP
Problem Investigation Form

PIP Serial No: 1-O99-1793
LER No:

Action Category: 2
Other Report:

Approval Assigned To:	RAH8344	RAH8344	CEN	05/27/99
Ready for Checked By:	JPP610C	RAH8344	CEN	06/04/99
Checked By Assigned To:	PAW4981	RAH8344	CEN	06/04/99
Checked By:	PAW4981	RAH8344	CEN	06/04/99
Ready For Approval:	JPP610C	RAH8344	CEN	06/04/99
Approved By:	RAH8344	RAH8344	CEN	06/04/99
Evaluated By:	JASMITH	JEB8371	RGC	06/08/99

IV. Reportability/Investigation

Responsible Group: RGC Status: Closed

Problem Reportable(Y,N,E): N

Reportable Per:

Comments:

The individual snubbers are inoperable but the pipe/components still meet seismic criteria, therefore this event is not reportable.

Originated By: RPT7314: TODD, RANDALL P Team: JEB8371 Group: RGC Date: 05/26/99

Last Updated By: RPT7314: TODD, RANDALL P Team: JEB8371 Group: RGC Date: 06/14/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:	RPT7314	JEB8371	RGC	05/18/99
Ready For Approval:	RPT7314	JEB8371	RGC	06/14/99
Approval Assigned To:	JEB8371	JEB8371	RGC	06/14/99
Approved By:	JEB8371	JEB8371	RGC	06/15/99
Concurrence By:	JASMITH	JEB8371	RGC	06/15/99

Investigation Report:

Responsible Group:

Act Date:

Investigator:

Due Date:

Date Due to VP or Sta. Mgr:

Date Regulatory or Agency Rpt Due:

Date Investigation Report Approved:

NRC Cause Codes:

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

V. Problem Evaluation

System(s) Affected: LPI Other Low Pressure Injection Equipment

Affected Equipment

<u>WMS Equipment ID No.</u>	<u>Comp. Code</u>	<u>Manufacturer</u>
-----------------------------	-------------------	---------------------

<u>Event</u>	<u>Cause Cd</u>	<u>Cause Description</u>	<u>Primary</u>	<u>Causing Group(s)</u>
D6	UNK	Unknown	Yes	N/A

Problem Evaluation From: Resp. Group: CEN Status: Closed OEDB Checked: No

Root cause analysis is not required for this event. Approved by Bill Foster on 6/7/99.

Last Updated By: RSMATHES: MATHESON, R.S. Team: RTB7310 Group: SRG Date: 06/08/99

The problem being evaluated is the mechanical snubber bottoming out when the piping system is in the hot condition. This occurred as a result of a design oversight. This error occurred back in 1986. The snubber was originally designed to be installed on the east side of the LPI pipe. Due to interferences, the support was moved to the west side, but new settings for the snubber were mistakenly overlooked. The snubber was installed as shown on the sketch, but it does not have enough travel to allow full thermal movement of the piping.

The error that occurred is historical. Per Appendix E of NSD 208, a problem evaluation is not required. A design error is known to have occurred, but it is not feasible to interview those involved due to the time lapsed (13 years). Therefore, a cause code of unknown is assigned.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 06/04/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	06/11/99			
Accepted By:	RAH8344	RAH8344	CEN	05/12/99
Assigned To:	PAW4981	RAH8344	CEN	05/12/99
Ready For Approval:	PAW4981	RAH8344	CEN	06/04/99
Approval Assigned To:	RAH8344	RAH8344	CEN	06/04/99
Approved By:	RAH8344	RAH8344	CEN	06/04/99
Concurrence By:	RWVASSEY	RTB7310	SRG	06/14/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-1793
LER No:

Action Category: 2
Other Report:

VII. Corrective Actions

Seq. No: 1

Resp Group: CEN
Orig Group: CEN
Prop CAC: B1a

Status: Closed
Event Code: D6
Cause Code: UNK

Proposed Corrective Action:

Document completion of Minor Mod that corrects the snubber problem.

Originated By: RAH8344: HEINECK, ROBERT A Team: RAH8344 Group: CEN Date: 06/25/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Ready For Approval:	RAH8344	RAH8344	CEN	06/25/99
Approval Assigned To:	RAH8344	RAH8344	CEN	06/25/99
Approved By:	RAH8344	RAH8344	CEN	06/25/99

General:

Outage: INNAGE 6 Mode: N/A

Other Tracking Processes

<u>Type</u>	<u>Number</u>	<u>Text</u>
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Actual Corrective Action:

Actual CAC:
Due Date: 11/08/99

Status: Open

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	11/08/99			
Accepted By:	RAH8344	RAH8344	CEN	06/25/99
Assigned To:	PAW4981	RAH8344	CEN	06/25/99

VIII. Final and Overall PIP Approval

Responsible Group: CEN Status: Screened

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:			CEN	05/12/99
Approval Assigned To:		RAH8344	CEN	06/16/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-1793
LER No:

Action Category: 2
Other Report:

Closure Document Type

Closure Document No

Microfilm Roll / Frame: /

Supplemental Concurrences - These do not affect PIP closure.

Concurrences Associated with External Commitments:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Concurred By:				

IX. Attachments

Generic Applicability

Responsible Group: OEA

Status: Closed

GO PIP No:

Assessment Remarks:

The OEA Screening Team has determined that this issue does not require a Generic Applicability Review.

Originated By: NRW7390: WALKER, NATHAN R Team: JWP7322 Group: OEA Date: 06/15/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:			OEA	05/12/99
Ready For Approval:	NRW7390	JWP7322	OEA	06/15/99
Approval Assigned To:	JWP7322	JWP7322	OEA	06/15/99
Approved By:	NRW7390	JWP7322	OEA	06/15/99

Environmental

No Environmental for this PIP.

Failure Prevention Investigation:

No FPI for this PIP.

Remarks

Oconee Nuclear Station
Problem Investigation Process - PIP
Problem Investigation Form

PIP Serial No: 1-O99-1793
LER No:

Action Category: 2
Other Report:

No Remarks for this PIP

Maintenance Rule

No Maintenance Rule for this PIP

End of the Document for PIP No: 1-O99-1793
The status of this PIP is: Screened
The duration of this PIP was: 44 days

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-2202

LER No:

Action Category: 3

Other Report:

I. Problem ID

Discovered Time/Date: 14:00 06/03/99

Occurred Time/Date:

Unit(s): 1

Status at Time Discovered

Unit 1

Unit 2

Unit 3

Mode

NOMODE

N/A

N/A

% Power

Unit Status Remarks:

System(s) Affected: RC

Reactor Coolant

Affected Equipment

WMS Equipment ID No.

Comp.

Code

Manufacturer

Location of Problem - Bldg: AB

Column Line:

Elev:

Location Remarks:

Hot Machine Shop

Method Used to Discover Problem:

ISI of reactor head studs

Brief Problem Description:

Small linear non-axial indication in nut for stud #34 for reactor vessel head. Approximate length 1/4 inch.

Detailed Problem Description:

ISI of reactor vessel head bolting material per Section XI of the ASME Code (In Service Inspection) disclosed linear non-axial indication in excess of allowable 1/4 inch. Magnetic particle testing was NDE method used for inspection.

No operability is involved.

Originated By: RKE7315: EMORY, RODNEY K Team: FJV9133 Group: CEN Date: 06/03/99

Per TJ Coleman, the nut was replaced and performed additional examination per IWB-2430 (a) of the 1989 edition of ASME Section XI code. WO 98090172-01. No additional immediate corrective actions are required in support of startup activities on IEOC18.

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-2202
LER No:

Action Category: 3
Other Report:

Last Updated By: SNS3927: SEVERANCE, SANDRA N Team: TDC7309 Group: MSE Date: 06/15/99

Other Units/Components/Systems/Areas Affected (Y,N,U): N

Industry Plants Affected (Y,N,U): N

Immediate Corrective Actions:

Reactor head technicians performed honing, followed by filing, of affected area to determine if indication was surface defect only. After minor filing indication was still present. Notified ISI coordinator about situation to have sizing of indication performed, and to determine requirement for expanded sampling.

No operability is involved.

Originated By: RKE7315: EMORY, RODNEY K Team: FJV9133 Group: CEN Date: 06/03/99

Problem Found While Working with Document No. :

Immediate Corrective Action Work Request / Work Order No. :

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date:</u>
Problem Identified By:	RKE7315	FJV9133	CEN	06/03/99
Problem Entered By:	RKE7315	FJV9133	CEN	06/03/99

II. Screening

Is the Problem Significant? N Action Category: 3

OEP No:

Other Report Nos:

Event Codes: F3 Equipment Out of Norm

Screening Remarks:

This event has been reviewed by the CST and found not to meet the MSE significance criteria.

Screening members present for this review: R. Ledford (MNT & WCG), Sandy Severance (All of ENG)

Originated By: RWV1470: VASSEY, RAY W Team: RTB7310 Group: SRG Date: 06/04/99

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-2202
LER No:

Action Category: 3
Other Report:

Responsible Group(s) for Problem Evaluation: EN

Civ, Elect., Nuclear

Responsible Group for Present Operability: N/A
Responsible Group for Past Operability: N/A
Responsible Group for Reportability: N/A
Responsible Group for Overall PIP approval: CEN

Civ, Elect., Nuclear

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Screened By:	RWV1470	RTB7310	SRG	06/04/99

III. Operability

Present Operability:

Responsible Group: Status:

Sys/Comp Operable?(Y,N,C,E) :

Required Mode:

Comments:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
No current Signatures for this section.				

Past Operability:

Responsible Group: Status:

Sys/Comp Operable?(Y,N,C,E) :

Required Mode:

Comments:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
No current Signatures for this section.				

IV. Reportability/Investigation

Responsible Group: Status:

Problem Reportable(Y,N,E):

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-2202
LER No:

Action Category: 3
Other Report:

Reportable Per:

Comments:

Indiv Team Group Date
No current Signatures for this section.

Investigation Report:

Responsible Group:

Act Date:

Investigator:

Due Date:

Date Due to VP or Sta. Mgr:

Date Regulatory or Agency Rpt Due:

Date Investigation Report Approved:

NRC Cause Codes:

V. Problem Evaluation

System(s) Affected: RC Reactor Coolant

Affected Equipment

Comp.

WMS Equipment ID No.

Code

Manufacturer

<u>Event</u>	<u>Cause Cd</u>	<u>Cause Description</u>
F3	UNK	Unknown

<u>Primary</u>	<u>Causing Group(s)</u>
Yes	N/A

Problem Evaluation From: Resp. Group: CEN Status: Closed OEDB Checked: No

No inappropriate action was involved.

The indication on reactor head stud nut number 34 was found during scheduled ISI inspections for Item Number B06.010.034. The indication had raised metal along both edges, symptomatic of a gouge caused by contact with another object. Following discovery, at Engineering direction, the reactor head technicians performed honing, followed by filing, of affected area to determine whether the indication was a minor surface defect only. After minor filing, the indication was still present. QC performed UT of the indication to attempt to size the indication for further evaluation.

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-2202
LER No:

Action Category: 3
Other Report:

UT could not locate the indication, demonstrating that the indication was of a size less than the minimum detectable by the UT method being utilized (less than .050 inches in depth).

The ASME specification for the nut material (SA-540) allows removal of defects up to 0.203 inches in depth. From the information obtained, it was determined that the indication could have been easily removed without detrimental effect on the nut with the nut being fully acceptable for continued service; however the nut would have to be re-inspected during the next three refueling outages.

QC personnel also expressed a desire to retain the indication for use as a training aid. For those reasons, it was decided to replace the nut with a spare.

It is unknown whether the indication was created during manufacture or by impact with tooling or other external objects during handling. There is no indication that the indication was service induced (the nut is loaded in compression normal to the circumferential direction).

The ISI coordinator had the inspection plan amended (Serial Number ONS1-116) to include an additional sample of nuts (20) per the requirements of ASME Section XI, paragraph IWB-2430(a). No additional indications were found.

Since the nut was replaced and the extended ISI sample population exhibited no indications, no further corrective action is required.

No Maintenance Rule Functional Failure was involved. No operability is involved.

Originated By: RKE7315: EMORY, RODNEY K Team: FJV9133 Group: CEN Date: 06/10/99

OEDB Comments:

Since this was an isolated occurrence, there was felt to be no information of any benefit to be obtained by an OEDB search.

Originated By: RKE7315: EMORY, RODNEY K Team: FJV9133 Group: CEN Date: 06/10/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	07/03/99			
Accepted By:	FJV9133	FJV9133	CEN	06/10/99
Assigned To:	RKE7315	FJV9133	CEN	06/10/99
Approval Assigned To:	FJV9133	FJV9133	CEN	06/15/99
Ready For Approval:	RKE7315	FJV9133	CEN	06/15/99
Approved By:	FJV9133	FJV9133	CEN	06/23/99

VII. Corrective Actions

No Corrective Actions for this PIP.

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-099-2202
LER No:

Action Category: 3
Other Report:

VIII. Final and Overall PIP Approval

Responsible Group: CEN Status: Closed

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:			CEN	06/04/99
Approved By:	FJV9133	FJV9133	CEN	06/23/99

Closure Document Type

Closure Document No

Supplemental Concurrences - These do not affect PIP closure.

Concurrences Associated with External Commitments:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Concurred By:				

IX. Attachments

Generic Applicability

Generic Applicability Review Not Required for this PIP.

Environmental

No Environmental for this PIP.

Failure Prevention Investigation:

No FPI for this PIP.

Remarks

No Remarks for this PIP

Maintenance Rule

No Maintenance Rule for this PIP

Oconee Nuclear Station

Problem Investigation Process - PIP

Problem Investigation Form

PIP Serial No: 1-O99-2202
LER No:

Action Category: 3
Other Report:

End of the Document for PIP No: 1-O99-2202

The status of this PIP is: Closed

The duration of this PIP was: 20 days



UNITED STATES
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D.C. 20555-0001

July 1, 1999

Mr. W. R. McCollum, Jr.
Vice President, Oconee Site
Duke Energy Corporation
7800 Rochester Highway
Seneca, SC 29672

SUBJECT: OCONEE NUCLEAR STATION, UNITS 1, 2, AND 3 RE: THIRD 10-YEAR
INTERVAL INSERVICE INSPECTION PROGRAM PLAN REQUEST FOR RELIEF
NO. 98-03 (TAC NOS. MA3605, MA3606, AND MA3607)

Dear Mr. McCollum:

By letter dated September 16, 1998, Duke Energy Corporation submitted Request for Relief No. 98-03 from the American Society of Mechanical Engineers (ASME) Section XI, 1989 Edition, with no addenda. The request for relief would allow credit to be taken by the Oconee Nuclear Station, Units 1, 2, and 3 for limited ultrasonic examinations on specific Pressurizer Sensing Nozzle-to-Vessel welds for which examination coverage would not meet the ASME Section XI Code requirements.

Based on the information provided, the staff, with technical assistance from its contractor, the Idaho National Engineering and Environmental Laboratory, have concluded that the specific examinations are impractical to perform to the extent required by the Code at the Oconee Nuclear Station, Units 1, 2, and 3. As explained in the enclosed Safety Evaluation and the Technical Letter Report (which is attached to the Safety Evaluation), the staff has concluded that pursuant to Title 10 of the Code of Federal Regulations, Section 50.55a(g)(6)(i), relief is granted for Request for Relief No. 98-03. The relief is authorized by law and will not endanger life or property or the common defense and security and is, therefore, in the public interest giving due consideration to the burden upon the licensee that would result if the requirements were imposed on the facility.

As explained in the submittal, the request for relief applies to Units 1, 2, and 3; however, only the Unit 2 examinations have been completed to date. Similar limitations and results are expected on Units 1 and 3 due to the similarity of their design. If the actual results achieved on Units 1 and 3 are the same or more conservative than those achieved on Unit 2, no further action is required. However, if actual examination coverages on Units 1 and 3 are not

W. R. McCollum, Jr.

- 2 -

essentially the same or greater than that achieved on Unit 2, specific relief requests will be necessary. In addition, the staff agrees with your intention to pursue the use of computer modeling to achieve greater coverage.

Sincerely,

Richard L. Emch, Jr.

Richard L. Emch, Jr., Section Chief, Section 1
Project Directorate II
Division of Licensing Project Management
Office of Nuclear Reactor Regulation

Docket Nos. 50-269, 50-270, and 50-287

Enclosure: Safety Evaluation

cc w/encl: See next page

Oconee Nuclear Station

cc:

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

SAFETY EVALUATION BY THE OFFICE OF NUCLEAR REACTOR REGULATION

REQUEST FOR RELIEF NO. 98-03 FROM ASME CODE SECTION XI REQUIREMENT

DUKE ENERGY CORPORATION

OCONEE NUCLEAR STATION, UNITS 1, 2, AND 3

DOCKET NOS. 50-269, 50-270, AND 50-287

1.0 INTRODUCTION

Inservice inspection of the American Society of Mechanical Engineers (ASME) Code Class 1, 2, and 3 components shall be performed in accordance with Section XI of the ASME Boiler and Pressure Vessel (B&PV) Code and applicable addenda as required by Title 10 of the Code of Federal Regulations (10 CFR) Section 50.55a(g), except where specific written relief has been granted by the Commission pursuant to 10 CFR 50.55a(6)(g)(i). Section 50.55a(a)(3) states that alternatives to the requirements of paragraph (g) may be used, when authorized by the NRC, if (i) the proposed alternatives would provide an acceptable level of quality and safety or (ii) compliance with the specified requirements would result in hardship or unusual difficulty without a compensating increase in the level of quality and safety.

Pursuant to 10 CFR 50.55a(g)(4), ASME Code Class 1, 2, and 3 components (including supports) shall meet the requirements, except the design and access provisions and the pre-service examination requirements, set forth in the ASME Code, Section XI, "Rules for Inservice Inspection of Nuclear Power Plant Components," to the extent practical within the limitations of design, geometry, and materials of construction of the components. The regulations require that inservice examination of components and system pressure tests conducted during the first 10-year interval and subsequent intervals comply with the requirements in the latest edition and addenda of Section XI of the ASME Code incorporated by reference in 10 CFR 50.55a(b) 12 months prior to the start of the 120-month interval, subject to the limitations and modifications listed therein. The applicable edition of Section XI of the ASME Code for the Oconee Nuclear Station, Units 1, 2, and 3, Third 10-Year Interval Inservice Inspection (ISI) is the 1989 Edition.

2.0 EVALUATION

By letter dated September 16, 1998, Duke Energy Corporation (licensee), submitted its Third 10-Year Interval ISI Program Plan Request for Relief (RR) No. 98-03 for Oconee Nuclear Station, Units 1, 2, and 3. The Idaho National Engineering and Environmental Laboratory (INEEL), has evaluated the information provided by the licensee in support of its third 10-Year

Enclosure

Interval ISI Program RR No. 98-03 for Oconee Nuclear Station, Units 1, 2, and 3. Based on the results of this review, the staff adopts the contractor's conclusions presented in the technical letter report attached.

The information provided by the licensee in support of the requests for relief from the Code requirements has been evaluated and the basis for disposition is documented below.

RR No. 98-03: ASME Code, Section XI, Examination Category B-D, Items B3.110 and B3.120 require 100 percent volumetric examination of all pressurizer nozzle-to-vessel welds and inside radius (IR) sections as defined by Figure IWB-2500-7(a) each inspection interval.

Pursuant to 10 CFR 50.55a(g)(5)(iii), the licensee requested relief from examining three pressurizer sensing nozzle-to-vessel welds for each Oconee unit and their associated IR sections.

The staff reviewed the information and figures provided by the licensee that describe the limitations associated with examination of the subject welds and IR sections. The staff determined that the Code examination requirements are impractical for these components. To obtain complete volumetric coverage, design modifications would be required, causing a significant burden on the licensee. However, the staff recommends that the licensee pursue the use of computer modeling to achieve greater coverage, as proposed by the licensee.

The licensee proposed to perform the volumetric examinations to the extent practical. For the Unit 2 pressurizer sensing nozzle-to-vessel welds, approximately 29 percent of the required volume of each nozzle was examined. For the associated IR sections, approximately 66 percent of the required volume of each nozzle was examined. In addition to the limited volumetric examination, the licensee proposes to use a system leakage test (VT-2 visual examination), performed after each refueling outage, to complement the volumetric examination. The examinations performed in Unit 2 and the examinations to be performed in Units 1 and 3 will detect significant degradation, if present, and provide reasonable assurance of structural integrity of the subject components. The relief is authorized by law and will not endanger life or property or the common defense and security and is, therefore, in the public interest giving due consideration to the burden upon the licensee that would result if the requirements were imposed on the facility. Therefore, relief is granted pursuant to 10 CFR 50.55a(g)(6)(i).

3.0 CONCLUSION

The staff concludes that the subject Code inservice examinations are impractical to perform to the extent required by the Code. If the Code requirements were imposed it would be a burden on the licensee, because in order for the licensee to meet the Code requirements the subject components would have to be redesigned. In addition, the examinations performed in Unit 2 and the examinations to be performed in Units 1 and 3 will detect existing significant degradation, if present, and provide reasonable assurance of structural integrity of the subject components. Therefore, relief is granted pursuant to 10CFR50.55a(g)(6)(i). The relief is authorized by law and will not endanger life or property or the common defense and security and

is, therefore, in the public interest giving due consideration to the burden upon the licensee that would result if the requirements were imposed on the facility. If actual examination coverages for Units 1 and 3 are not essentially the same or greater than achieved on Unit 2, specific relief requests will be necessary.

Attachment: Technical Letter Report

Principal Contributor: Thomas McLellan

Date: July 1, 1999

TECHNICAL LETTER REPORT
ON THIRD 10-YEAR INTERVAL INSERVICE INSPECTION
REQUEST FOR RELIEF 98-03
FOR
DUKE ENERGY CORPORATION
OCONEE NUCLEAR STATION, UNITS 1, 2, AND 3
DOCKET NUMBERS: 50-269, 50-270, AND 50-287

1. INTRODUCTION

By letter dated September 16, 1998, Duke Energy Corporation (the licensee), submitted Request for Relief No. 98-03 seeking relief from the requirements of the American Society Mechanical Engineer (ASME) Code, Section XI, for the Oconee Nuclear Station, Units 1, 2, and 3, third 10-year inservice inspection (ISI) interval. The Idaho National Engineering and Environmental Laboratory (INEEL) staff's evaluation of the subject request for relief is in the following section.

2. EVALUATION

The information provided by Duke Energy Corporation in support of the request for relief from Code requirements has been evaluated and the basis for disposition is documented below. The Code of record for the Oconee Nuclear Station, Units 1, 2, and 3, third 10-year ISI interval, which is scheduled to end in July, September, and December, 2004, respectively, is the 1989 Edition of Section XI of the ASME Boiler and Pressure Vessel Code.

Request for Relief No. 98-03, Examination Category B-D, Items B3.110 and B3.120, Pressurizer Nozzle-to-Vessel Welds and Inside Radius Sections

Code Requirement: Examination Category B-D, Items B3.110 and B3.120 require 100 percent volumetric examination of all pressurizer nozzle-to-vessel welds and inside radius sections as defined by Figure IWB-2500-7(a) each inspection interval.

Licensee's Code Relief Request: In accordance with 10 CFR 50.55a(g)(5)(iii), the licensee requested relief from examining three pressurizer sensing nozzle-to-vessel welds for each Oconee Unit, and their associated inside radius sections, to the extent required by the Code. The item numbers, which are the same for each of the three Oconee Units, are:

Nozzle-to-Shell Welds	Nozzle Inside Radius
B03.110.006	B03.120.006
B03.110.007	B03.120.007
B03.110.008	B03.120.008

Licensee's Basis for Requesting Relief (as stated):

"While the examinations have been completed only for Unit 2 at this time, relief is also being sought for Units 1 and 3 for the same welds. If, for some reason, the actual examination coverages of the welds referenced in this Request for Relief for Units 1 and 3 are less than those listed for Unit 2 in Section IV of this request, additional Requests for Relief will be submitted on a case by case basis."

"Pressurizer Sensing Nozzle-to-Vessel Welds 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6 (Item Numbers B03.110.006, B03.110.007 and B03.110.008) were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition.

"These welds are limited to 28.8 percent coverage of the required volume because of the nozzle configuration. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld.

"Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6 (Item Numbers B03.120.006, B03.120.007 and B03.120.008) were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition.

"These welds are limited to 65.8 percent coverage of the required volume because of the nozzle configuration. Duke Energy is investigating the use of computer modeling to determine the feasibility of achieving greater coverage."

"The Code requires 100 percent volumetric examination of all Pressurizer Nozzle-to-Vessel Welds [and Inside Radius Sections]. However, the taper on the nozzle side of the weld restricts scanning and prevents complete volumetric coverage of Pressurizer Sensing Nozzle-to-Vessel Welds 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6. Therefore, the 100 percent volumetric examination is impractical for these nozzle-to-vessel welds [and inside radius sections]. To meet Code examination requirements, modifications to the nozzles would be necessary to allow scanning from both sides of the weld. Modification to this portion of the reactor coolant system would create a considerable burden on Duke Energy.

"Duke Energy obtained 28.8 percent coverage of the Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6 [65.8 percent coverage on the associated inside radius sections]. It is recognized that this represents a small part of the required Code examination volume. However, in conjunction with the Code required VT-2 visual examination after each refueling outage and the 10-year hydrostatic test; Duke Energy believes this provides reasonable assurance of the continued structural integrity of the subject nozzle-to-vessel welds.

"Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief for the Pressurizer Sensing Nozzle-to-Vessel Welds [and Inside Radius Sections] will provide reasonable assurance of weld/component integrity,...'is authorized by law and will not endanger life or property or the common defense and security and is otherwise in the public interest giving due consideration to the burden upon the licensee that could result, if the requirements were imposed on the facility.'"

Licensee's Proposed Alternative Examination (as stated):

"The use of radiography as an alternative volumetric examination of the Pressurizer Sensing Nozzle-to-Vessel Welds [and Inside Radius Sections] referenced in this request is not a viable option. Restrictions to performing radiography are primarily due to inability to access the inside of the Pressurizer to place film or to position a radiographic source.

"Duke Energy proposes to use the pressure test and VT-2 visual examination to compliment the limited examination coverage. The Code requires (reference Table IWB-2500-1, Item Number B15.20) that a system leakage test be performed after each refueling outage. Additionally a system hydrostatic test (reference Table IWB-2500-1, Item Number B15.21) is required once during each 10-year inspection interval. These tests require a VT-2 visual examination for evidence of leakage. This testing will provide adequate assurance of pressure boundary integrity.

"In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely case that leakage did occur through these welds, it would be detected and isolated. Specifically, leakage from these welds would be detected by monitoring of the Reactor Coolant System (RCS), which is performed once each shift under procedure PT/1,2,3/A/0600/10, 'RCS Leakage'. This RCS leakage monitoring is a requirement of Technical Specification 3.1.6, 'Leakage'. Leakage is also evaluated in accordance with this technical specification. The leakage could be detected through several methods. One method is the RCS mass balance calculation. Another method is by use of the Reactor Building air particulate monitor. This monitor is sensitive to low leak rates; the iodine monitor, gaseous monitor and area monitor are capable of detecting any fission products in the coolant and will make these monitors sensitive to coolant leakage. In addition to the radiation monitors, leakage is also monitored by a level indicator in the Reactor Building normal sump. Another check would be a loss of level in the Letdown Storage Tank.

"Duke Energy has examined the welds referenced in this request to the maximum extent possible utilizing the latest in examination techniques and equipment. Duke Energy will continue to perform ultrasonic examination of all welds identified in Section I of this request (for all units) to the maximum extent practical, within the limits of original design and construction, in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition, and Code Case N-460. This will provide reasonable assurance of weld/component

integrity. Thus, an acceptable level of quality and safety will have been achieved, and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements."

Evaluation: The Code requires 100 percent volumetric examination of the pressurizer nozzle-to-vessel welds and inside radius (IR) sections each inspection interval. The INEEL staff reviewed the information and figures provided by the licensee that describe the limitations associated with examination of the subject welds and IR sections. Because of the surface geometry, the Code examination requirements are impractical for these components. To obtain complete volumetric coverage, design modifications would be required, causing a significant burden on the licensee.

The licensee proposed to perform the volumetric examinations to the extent practical. For the Unit 2 pressurizer sensing nozzle-to-vessel welds, approximately 29 percent of the required volume of each nozzle was examined. For the associated inside radius sections, approximately 66 percent of the required volume of each nozzle was examined. In addition to the limited volumetric examination, the licensee proposes to use a system leakage test (VT-2 visual examination), performed after each refueling outage, to complement the volumetric examination. The examinations performed in Unit 2, and the examinations to be performed in Units 1 and 3, should detect existing areas of degradation, if present, and provide reasonable assurance of structural integrity.

3. CONCLUSION

The INEEL staff evaluated the licensee's submittal and concluded that the subject inservice examinations cannot be performed to the extent required by the Code at the Oconee Nuclear Station, Units 1, 2, and 3. Based on the impracticality of performing the volumetric examinations required by the Code, the burden on the licensee if the Code requirements were imposed, and the examinations that can and will be performed, it is recommended that relief be granted pursuant to 10 CFR 50.55a(g)(6)(i). If actual examination coverages for Units 1 and 3 are less than those obtained for Unit 2, additional requests for relief will be necessary.

Duke Energy Corporation

Station Oconee Unit 1, 2 & 3
10-YEAR INTERVAL REQUEST FOR RELIEF NO. 98-03

Pursuant to 10 CFR 50.55a(g)(5)(iii), Duke Energy has determined that compliance with the specified requirements of ASME Boiler and Pressure Vessel Code, Section XI is not practical for Oconee Nuclear Station. Accordingly, information is being submitted in support of our determination and relief is being sought from the applicable ASME Boiler and Pressure Vessel Code, Section XI requirement(s).

I. System/Component(s) for Which Relief is Requested:

a. Part 1; Pressurizer Sensing Nozzle-to-Vessel Weld

<u>Unit</u>	<u>ID Number</u>	<u>Item Number</u>
1	1-PZR-WP26-4	B03.110.006
1	1-PZR-WP26-5	B03.110.007
1	1-PZR-WP26-6	B03.110.008
2	2-PZR-WP26-4	B03.110.006
2	2-PZR-WP26-5	B03.110.007
2	2-PZR-WP26-6	B03.110.008
3	3-PZR-WP26-4	B03.110.006
3	3-PZR-WP26-5	B03.110.007
3	3-PZR-WP26-6	B03.110.008

b. Part 2, Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections

<u>Unit</u>	<u>ID Number</u>	<u>Item Number</u>
1	1-PZR-WP26-4	B03.120.006
1	1-PZR-WP26-5	B03.120.007
1	1-PZR-WP26-6	B03.120.008
2	2-PZR-WP26-4	B03.120.006
2	2-PZR-WP26-5	B03.120.007
2	2-PZR-WP26-6	B03.120.008
3	3-PZR-WP26-4	B03.120.006
3	3-PZR-WP26-5	B03.120.007
3	3-PZR-WP26-6	B03.120.008

For welds listed in this Request for Relief (both Parts 1 and 2), all configurations, including interferences, are the same for Units 1, 2, and 3. Therefore, all three units are being documented in this Request for Relief as described in NRC Inspection Report No. 50-269/95, 50-270/95, 50-287 dated May 5, 1995.

While the examinations have been completed only for Unit 2 at this time, relief is also being sought for Units 1 and 3 for the same welds. If, for some reason, the actual examination coverages of the welds referenced in this Request for Relief for Units 1 and 3 are less than those listed for Unit 2 in Section IV of this request, additional Requests for Relief will be submitted on a case by case basis.

II. Code Requirement:

ASME Boiler and Pressure Vessel Code, Section XI, 1989 Edition with no Addenda, Examination Category B-D, Items B3.110 and B3.120 requires 100% volumetric examination of all Pressurizer nozzle-to-vessel welds as defined by Figure IWB-2500-7(a), ASME Section XI 1989 Edition with no

Addenda, Appendix 1, including Supplement 9 as clarified by Code Inquiry 95-11 requires scanning using two different angles when scanning from the outside surface of the component. When scanning for reflectors parallel to the weld, the angle beams shall be aimed at right angles to the weld axis, with the search unit(s) manipulated so that the ultrasonic beams pass through the entire volume of weld metal. The adjacent base metal in the examination volume must be completely scanned by both angle beams from both directions (any combination of two angle beams will satisfy the requirement).

When scanning for reflectors transverse to the weld, the angle beam search units shall be aimed parallel to the axis of longitudinal and circumferential welds. The search unit shall be manipulated so that the ultrasonic beams pass through all of the examination volume. Scanning shall be done in two directions 180 degrees to each other to the extent possible. Areas blocked by geometric conditions shall be examined from at least one direction.

Code Case N-460 allows credit for full volume coverage of welds if it can be shown that greater than 90% of the required volume has been examined.

III. Code Requirement from which Relief is Requested:

Relief is requested from the requirement to examine 100% of the required volume ASME Boiler and Pressure Vessel Code, Section XI, 1989 Edition with no Addenda (Code) required volumetric examinations of the Pressurizer Sensing Nozzle-to-Vessel Welds and the Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections described in Section I above.

Due to part geometry, obtaining greater than 90% of the required volume as outlined in Code Case N-460 is not possible.

IV. Basis for Relief:

Part 1 Examination Category B-D, Item B3.110, Full Penetration Pressurizer Nozzle-to-Vessel Weld

Pressurizer Sensing Nozzle-to-Vessel Welds 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6 (Item Numbers B03.110.006, B03.110.007

and B03.110.008) were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition. Reference Attachment A for drawing.

These welds are limited to 28.8% coverage of the required volume because of the nozzle configuration. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld.

Part 2, Examination Category B-D, Item B3.120, Full Penetration Pressurizer Nozzle-to-Vessel Inner Radius Sections

Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6 (Item Numbers B03.120.006, B03.120.007 and B03.120.008) were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition. Reference Attachment A for drawing.

These welds are limited to 65.8% coverage of the required volume because of the nozzle configuration. Duke Energy is investigating the use of computer modeling to determine the feasibility of achieving greater coverage.

V. Alternate Examinations or Testing:

Part 1, Examination Category B-D, Item B3.110. Pressurizer Nozzle-to-Vessel Weld

The use of radiography as an alternate volumetric examination of the Pressurizer Sensing Nozzle-to-Vessel Welds referenced in this request is not a viable option. Restrictions to performing radiography are primarily due to inability to access the inside of the Pressurizer to place film or to position a radiographic source.

Duke Energy proposes to use the pressure test and VT-2 visual examination to compliment the limited examination coverage. The Code requires (reference Table IWB-2500-1, Item Number B15.20) that a

system leakage test be performed after each refueling outage. Additionally a system hydrostatic test (reference Table IWB-2500-1, Item Number B15.21) is required once during each 10-year inspection interval. These tests require a VT-2 visual examination for evidence of leakage. This testing will provide adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely case that leakage did occur through these welds, it would be detected and isolated. Specifically, leakage from these welds would be detected by monitoring of the Reactor Coolant System (RCS), which is performed once each shift under procedure PT/1,2,3/A/0600/10, "RCS Leakage". This RCS leakage monitoring is a requirement of Technical Specification 3.1.6, "Leakage". Leakage is also evaluated in accordance with this Technical Specification. The leakage could be detected through several methods. One method is the RCS mass balance calculation. Another method is by use of the Reactor Building air particulate monitor. This monitor is sensitive to low leak rates; the iodine monitor, gaseous monitor and area monitor are capable of detecting any fission products in the coolant and will make these monitors sensitive to coolant leakage. In addition to the radiation monitors, leakage is also monitored by a level indicator in the Reactor Building normal sump. Another check would be a loss of level in the Letdown Storage Tank.

Duke Energy has examined the welds referenced in this request to the maximum extent possible utilizing the latest in examination techniques and equipment. Duke Energy will continue to perform ultrasonic examination of all welds identified in Section I of this request (for all units) to the maximum extent practical, within the limits of original design and construction, in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition, and Code Case N-460. This will provide reasonable assurance of weld/component integrity. Thus, an acceptable level of quality and safety will have been achieved, and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements.

Part 2, Examination Category B-D, Item B3.120, Full Penetration Pressurizer Nozzle-to-Vessel Inner Radius Sections

The use of radiography as an alternate volumetric examination of the Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections is not a viable option. Restrictions to performing radiography are primarily due to

inability to access the inside of the Pressurizer to place film or to position a radiographic source.

Duke Energy proposes to use the pressure test and VT-2 visual examination to compliment the limited examination coverage. The Code requires (reference Table IWB-2500-1, Item Number B15.20) that a system leakage test be performed after each refueling outage. Additionally a system hydrostatic test (reference Table IWB-2500-1, Item Number B15.21) is required once during each 10-year inspection interval. These tests require a VT-2 visual examination for evidence of leakage. This testing will provide adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely case that leakage did occur through these welds, it would be detected and isolated. Specifically, leakage from these welds would be detected by monitoring of the Reactor Coolant System (RCS), which is performed once each shift under procedure PT/1,2,3/A/0600/10, "RCS Leakage". This RCS leakage monitoring is a requirement of Technical Specification 3.1.6, "Leakage". Leakage is also evaluated in accordance with this Technical Specification. The leakage could be detected through several methods. One method is the RCS mass balance calculation. Another method is by use of the reactor building air particulate monitor. This monitor is sensitive to low leak rates; the iodine monitor, gaseous monitor and area monitor are capable of detecting any fission products in the coolant and will make these monitors sensitive to coolant leakage. In addition to the radiation monitors, leakage is also monitored by a level indicator in the reactor building normal sump. Another check would be a loss of level in the Letdown Storage Tank.

Duke Energy has examined the welds referenced in this request to the maximum extent possible utilizing the latest in examination techniques and equipment. Duke Energy will continue to perform ultrasonic examination of all welds identified in Section I of this request (for all units) to the maximum extent practical, within the limits of original design and construction, in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix 1, 1989 Edition, and Code Case N-460. This will provide reasonable assurance of weld/component integrity. Thus, an acceptable level of quality and safety will have been achieved, and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements.

VI. Justification for the Granting of Relief

Part 1, Examination Category B-D, Item B3.110. Pressurizer Nozzle-to-Vessel Weld

The Code requires 100% volumetric examination of all Pressurizer Nozzle-to-Vessel Welds. However, the taper on the nozzle side of the weld restricts scanning and prevents complete volumetric coverage of Pressurizer Sensing Nozzle-to-Vessel Welds 2-PZR-WP26-4, 2-PZR-WP26-5, and 2-PZR-WP26-6. Therefore, the 100% volumetric examination is impractical for these nozzle-to-vessel welds. To meet Code examination requirements, modifications to the nozzles would be necessary to allow scanning from both sides of the weld. Modification to this portion of the reactor coolant system would create a considerable burden on Duke Energy.

Duke Energy obtained 28.8% coverage of Pressurizer Sensing Nozzle-to-Vessel Welds 2-PZR-WP26-4, 2-PZR-WP26-5 and 2-PZR-WP26-6. It is recognized that this represents a small part of the required Code examination volume. However, in conjunction with the Code required VT-2 visual examination after each refueling outage and the 10-year hydrostatic test; Duke Energy believes this provides reasonable assurance of the continued structural integrity of the subject nozzle-to-vessel welds.

Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief for the Pressurizer Sensing Nozzle-to-Vessel Welds will provide reasonable assurance of weld/component integrity, ... "is authorized by law and will not endanger life or property or the common defense and security and is otherwise in the public interest giving due consideration to the burden upon the licensee that could result if the requirements were imposed on the facility."

Part 2, Examination Category B-D, Item B3.120, Pressurizer Nozzle-to-Vessel Inside Radius Sections

The Code requires 100% volumetric examination of all Pressurizer Nozzle-to-Vessel Inside Radius Sections. However, the taper on the nozzle side of the weld restricts scanning and prevents complete volumetric coverage of Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections 2-PZR-WP26-4, 2-PZR-WP26-5, and 2-PZR-WP26-6. Therefore, the 100% volumetric examination is impractical for these

nozzle-to-vessel inside radius sections. To meet Code examination requirements, modifications to the nozzles would be necessary to allow complete volumetric examination coverage. Modifications to this portion of the reactor coolant system would create a considerable burden on Duke Energy Corporation.

Duke Energy obtained 65.8% coverage on the Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections, 2-PZR-WP26-4, 2PZR-WP26-5 and 2-PZR-WP26-6. It is recognized that this represents a small part of the required Code examination volume. However, in conjunction with the Code required VT-2 visual examination after each refueling outage and the 10-year hydrostatic test; Duke Energy believes this provides reasonable assurance of the continued structural integrity of the subject nozzle-to-vessel welds.

Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief for the Pressurizer Sensing Nozzle-to-Vessel Inside Radius Sections will provide reasonable assurance of weld/component integrity, ... "is authorized by law and will not endanger life of property or the common defense and security and is otherwise in the public interest giving due consideration to the burden upon the licensee that could result if the requirements were imposed on the facility."

VII. Implementation Schedule:

Unit 1, Refueling Outage 18

Unit 2, Refueling Outage 16

Unit 3, Refueling Outage 17

Evaluated By: R. Rane Date 7/14/98

Reviewed By R. Kevin Rhyme Date 7/27/98

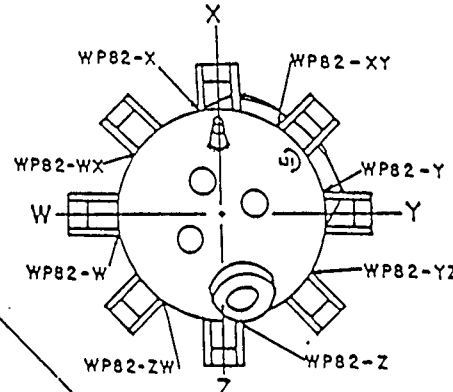
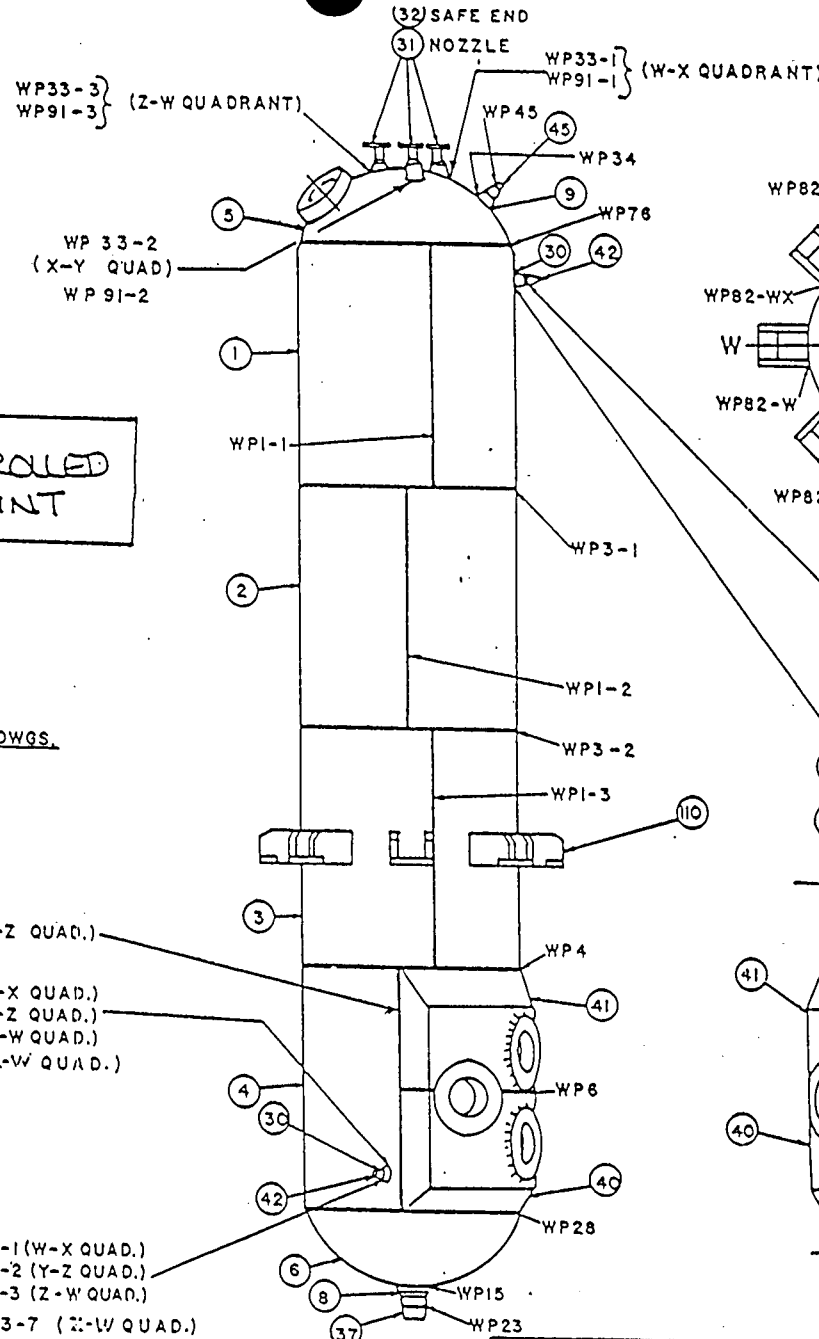
REQUEST FOR RELIEF 98-03
ATTACHMENT A

HICK.	PC. NO.	QTY	DESCRIPTION	MATL.
188	1	1	UPPER SHELL COURSE	SA 212 GR. B
188	2	1	MIDDLE SHELL COURSE	SA 212 GR. B
188	3	1	LOWER SHELL COURSE	SA 212 GR. B
188	4	1	HEATER BELT SHELL	SA 212 GR. B
188	5	1	UPPER HEAD	SA 212 GR. B
188	6	1	LOWER HEAD	SA 212 GR. B
563	8	1	PRESSURIZER SURGE NOZZLE	SA 508 CL. 1
188	9	1	PRESSURIZER SPRAY NOZZLE	SA 508 CL. 1
188	30	1	SAMPLING NOZZLE	SA 508 GR. B
750	31	3	PRESSURIZER RELIEF NOZZLE	SA 508 CL. 1
063	32	3	PRESSURIZER RELIEF NOZZLE SAFE END	SA 182 F316
188	37	1	PRESSURIZER SURGE NOZZLE SAFE END	SA 336 CL. F8M
188	40	1	LOWER HEATER BELT FORGING	SA 508 CL. 1
188	41	1	UPPER HEATER BELT FORGING	SA 508 CL. 1
188	42	6	SAMPLING NOZZLE SAFE END	SB-166
188	45	1	PRESSURIZER SPRAY NOZZLE SAFE END	SB-166
188	110	8	PRESSURIZER SUPPORT LUG ASSEMBLY	SA-516 GR. 70
188				
750				
750				
750				
750				
750				
750				
1875				
1875				
1875				
1875				
1875				
750				
5,500				

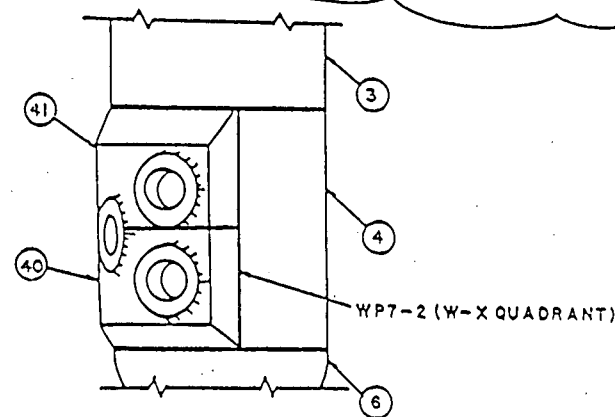
UNCONTROLLED FOR PRINT

REFERENCE DWGS.
OM 201-1001

WP7-1 (Y-Z QUAD.)
WP26-1 (W-X QUAD.)
WP26-2 (Y-Z QUAD.)
WP26-3 (Z-W QUAD.)
WP26-7 (Z-W QUAD.)
WP63-1 (W-X QUAD.)
WP63-2 (Y-Z QUAD.)
WP63-3 (Z-W QUAD.)
WP63-7 (Z-W QUAD.)



TOP VIEW



WELD LIST (CONT.)				
5,500	I.D. NO.	PC. NO.	DIAM.	THICK.
3,500	WP91-1	31 TO 32	2 1/2" NPS	1.000
3,500	WP91-2	31 TO 32	2 1/2" NPS	1.000
3,500	WP91-3	31 TO 32	2 1/2" NPS	1.000
5,500	WP63-7	42 TO 30	SAMPLING	1.1875

NOTES:

1. ALL I.D. NUMBERS SHALL BE PRECEDED BY "IPRZ - "
2. PIECE NUMBERS ARE SHOWN IN CIRCLES.

2	REV. WELD QUAD.	DATE	BY	CHK.	TITLE
1	Mod. Ref. Dwgs.	7/23/81	AW5	HJH	JOB
0	ORIG.	7/23/81	AW5	TAH	CAC
NO	REVISION	DRWN	RVWD	APPD	DWG NO

DUKE POWER COMPANY										Exam Start: 1101		Form NDE-UT-2A		
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1151		Revision 4		
Station: Oconee			Unit: 2		Component/Weld ID: 2-PZR-WP26-4					Date: 3/24/98				
Weld Length (in.): 28.0"			Surface Condition: AS MACHINED			Lo: B&W #1		Surface Temperature: 72 ° F						
Examiner: Winfred C. Leeper <i>Winfred C. Leeper</i>			Level: II		Scans: 45 <input checked="" type="checkbox"/> 54 dB 70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 54 dB 70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 70.5 dB 60T <input checked="" type="checkbox"/> 70.5 dB Other: 0°-26 dB					Pyrometer S/N: MCNDE 27021				
Examiner: David Zimmerman <i>David K. Zimmerman</i>			Level: II							Cal Due: 7/27/98				
Procedure: NDE-620 Rev: 5			FC: N/A							Configuration: Nozzle to Shell				
NDE-640 1										N/A Flow N/A				
Calibration Sheet No: 9802043, 9802044, 9802046										S2 to S1 Scan Surface: OD				
										Applies to NDE-680 only				
										Skew Angle: N/A				

IND #	<i>4</i>	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT WRITE IN THIS SPACE		
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac				
						100%dac	100%dac	100%dac	100%dac	100%dac	100%dac				
NRI	0°														
NRI	45°														
NRI	60°														

Remarks: *95-18, 95-19	
Limitations: (see NDE-UT-4) <input type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Sheet <u>1</u> of <u>11</u>
Reviewed By: <i>Gay Moss</i> Level: <i>II</i> Date: 3-26-98	Authorized Inspector: <i>MBC</i> Date: 3-31-98
Item No: B03.110.006	

DUKE POWER COMPANY ISI LIMITATION REPORT			FORM NDE-UT-4
			Revision 1
Component/Weld ID: 2-PZR-WP26-4		Item No: B03.110.006	Remarks:
<input type="checkbox"/> NO SCAN <input checked="" type="checkbox"/> LIMITED SCAN FROM L <u>12.0"</u> to L <u>19.0"</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____	SURFACE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 INCHES FROM WO <u>11.0"</u> to <u>BEYOND</u> FROM <u>0</u> DEG to <u>360</u> DEG	BEAM DIRECTION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw DUE TO LOWER HEAD WELD	
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN FROM L _____ to L _____ ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____	SURFACE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 INCHES FROM WO <u>0.0"</u> to <u>1.5"</u> FROM <u>0</u> DEG to <u>360</u> DEG	BEAM DIRECTION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw NOZZLE CONFIGURATION	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN FROM L _____ to L _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2 INCHES FROM WO _____ to _____ FROM _____ DEG to _____ DEG	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN FROM L _____ to L _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2 INCHES FROM WO _____ to _____ FROM _____ DEG to _____ DEG	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
Prepared By: <u>Daniel Zamora</u>		Level: <u>II</u>	Date: <u>3/24/98</u>
Reviewed By: <u>Gary Moore</u>		Date: <u>3-26-98</u>	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Authorized Inspector: <u>MBC</u> Date: <u>3-31-98</u>

DUKE POWER COMPANY Limited Examination Coverage Worksheet						NDE-91-1 Revision 0			
Examination Volume/Area Defined									
<input checked="" type="checkbox"/> Base Metal		<input checked="" type="checkbox"/> Weld		<input type="checkbox"/> Near Surface		<input type="checkbox"/> Bolting		<input type="checkbox"/> Inner Radius	
Area Calculation				Volume Calculation					
SEE ATTACHMENT				SEE ATTACHMENT					
Coverage Calculations									
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage		
		BASE METAL					37.54		
		WELD					22.37		
		AGGREGATE					28.77		

Item No: B03.110.006		
Prepared By: <i>David K. [Signature]</i>	Level: <i>II</i>	Date: <i>3/24/98</i>
Reviewed By: <i>Gary [Signature]</i>	Level: <i>II</i>	Date: <i>3-26-98</i>

DUKE POWER COMPANY						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
Examination Volume/Area Defined							
<input type="checkbox"/> Base Metal <input checked="" type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius							
Area Calculation				Volume Calculation			
B,D,E,F = $6.188 / 2(.75 + 2.3) = 9.43$ $1.0 / 2 = 1.15$ $9.4 \text{ SQ. IN.} + 1.2 \text{ SQ. IN.} = 10.6 \text{ SQ. IN.}$				B,F,G = $2.3 \times 10.6 \text{ SQ. IN.} \times 28" = 296.8 \text{ CU. IN.}$			
Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S1	5.4	28	151.2	296.8	50.94
2	60°	S1	7.4	28	207.2	296.8	69.81
3	45°	S2	0.0	28	0	296.8	0.00
4	60°	S2	0.0	28	0	296.8	0.00
5	0°	N/A	0.0	28	0	296.8	0.00
6	45°	CW	1.9	28	53.2	296.8	17.92
7	45°	CCW	1.9	28	53.2	296.8	17.92
					464.8	2077.6	22.37

			Item No:	B03.110.006
Prepared By:	<i>Daniel K. Zing</i>	Level:	II	Date: 3/24/98
Reviewed By:	<i>Gary Moss</i>	Level:	B	Date: 3-26-98

DUKE POWER COMPANY						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
Examination Volume/Area Defined							
<input checked="" type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius							
Area Calculation				Volume Calculation			
52.1 SQ. IN.				52.1 SQ. IN. X 28" = 1458.8 CU. IN.			
Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S2	29	28	812	1458.8	55.66
2	60°	S2	36.5	28	1022	1458.8	70.06
3	45°	S1	38	28	106.4	1458.8	7.29
4	60°	S1	2.0	28	56	1458.8	3.84
5	0°	N/A	19.2	28	537.6	1458.8	36.85
6	45°	CW	23.2	28	649.6	1458.8	44.53
7	45°	CCW	23.2	28	649.6	1458.8	44.53
					3833.2	10211.6	37.54

			Item No:	B03.110.006	
Prepared By:	<i>Paul K. [Signature]</i>	Level:	II	Date:	3/24/98
Reviewed By:	<i>Gary Moss</i>	Level:	II	Date:	3-26-98

EXDM AREASOCONEE L. SING / SAMPLING NOZZLEBASE METAL

$$A \cdot B \cdot C \cdot D = \frac{6.188}{2} (3.1 + 4.5) = 23.5144 = 23.5 \text{ sq. in.}$$

$$E \cdot G \cdot L \cdot I = 7.3 \times 3.1 = 22.63 = 22.6 \text{ sq. in.}$$

$$G \cdot H \cdot J = \frac{7 \times 1.5}{2} = .525 = .5 \text{ sq. in.}$$

$$H \cdot K \cdot L = \frac{\pi \times 2.4 \times 2.9}{4} = 5.466 = 5.5 \text{ sq. in.}$$

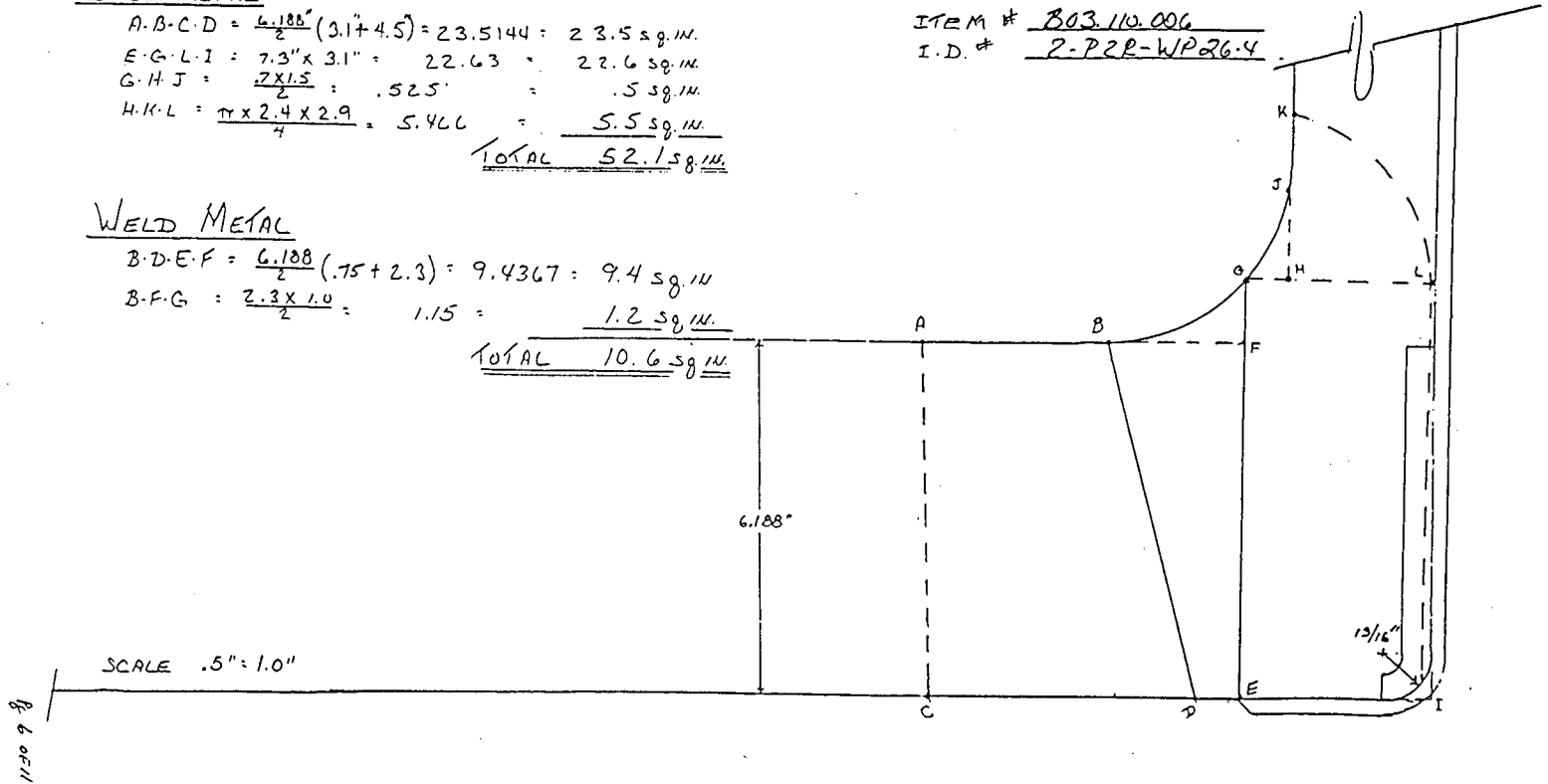
$$\text{TOTAL } 52.15 \text{ sq. in.}$$

ITEM # B03.110.006I.D. # 2-P22-WP26.4WELD METAL

$$B \cdot D \cdot E \cdot F = \frac{6.188}{2} (.75 + 2.3) = 9.4367 = 9.4 \text{ sq. in.}$$

$$B \cdot F \cdot G = \frac{2.3 \times 1.0}{2} = 1.15 = 1.2 \text{ sq. in.}$$

$$\text{TOTAL } 10.6 \text{ sq. in.}$$



Request For Relief 98.03
Page 6 of 33
Attachment B

OCONEE SENSING/SAMPLING NOZZLE

INSPECTED AREAS

BASE MAT'L.

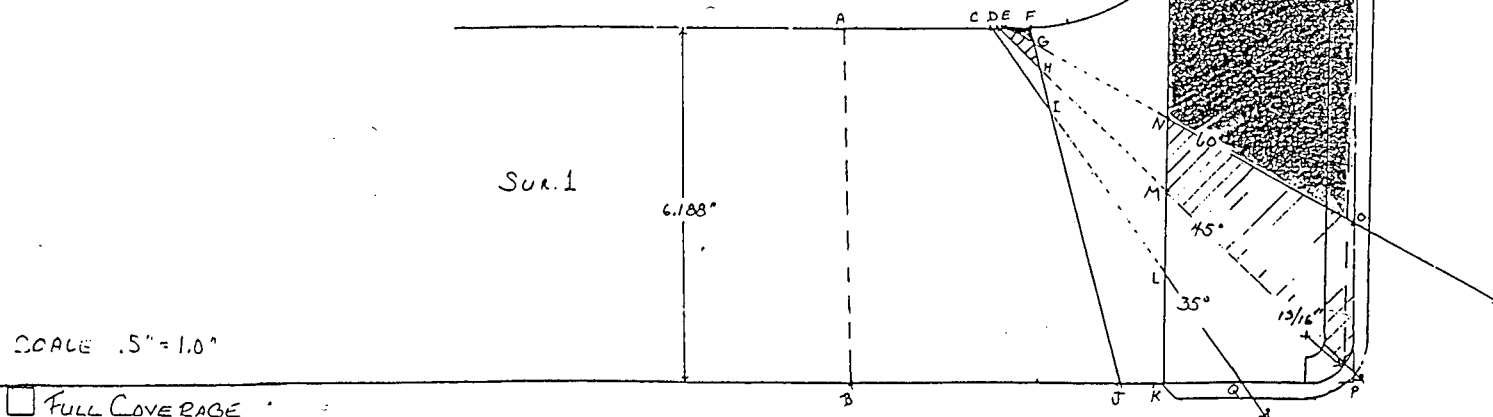
S1 to S2

$$35^{\circ} (A \cdot B \cdot F \cdot J) - (C \cdot F \cdot I) + (K \cdot L \cdot G) = \frac{6.188}{2} (3.1 + 4.5) - \frac{1.7 \times .5}{2} + \frac{1.3 \times 1.9}{2} = 24.3244 = \underline{24.3 \text{ sq. in.}}$$

$$45^{\circ} (A \cdot B \cdot F \cdot J) - (D \cdot F \cdot H) + (K \cdot M \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.9 \times .4}{2} + \frac{3.2 \times 3.3}{2} = 28.9744 = \underline{29 \text{ sq. in.}}$$

$$60^{\circ} (A \cdot B \cdot F \cdot J) - (E \cdot F \cdot G) + (K \cdot N \cdot O \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.5 \times .2}{2} + \frac{3.1}{2} (4.6 + 3.8) = 36.484 = \underline{36.5 \text{ sq. in.}}$$

ITEM # 803.110.006
I.D. # 2-P2R-WP26.4



SCALE 1/2" = 1.0"

- ☐ FULL COVERAGE
- ☒ PARTIAL COVERAGE
- ☒ NO COVERAGE

Request For Relief 98-03
Page 7 of 33
Attachment B

DCONEE SENSING/SAMPLING NOZZLE

INSPECTED AREAS

BASE MAT'L

S2 TO S1

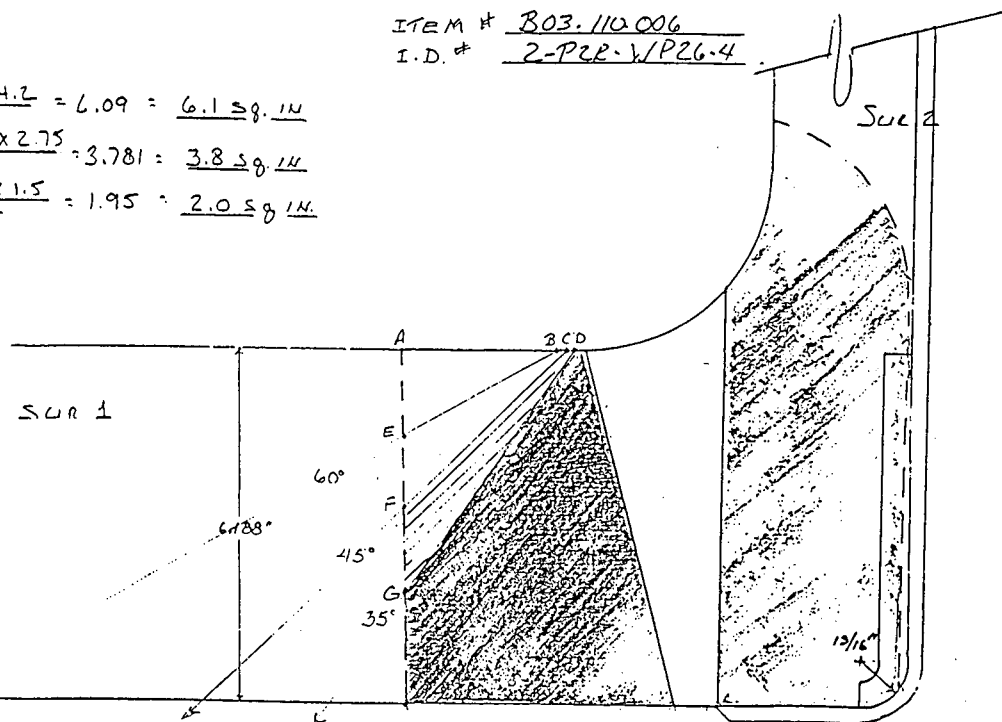
$$35^\circ \text{ A.D.G.} = \frac{2.9 \times 4.2}{2} = 6.09 = \underline{6.1 \text{ sg. in.}}$$

$$45^\circ \text{ A.C.F.} = \frac{2.75 \times 2.75}{2} = 3.781 = \underline{3.8 \text{ sg. in.}}$$

$$60^\circ \text{ A.B.E.} = \frac{2.6 \times 1.5}{2} = 1.95 = \underline{2.0 \text{ sg. in.}}$$

ITEM # B03.110.006

I.D. # 2-P22-V/P26.4



SCALE .5" = 1.0"

☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☐ NO COVERAGE

Request For Relief 98-03
 Page 8 of 33
 Attachment B

O'CONNOR SENSING / SAMPLING NOZZLE

INSPECTED AREA:

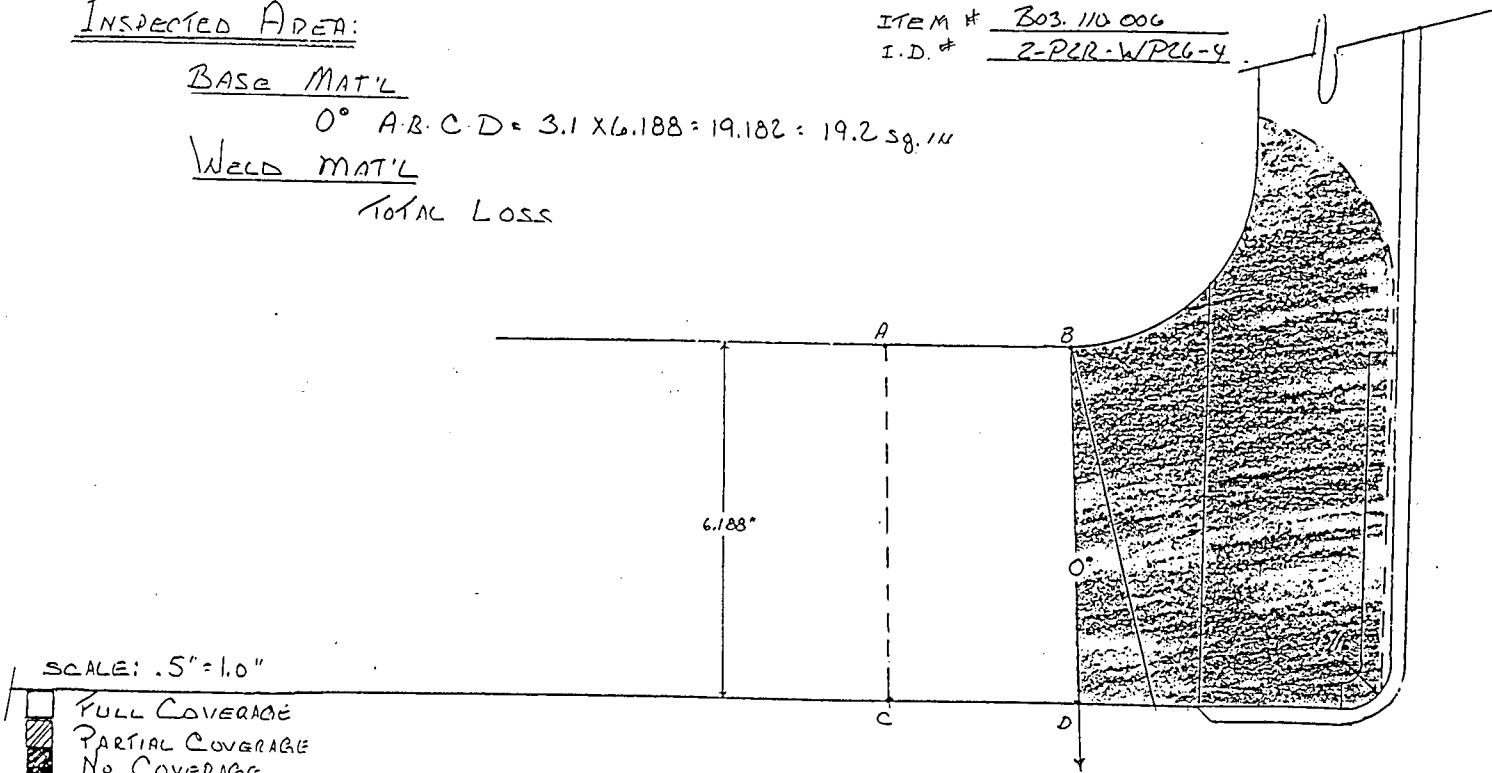
BASE MAT'L

$$0^\circ \text{ A.B.C.D} = 3.1 \times 6.188 = 19.182 = 19.2 \text{ sq. in.}$$

WELD MAT'L

TOTAL LOSS

ITEM # B03.110.006
I.D. # 2-PCR-WPCG-4



Request For Relief 98-03
Page 9 of 33
Attachment B

DCONEE SENSING/SAMPLING NOZZLE

INSPECTED AREAS:

BASE MAT'L

35° & 45° CW & CCW

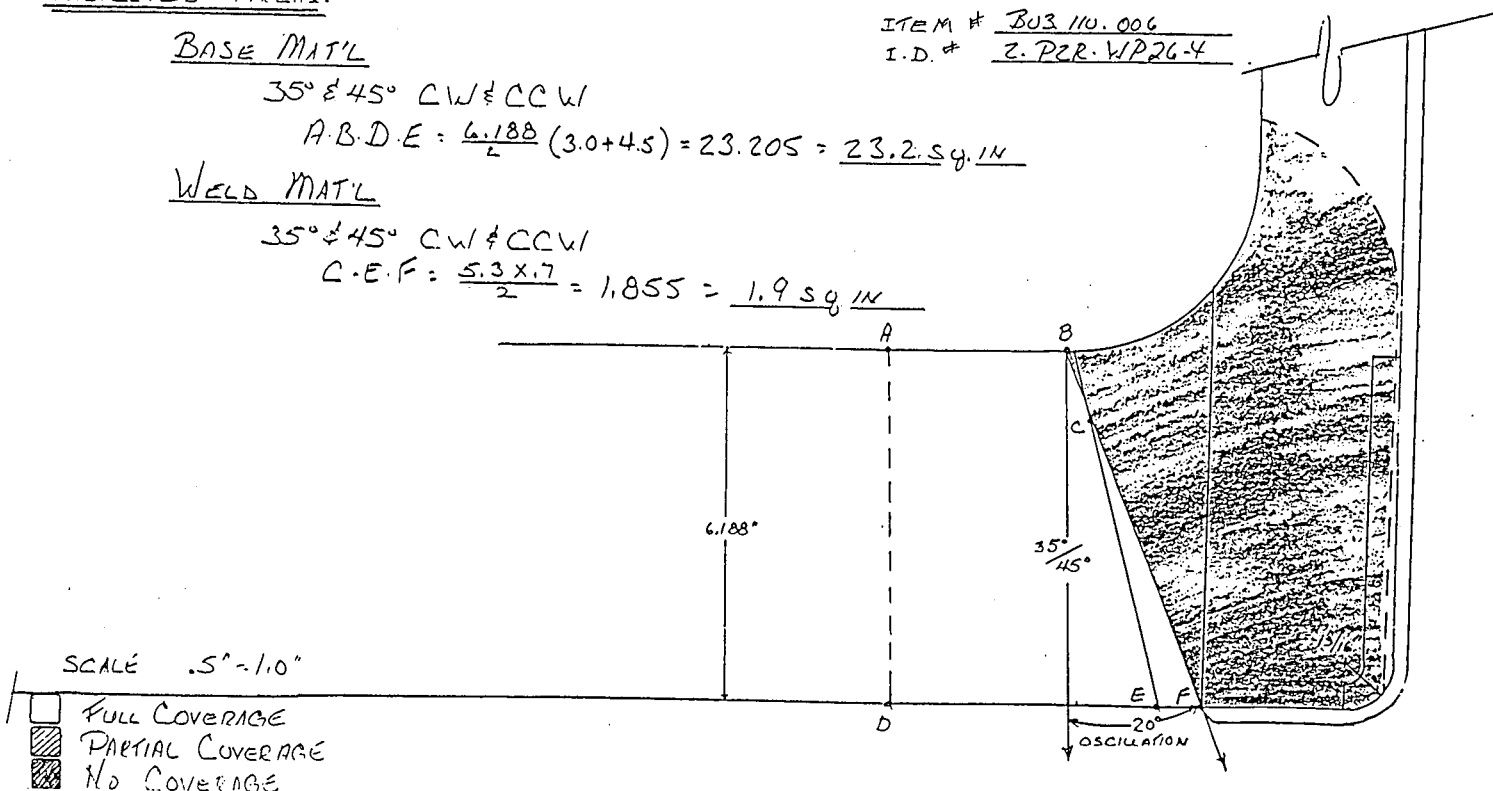
$$A.B.D.E = \frac{6.188}{2} (3.0 + 4.5) = 23.205 = \underline{23.2 \text{ sq. in.}}$$

WELD MAT'L

35° & 45° CW & CCW

$$C.E.F = \frac{5.3 \times 1.7}{2} = 1.855 = \underline{1.9 \text{ sq. in.}}$$

ITEM # B03 110.006
I.D. # Z. PER. WP26-4



Request for Relief 98-03
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OCONEE SENSING/SAMPLING NOZZLE

INSPECTED WELDS:

WELD MAT'L

ITEM # B03.110.006
I.D. # 2-P2R-WP26-4

S1 TO S2

$$35^\circ \text{ CDF} + \text{DEF} = \frac{4.8 \times 1.2}{2} + \frac{.9 \times .75}{2} = 3.217 = \underline{3.2 \text{ sq. in.}}$$

$$45^\circ \text{ BDG} + \text{DEG} = \frac{5.6 \times 1.5}{2} + \frac{3.3 \times .75}{2} = 5.437 = \underline{5.4 \text{ sq. in.}}$$

$$60^\circ \text{ ADH} + \text{DEH} = \frac{6.0 \times 1.9}{2} + \frac{4.6 \times .75}{2} = 7.425 = \underline{7.4 \text{ sq. in.}}$$

S2 TO S1

35° TOTAL LOSS

45° TOTAL LOSS

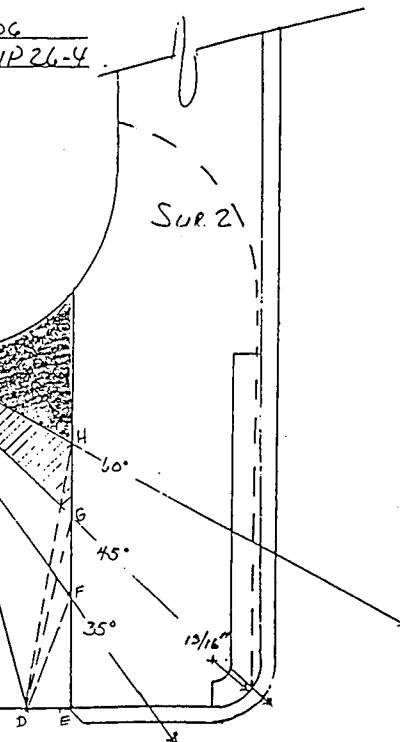
60° TOTAL LOSS

Sur. 1

6.188"

SCALE .5" = 1.0"

☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☒ NO COVERAGE



Request for Relief 9803
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Attachment B

DUKE POWER COMPANY										Exam Start: 1105		Form NDE-UT-2A		
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1204		Revision 4		
Station: Oconee			Unit: 2		Component/Weld ID: 2-PZR-WP26-5					Date: 3/24/98				
Weld Length (in.): 28.0"			Surface Condition: AS MACHINED			Lo: B&W #1		Surface Temperature: 72 ° F						
Examiner: Winfred C. Leeper <i>Winfred C. Leeper</i>			Level: II		Scans: 45 <input checked="" type="checkbox"/> 54 dB 70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 54 dB 70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 70.5 dB 60T <input checked="" type="checkbox"/> 70.5 dB Other: 0°-26 dB					Pyrometer S/N: MCNDE 27021				
Examiner: David Zimmerman <i>David R. Zimmerman</i>			Level: II							Cal Due: 7/27/98				
Procedure: NDE-620 Rev: 5			FC: N/A							Configuration: Nozzle to Shell				
NDE-640 1										N/A Flow N/A				
Calibration Sheet No: 9802043, 9802044, 9802046										S2 to S1 Scan Surface: OD				
										Applies to NDE-680 only				
										Skew Angle: N/A				

IND #	<i>4</i>	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT IN THIS	WRITE SPACE	
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac				
						100%dac	100%dac	100%dac	100%dac	100%dac	100%dac				
NRI	0°														
NRI	45°														
NRI	60°														

Remarks: *95-18, 95-19	
Limitations: (see NDE-UT-4) <input type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Sheet <u>1</u> of <u>11</u>
Reviewed By: <i>Nary Moss</i> Level: <i>B</i> Date: 3-26-98	Authorized Inspector: <i>MOC</i> Date: 3-31-98
Item No: B03.110.007	

 Request For Relief 98-03
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DUKE POWER COMPANY ISI LIMITATION REPORT

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP26-5

Item No: B03.110.007

Remarks:

☐ NO SCAN SURFACE BEAM DIRECTION
☒ LIMITED SCAN ☒ 1 ☐ 2 ☐ 1 ☒ 2 ☐ cw ☐ ccw
 FROM L 12.0" to L 19.0" INCHES FROM WO 11.0" to BEYOND
 ANGLE: ☐ 0 ☐ 45 ☒ 60 ☐ Other FROM 0 DEG to 360 DEG

DUE TO LOWER HEAD WELD

☒ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☒ 1 ☐ 2 ☐ 1 ☒ 2 ☒ cw ☒ ccw
 FROM L _____ to L _____ INCHES FROM WO 0.0" to 1.5"
 ANGLE: ☒ 0 ☒ 45 ☒ 60 ☐ Other FROM 0 DEG to 360 DEG

NOZZLE CONFIGURATION

☐ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☐ 1 ☐ 2 ☐ 1 ☐ 2 ☐ cw ☐ ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: ☐ 0 ☐ 45 ☐ 60 ☐ Other FROM _____ DEG to _____ DEG

☐ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☐ 1 ☐ 2 ☐ 1 ☐ 2 ☐ cw ☐ ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: ☐ 0 ☐ 45 ☐ 60 ☐ Other FROM _____ DEG to _____ DEG

Prepared By: Daniel K. B.

Level: II

Date: 3/24/98

Sketch(s) attached ☒ yes ☐ no

Sheet 2 of 11

Reviewed By: Barry Moss

Date: 3-26-98

Authorized Inspector: MBC

Date: 3-31-98

Request For Relief 98-03
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DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined				
<input type="checkbox"/> Base Metal	<input checked="" type="checkbox"/> Weld	<input type="checkbox"/> Near Surface	<input type="checkbox"/> Bolting	<input type="checkbox"/> Inner Radius

Area Calculation	Volume Calculation
$B, D, E, F = 6.188 / 2 (.75 + 2.3) = 9.43$ $1.0 / 2 = 1.15$ $9.4 \text{ SQ. IN.} + 1.2 \text{ SQ. IN.} = 10.6 \text{ SQ. IN.}$ $B, F, G = 2.3 \times$	$10.6 \text{ SQ. IN.} \times 28" = 296.8 \text{ CU. IN.}$

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S1	5.4	28	151.2	296.8	50.94
2	60°	S1	7.4	28	207.2	296.8	69.81
3	45°	S2	0.0	28	0	296.8	0.00
4	60°	S2	0.0	28	0	296.8	0.00
5	0°	N/A	0.0	28	0	296.8	0.00
6	45°	CW	1.9	28	53.2	296.8	17.92
7	45°	CCW	1.9	28	53.2	296.8	17.92
					464.8	2077.6	22.37

		Item No:	B03.110.007
Prepared By:	<i>David C. Z...</i>	Level:	<i>II</i>
		Date:	<i>3/24/98</i>
Reviewed By:	<i>Mary Moss</i>	Level:	<i>ID</i>
		Date:	<i>3-26-98</i>

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined	
<input checked="" type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius	
Area Calculation	Volume Calculation
52.1 SQ. IN.	52.1 SQ. IN. X 28" = 1458.8 CU. IN.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S2	29	28	812	1458.8	55.66
2	60°	S2	36.5	28	1022	1458.8	70.06
3	45°	S1	38	28	106.4	1458.8	7.29
4	60°	S1	2.0	28	56	1458.8	3.84
5	0°	N/A	19.2	28	537.6	1458.8	36.85
6	45°	CW	23.2	28	649.6	1458.8	44.53
7	45°	CCW	23.2	28	649.6	1458.8	44.53
					3833.2	10211.6	37.54

4298 12289.2

		Item No:	B03.110.007
Prepared By: <i>David K. [Signature]</i>	Level: <i>II</i>	Date:	3/24/98
Reviewed By: <i>Gary [Signature]</i>	Level: <i>II</i>	Date:	3-26-98

DUKE POWER COMPANY						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
Examination Volume/Area Defined							
<input checked="" type="checkbox"/> Base Metal		<input checked="" type="checkbox"/> Weld		<input type="checkbox"/> Near Surface		<input type="checkbox"/> Bolting	
		<input type="checkbox"/> Inner Radius					
Area Calculation				Volume Calculation			
SEE ATTACHMENT				SEE ATTACHMENT			
Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
		BASE METAL					37.54
		WELD					22.37
		AGGREGATE					28.77

			Item No:	B03.110.007
Prepared By: <i>David K. Z...</i>	Level: <i>II</i>	Date: <i>3/24/98</i>		
Reviewed By: <i>Gary Moss</i>	Level: <i>II</i>	Date: <i>3.26.98</i>		

EXAM AREASOCONEE S. NG / SAMPLING NOZZLEBASE METAL

$$A \cdot B \cdot C \cdot D = \frac{4.188}{2} (3.1 + 4.5) = 23.5144 = 23.5 \text{ sq. in.}$$

$$E \cdot G \cdot L \cdot I = 7.3" \times 3.1" = 22.63 = 22.6 \text{ sq. in.}$$

$$G \cdot H \cdot J = \frac{7 \times 1.5}{2} = .525 = .5 \text{ sq. in.}$$

$$H \cdot K \cdot L = \frac{\pi \times 2.4 \times 2.9}{4} = 5.466 = 5.5 \text{ sq. in.}$$

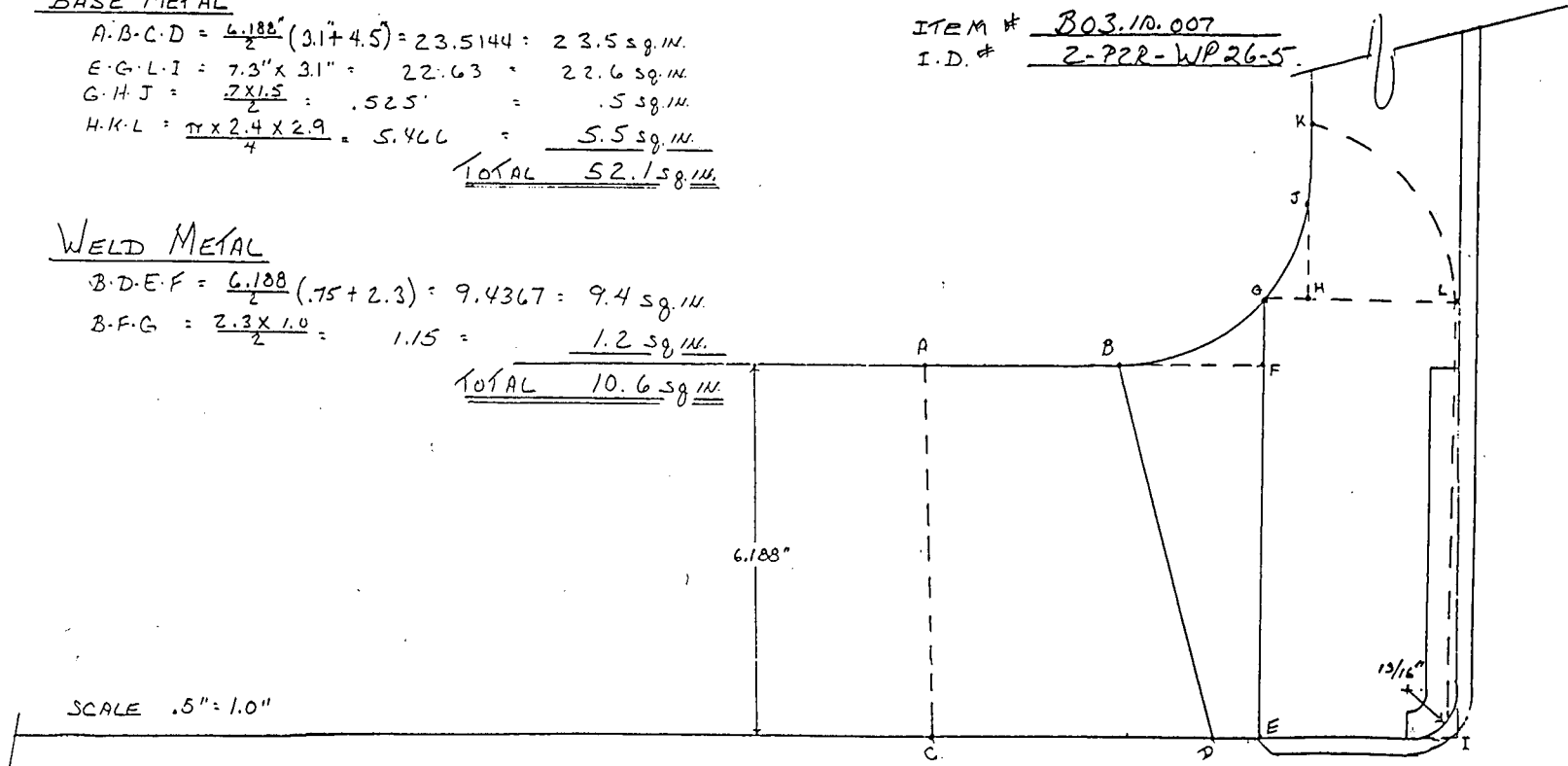
$$\text{TOTAL } 52.1 \text{ sq. in.}$$

ITEM # B03.10.007I.D. # 2-P22-WP26-5WELD METAL

$$B \cdot D \cdot E \cdot F = \frac{6.188}{2} (.75 + 2.3) = 9.4367 = 9.4 \text{ sq. in.}$$

$$B \cdot F \cdot G = \frac{2.3 \times 1.0}{2} = 1.15 = 1.2 \text{ sq. in.}$$

$$\text{TOTAL } 10.6 \text{ sq. in.}$$



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O'CONNOR'S NO. 1 SAMPLING NOZZLE

INSPECTED AREAS

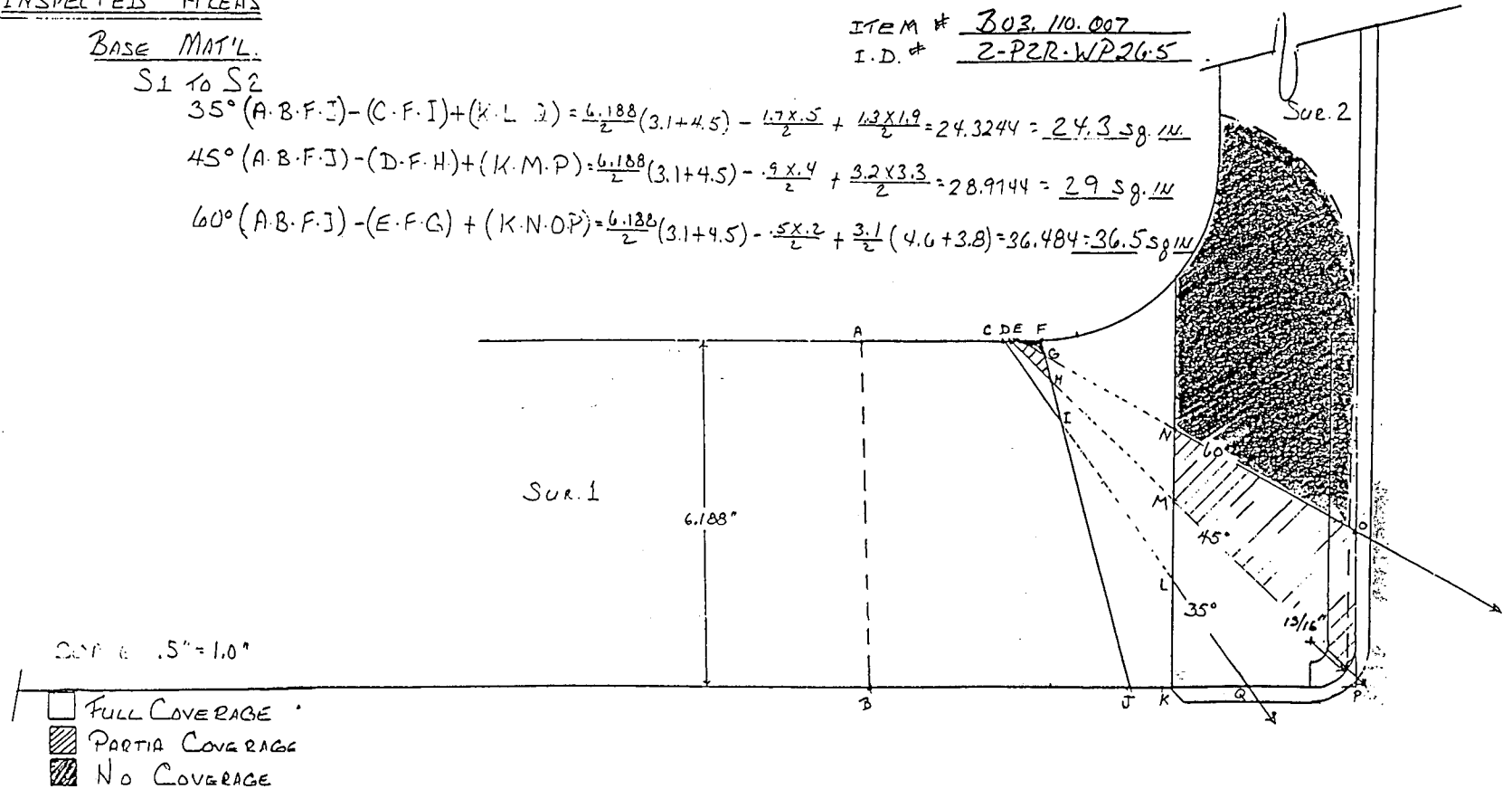
BASE MAT'L.

S1 to S2

$$35^\circ (A \cdot B \cdot F \cdot J) - (C \cdot F \cdot I) + (K \cdot L \cdot J) = \frac{6.188}{2} (3.1 + 4.5) - \frac{1.7 \times .5}{2} + \frac{1.3 \times 1.9}{2} = 24.3244 = \underline{24.3 \text{ sq. in.}}$$

$$45^\circ (A \cdot B \cdot F \cdot J) - (D \cdot F \cdot H) + (K \cdot M \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.9 \times .4}{2} + \frac{3.2 \times 3.3}{2} = 28.9144 = \underline{29 \text{ sq. in.}}$$

$$60^\circ (A \cdot B \cdot F \cdot J) - (E \cdot F \cdot G) + (K \cdot N \cdot O \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.5 \times .2}{2} + \frac{3.1}{2} (4.6 + 3.8) = 36.484 = \underline{36.5 \text{ sq. in.}}$$



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Request For Relief 9803
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D'CONEE S. NG / SAMPLING NOZZLE

INSPECTED AREAS

BASE MAT'L

S2 TO S1

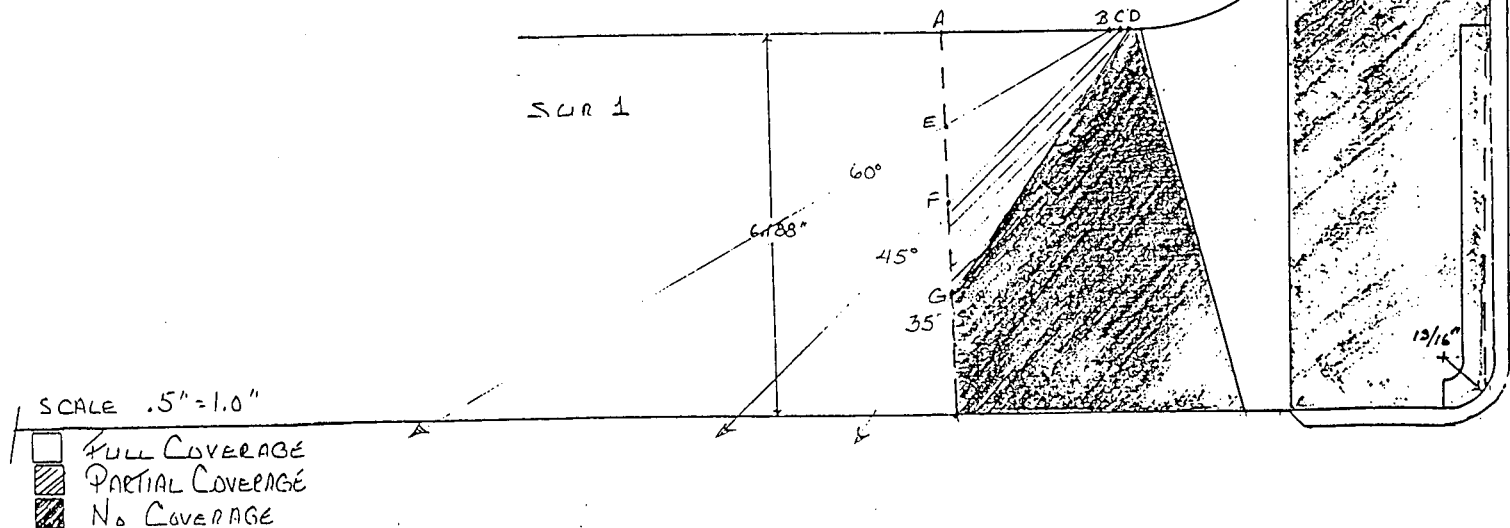
35° A.D.G. = $\frac{2.9 \times 4.2}{2} = 6.09 = \underline{6.1 \text{ sq. in.}}$

45° A.C.F. = $\frac{2.75 \times 2.75}{2} = 3.781 = \underline{3.8 \text{ sq. in.}}$

60° A.B.E. = $\frac{2.6 \times 1.5}{2} = 1.95 = \underline{2.0 \text{ sq. in.}}$

ITEM # B03.110.007

I.D. # 2-P2R-WP26-5



SCALE .5" = 1.0"

☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☐ NO COVERAGE

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DCONEE SLING / SAMPLING NOZZLE

INSPECTED AREA:

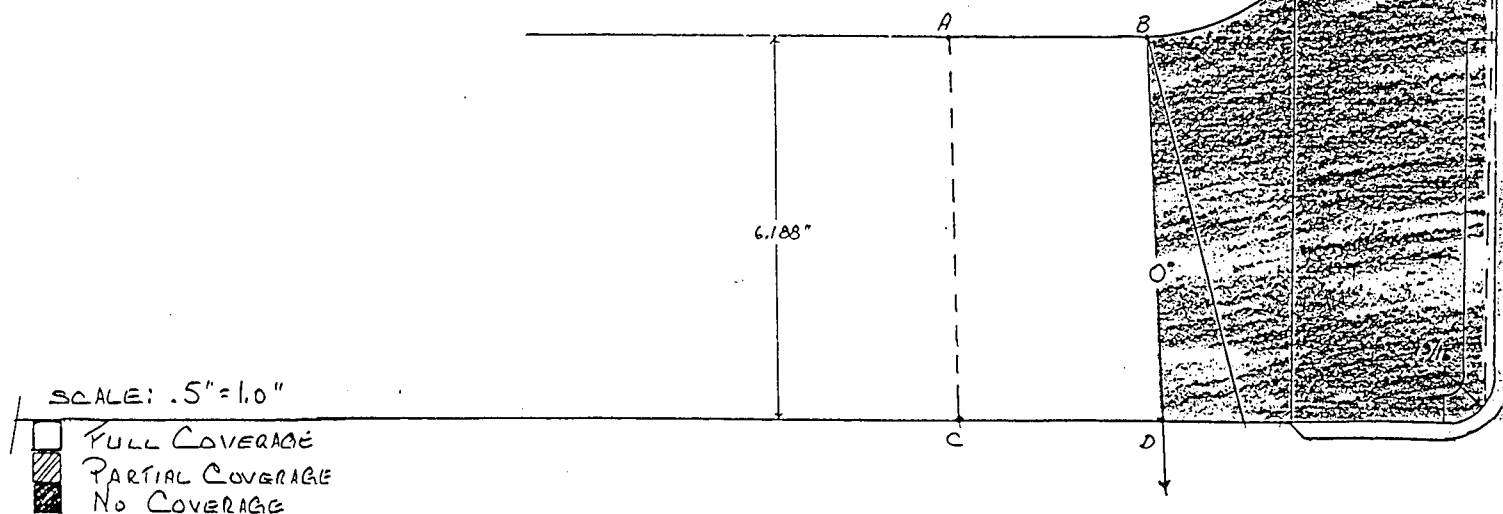
ITEM # B03.110.007
I.D. # 2-PCR-WP26.5

BASE MAT'L

$$0^\circ \text{ A.B.C.D} = 3.1 \times 6.188 = 19.182 = 19.2 \text{ sq. in.}$$

WELD MAT'L

TOTAL LOSS



Pf 90511

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OCONEE SING / SAMPLING NOZZLE

INSPECTED AREAS:

BASE MAT'L

35° & 45° CW & CCW

$$A.B.D.E = \frac{6.188}{2} (3.0 + 4.5) = 23.205 = \underline{23.2 \text{ sq. in.}}$$

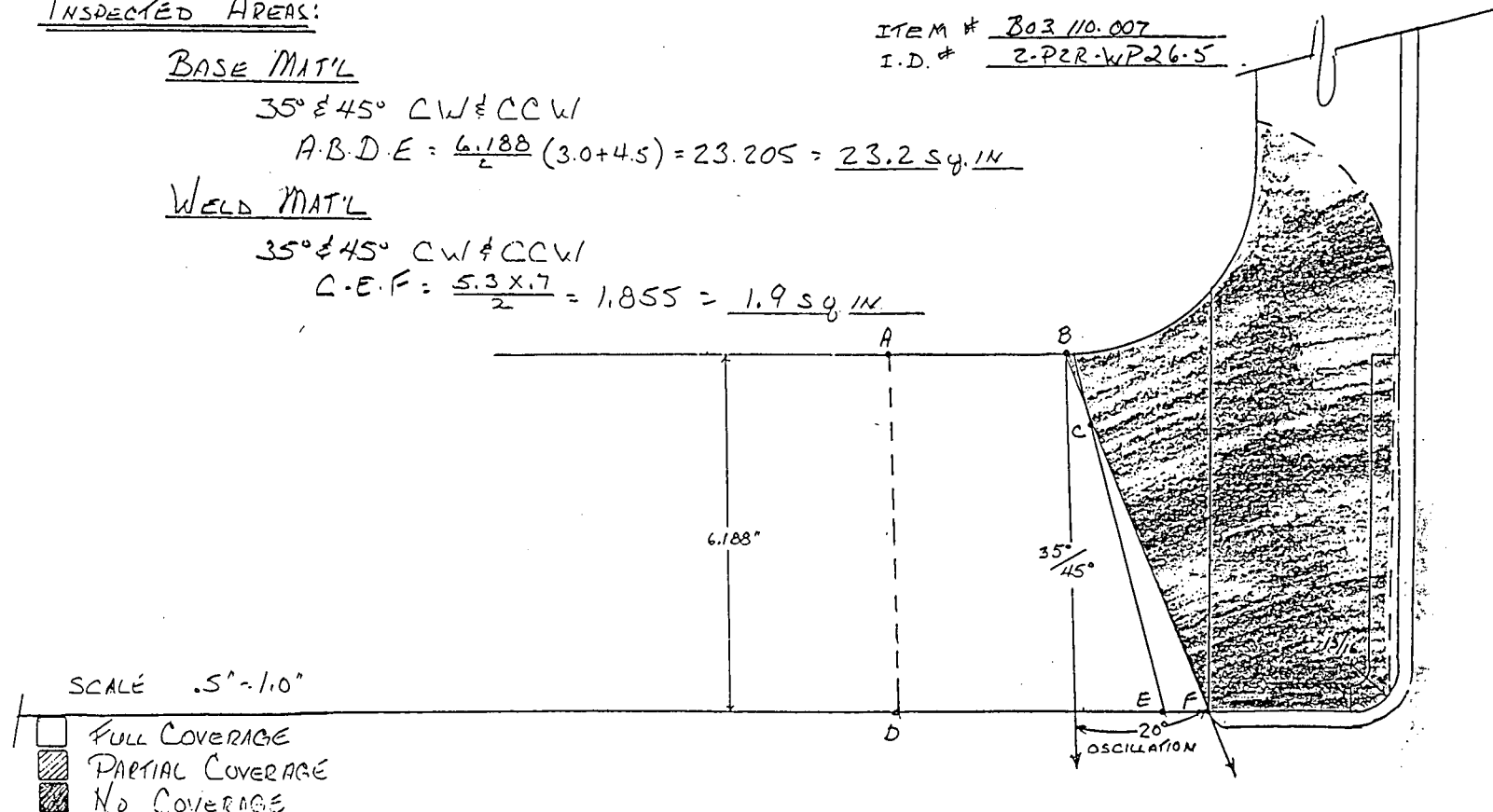
WELD MAT'L

35° & 45° CW & CCW

$$C.E.F = \frac{5.3 \times 1.7}{2} = 1.855 = \underline{1.9 \text{ sq. in.}}$$

ITEM # 803 110.007

I.D. # 2-PCR-WP26-5



SCALE .5" = 1.0"

- ☐ FULL COVERAGE
- ☒ PARTIAL COVERAGE
- ☐ NO COVERAGE

As 100 F11

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OCONEE S NG / SAMPLING NOZZLE

INSPECTED AREAS:

WELD MAT'L

ITEM # B03.1N.007

I.D. # 2-PER-WP26.5

S1 TO S2

$$35^\circ CDF + DEF = \frac{4.8 \times 1.2}{2} + \frac{.9 \times .75}{2} = 3.217 = \underline{3.2 \text{ sq. in.}}$$

$$45^\circ BDG + DEG = \frac{5.6 \times 1.5}{2} + \frac{3.3 \times .75}{2} = 5.437 = \underline{5.4 \text{ sq. in.}}$$

$$60^\circ ADH + DEH = \frac{6.0 \times 1.9}{2} + \frac{4.6 \times .75}{2} = 7.425 = \underline{7.4 \text{ sq. in.}}$$

S2 TO S1

35° TOTAL LOSS

45° TOTAL LOSS

60° TOTAL LOSS

SUR. 1

6.188"

SUR. 2

SCALE .5" = 1.0"

☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☒ NO COVERAGE

Pg 11 OF 11

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DUKE POWER COMPANY										Exam Start: 1110		Form NDE-UT-2A	
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1217		Revision 4	
Station: Oconee			Unit: 2		Component/Weld ID: 2-PZR-WP26-6					Date: 3/24/98			
Weld Length (in.): 28.0"			Surface Condition: AS MACHINED			Lo: B&W #1		Surface Temperature: 72 ° F					
Examiner: Winfred C. Leeper <i>Winfred C. Leeper</i>			Level: II		Scans: 45 <input checked="" type="checkbox"/> 54 dB 70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 54 dB 70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 70.5 dB 60T <input checked="" type="checkbox"/> 70.5 dB Other: 0°-26 dB					Pyrometer S/N: MCNDE 27021			
Examiner: David Zimmerman <i>David K. Zimmerman</i>			Level: II							Cal Due: 7/27/98			
Procedure: NDE-620 Rev: 5			FC: N/A							Configuration: Nozzle to Shell			
NDE-640 1										N/A Flow N/A			
Calibration Sheet No: 9802043, 9802044, 9802046										S2 to S1 Scan Surface: OD			
										Applies to NDE-680 only			
										Skew Angle: N/A			

IND #	<i>4</i>	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT WRITE IN THIS SPACE		
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac				
						100%dac	100%dac	100%dac	100%dac	100%dac	100%dac				
NRI	0°														
NRI	45°														
NRI	60°														

Remarks: *95-18, 95-19	
Limitations: (see NDE-UT-4) <input type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Sheet <u>1</u> of <u>11</u>
Reviewed By: <i>Gary Mon</i> Level: <u>IB</u> Date: <u>3.26.98</u>	Authorized Inspector: <i>MBC</i> Date: <u>3.31.98</u>
Item No: B03.110.008	

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DUKE POWER COMPANY ISI LIMITATION REPORT

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP26-6

Item No: B03.110.008

Remarks:

☐ NO SCAN SURFACE BEAM DIRECTION
☒ LIMITED SCAN ☒ 1 ☐ 2 ☐ 1 ☒ 2 ☐ cw ☐ ccw
 FROM L 12.0" to L 19.0" INCHES FROM WO 11.0" to BEYOND
 ANGLE: ☐ 0 ☐ 45 ☒ 60 ☐ Other FROM 0 DEG to 360 DEG

DUE TO LOWER HEAD WELD

☒ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☒ 1 ☐ 2 ☐ 1 ☒ 2 ☒ cw ☒ ccw
 FROM L _____ to L _____ INCHES FROM WO 0.0" to 1.5"
 ANGLE: ☒ 0 ☒ 45 ☒ 60 ☐ Other FROM 0 DEG to 360 DEG

NOZZLE CONFIGURATION

☐ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☐ 1 ☐ 2 ☐ 1 ☐ 2 ☐ cw ☐ ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: ☐ 0 ☐ 45 ☐ 60 ☐ Other FROM _____ DEG to _____ DEG

☐ NO SCAN SURFACE BEAM DIRECTION
☐ LIMITED SCAN ☐ 1 ☐ 2 ☐ 1 ☐ 2 ☐ cw ☐ ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: ☐ 0 ☐ 45 ☐ 60 ☐ Other FROM _____ DEG to _____ DEG

Prepared By: *David K. Z...*

Level: II

Date: 3/24/98

Sketch(s) attached ☒ yes ☐ no

Sheet 2 of 11

Reviewed By: *Sam Moss*

Date: 3.26.98

Authorized Inspector: *YMB*

Date: 5-31-98

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DUKE POWER COMPANY Limited Examination Coverage Worksheet						NDE-91-1			
						Revision 0			
Examination Volume/Area Defined									
<input checked="" type="checkbox"/> Base Metal		<input checked="" type="checkbox"/> Weld		<input type="checkbox"/> Near Surface		<input type="checkbox"/> Bolting		<input type="checkbox"/> Inner Radius	
Area Calculation				Volume Calculation					
SEE ATTACHMENT				SEE ATTACHMENT					
Coverage Calculations									
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage		
		BASE METAL					37.54		
		WELD					22.37		
		AGGREGATE					28.77		

Prepared By: <i>David C. King</i>		Level: <i>II</i>	Date: <i>3/24/98</i>
Reviewed By: <i>Harry J. Moss</i>		Level: <i>II</i>	Date: <i>3.26.98</i>

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined				
<input checked="" type="checkbox"/> Base Metal	<input type="checkbox"/> Weld	<input type="checkbox"/> Near Surface	<input type="checkbox"/> Bolting	<input type="checkbox"/> Inner Radius

Area Calculation	Volume Calculation
52.1 SQ. IN.	52.1 SQ. IN. X 28" = 1458.8 CU. IN.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S2	29	28	812	1458.8	55.66
2	60°	S2	36.5	28	1022	1458.8	70.06
3	45°	S1	38	28	106.4	1458.8	7.29
4	60°	S1	2.0	28	56	1458.8	3.84
5	0°	N/A	19.2	28	537.6	1458.8	36.85
6	45°	CW	23.2	28	649.6	1458.8	44.53
7	45°	CCW	23.2	28	649.6	1458.8	44.53
					3833.2	10211.6	37.54

		Item No:	B03.110.008
Prepared By:	<i>David K. Z...</i>	Level:	<i>II</i>
		Date:	<i>3/24/98</i>
Reviewed By:	<i>Gary Moss</i>	Level:	<i>IB</i>
		Date:	<i>3.26.98</i>

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined	
<input type="checkbox"/> Base Metal <input checked="" type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius	
Area Calculation	Volume Calculation
$B, D, E, F = 6.188 / 2 (.75 + 2.3) = 9.43$ $1.0 / 2 = 1.15$ $9.4 \text{ SQ. IN.} + 1.2 \text{ SQ. IN.} = 10.6 \text{ SQ. IN.}$ $B, F, G = 2.3 \times$	$10.6 \text{ SQ. IN.} \times 28" = 296.8 \text{ CU. IN.}$

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	45°	S1	5.4	28	151.2	296.8	50.94
2	60°	S1	7.4	28	207.2	296.8	69.81
3	45°	S2	0.0	28	0	296.8	0.00
4	60°	S2	0.0	28	0	296.8	0.00
5	0°	N/A	0.0	28	0	296.8	0.00
6	45°	CW	1.9	28	53.2	296.8	17.92
7	45°	CCW	1.9	28	53.2	296.8	17.92
					464.8	2077.6	22.37

		Item No:	B03.110.008
Prepared By:	<i>Daniel K. [Signature]</i>	Level:	<i>II</i> Date: <i>3/24/98</i>
Reviewed By:	<i>Henry [Signature]</i>	Level:	<i>II</i> Date: <i>3-24-98</i>

EXAM AREASDCONEE. SC VG / SAMPLING NOZZLEBASE METAL

$$A \cdot B \cdot C \cdot D = \frac{6.188}{2} (3.1 + 4.5) = 23.5144 = 23.5 \text{ sq. in.}$$

$$E \cdot G \cdot L \cdot I = 7.3" \times 3.1" = 22.63 = 22.6 \text{ sq. in.}$$

$$G \cdot H \cdot J = \frac{7 \times 1.5}{2} = .525 = .5 \text{ sq. in.}$$

$$H \cdot K \cdot L = \frac{\pi \times 2.4 \times 2.9}{4} = 5.466 = 5.5 \text{ sq. in.}$$

$$\text{TOTAL } 52.1 \text{ sq. in.}$$

ITEM # 803.110.008

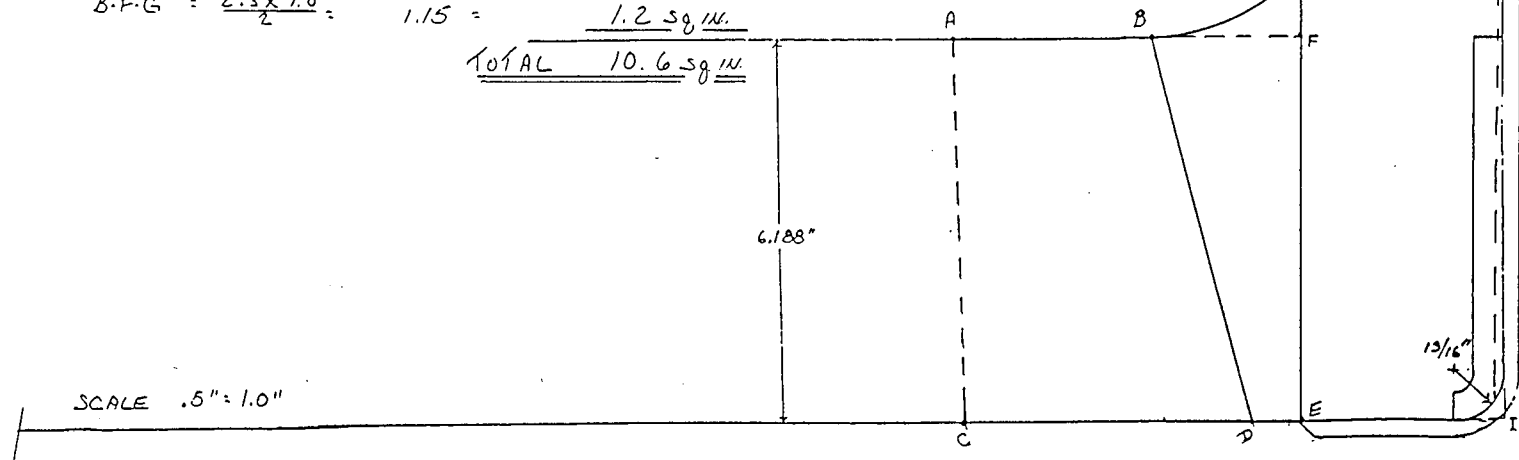
I.D. # 2-P2R-WP26.6

WELD METAL

$$B \cdot D \cdot E \cdot F = \frac{6.188}{2} (.75 + 2.3) = 9.4367 = 9.4 \text{ sq. in.}$$

$$B \cdot F \cdot G = \frac{2.3 \times 1.0}{2} = 1.15 = 1.2 \text{ sq. in.}$$

$$\text{TOTAL } 10.6 \text{ sq. in.}$$



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Request For Relief 9803
Page 28 of 33
Attachment B

OCONEE C'ING / SAMPLING NOZZLE

INSPECTED AREAS

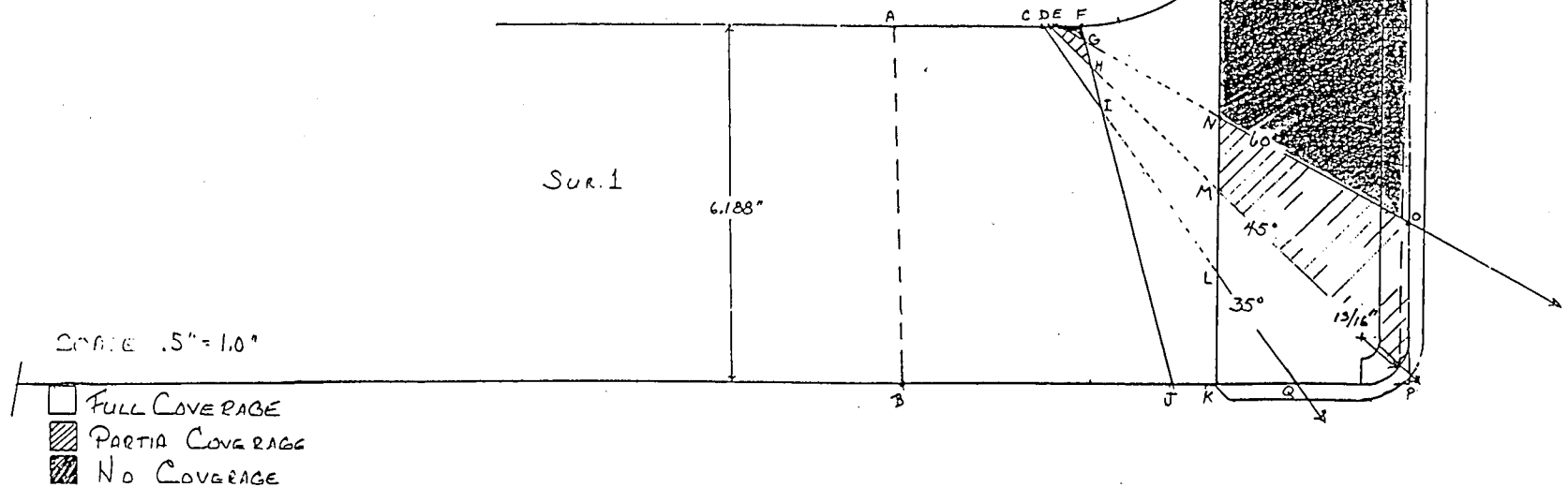
BASE MAT'L

S1 TO S2

$$35^\circ (A \cdot B \cdot F \cdot J) - (C \cdot F \cdot I) + (K \cdot L \cdot Q) = \frac{6.188}{2} (3.1 + 4.5) - \frac{1.7 \times .5}{2} + \frac{1.3 \times 1.9}{2} = 24.3244 = \underline{24.3 \text{ sq. ft.}}$$

$$45^\circ (A \cdot B \cdot F \cdot J) - (D \cdot F \cdot H) + (K \cdot M \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.9 \times .4}{2} + \frac{3.2 \times 3.3}{2} = 28.9144 = \underline{29 \text{ sq. ft.}}$$

$$60^\circ (A \cdot B \cdot F \cdot J) - (E \cdot F \cdot G) + (K \cdot N \cdot O \cdot P) = \frac{6.188}{2} (3.1 + 4.5) - \frac{.5 \times .2}{2} + \frac{3.1}{2} (4.6 + 3.8) = 36.484 = \underline{36.5 \text{ sq. ft.}}$$



SCALE .5\"/>

Pg 70P11

Request for Relief 98-03
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Attachment B

OCONEE S₁ VG / SAMPLING NOZZLE

INSPECTED AREAS

BASE MAT'L

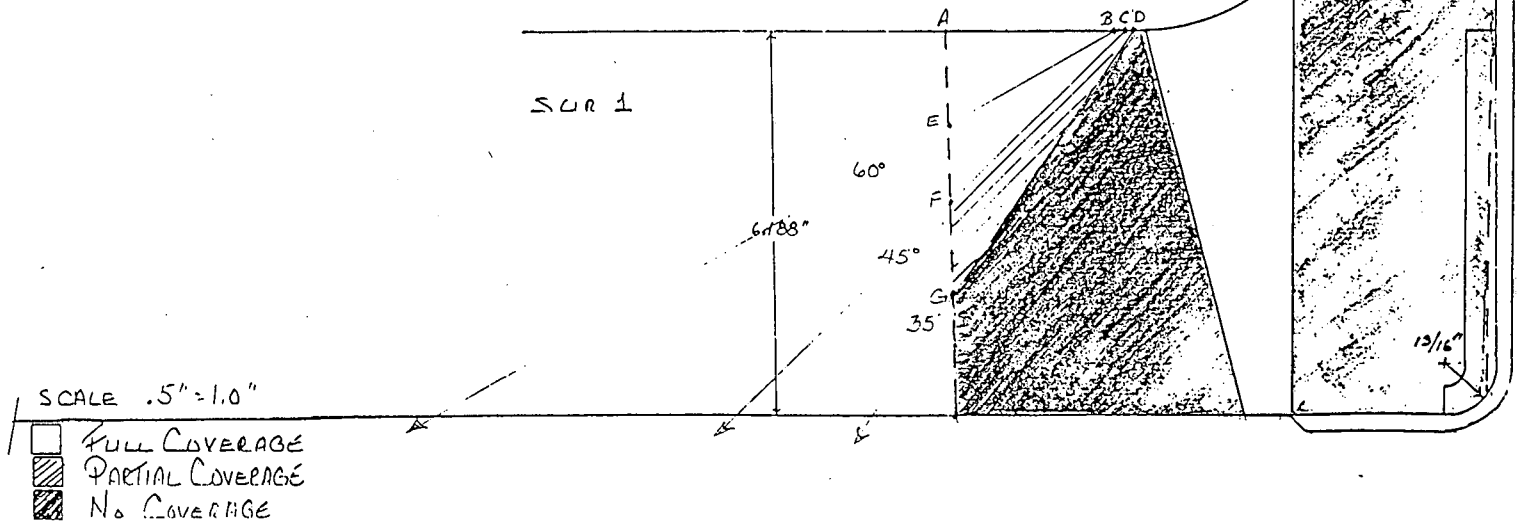
S₂ to S₁

$$35^\circ \text{ A.D.G.} = \frac{2.9 \times 4.2}{2} = 6.09 = \underline{6.1 \text{ sq. in.}}$$

$$45^\circ \text{ A.C.F.} = \frac{2.75 \times 2.75}{2} = 3.781 = \underline{3.8 \text{ sq. in.}}$$

$$60^\circ \text{ A.B.E.} = \frac{2.6 \times 1.5}{2} = 1.95 = \underline{2.0 \text{ sq. in.}}$$

ITEM # B03.110.008
I.D. # Z-P2R-41P26-6



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Request For Relief 98-03
Page 30 of 33
Attachment B

O'CONNOR Sealing / SAMPLING NOZZLE

INSPECTED AREA:

ITEM # B03.110.008
I.D. # 2-P2R-WP26-6




BASE MAT'L

$$0^\circ \text{ A.B.C.D} = 3.1 \times 6.188 = 19.182 = 19.2 \text{ sq. in.}$$

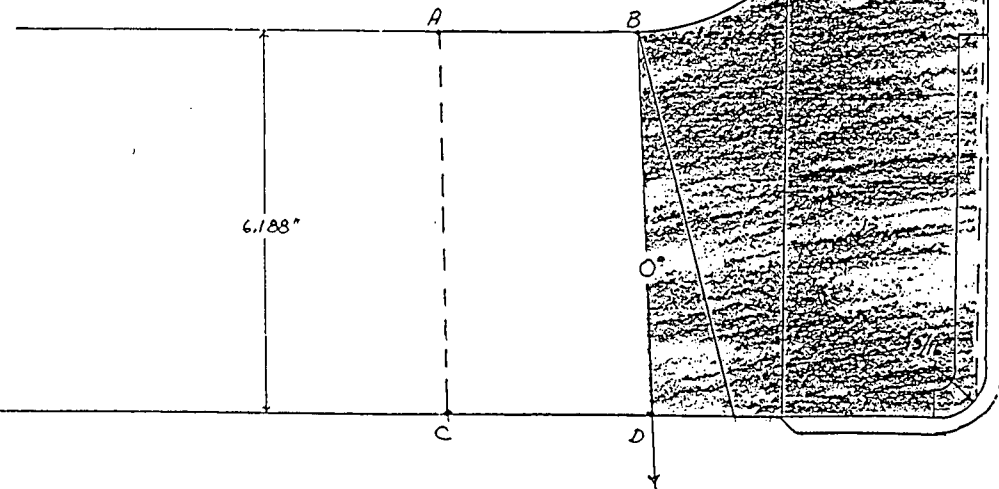
WELD MAT'L

TOTAL LOSS

SCALE: .5" = 1.0"

	FULL COVERAGE
	PARTIAL COVERAGE
	NO COVERAGE

Pg 9 of 11



Request For Relief 98-03
Page 31 of 33
Attachment B

O'CONNOR S. NG / SAMPLING NOZZLE

INSPECTED AREAS:

BASE MAT'L

35° & 45° CW & CCW

$$A \cdot B \cdot D \cdot E = \frac{6.188}{2} (3.0 + 4.5) = 23.205 = \underline{23.2 \text{ sq. in.}}$$

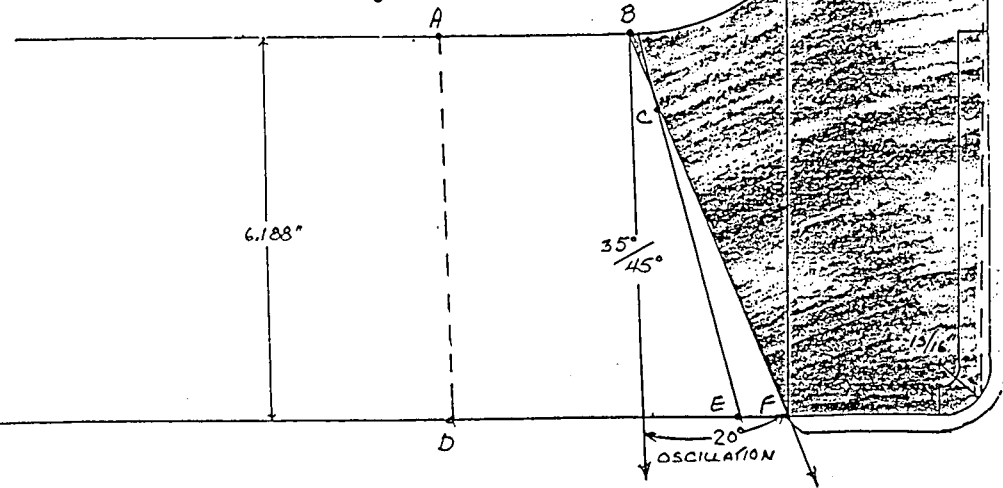
WELD MAT'L

35° & 45° CW & CCW

$$C \cdot E \cdot F = \frac{5.3 \times 1.7}{2} = 1.855 = \underline{1.9 \text{ sq. in.}}$$

ITEM # B03.110.008
I.D. # 2-P2R-WP26-G

SCALE .5" = 1.0"
☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☒ NO COVERAGE
Pg 10 OF 11



Request For Relief 98-03
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O'CONNOR S. NG / SAMPLING NOZZLE

INSPECTED WELDERS:

WELD MAT'L

ITEM # B03.110.008
I.D. # 2-P2R-WP26-6

S1 TO S2

35° C D F + D E F = $\frac{4.8 \times 1.2}{2} + \frac{.9 \times .75}{2} = 3.217 = \underline{3.2 \text{ sq. in.}}$

45° B D G + D E G = $\frac{5.6 \times 1.5}{2} + \frac{3.3 \times .75}{2} = 5.437 = \underline{5.4 \text{ sq. in.}}$

60° A D H + D E H = $\frac{6.0 \times 1.9}{2} + \frac{4.6 \times .75}{2} = 7.425 = \underline{7.4 \text{ sq. in.}}$

S2 TO S1

35° TOTAL LOSS

45° TOTAL LOSS

60° TOTAL LOSS

SUR. 1

6.188"

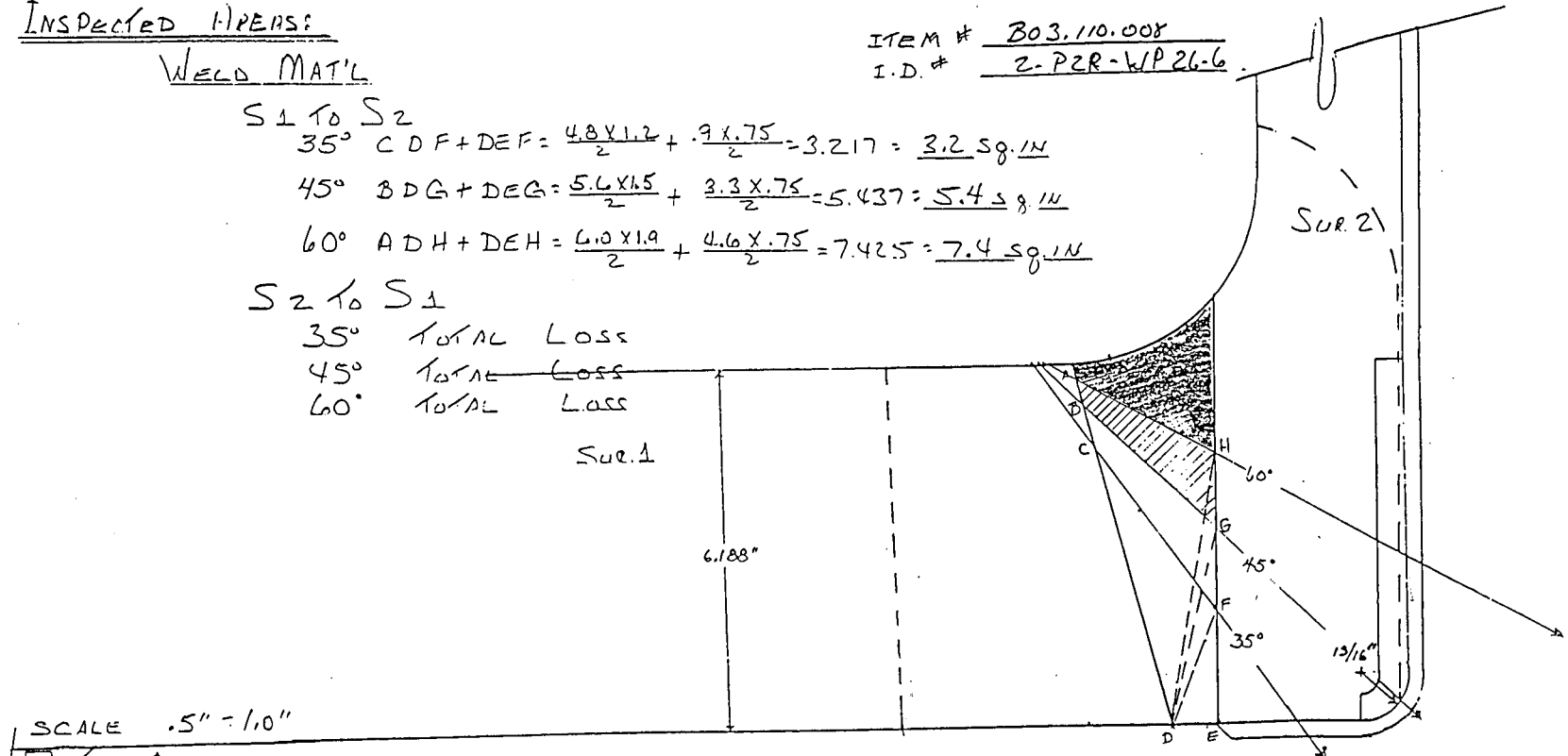
SUR. 2

SCALE .5" = 1.0"

☐ FULL COVERAGE
☒ PARTIAL COVERAGE
☒ NO COVERAGE

Pg 11 OF 11

Request For Relief 98-03
 Page 33 of 33
 Attachment B



10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record (Form NIS-2) of the Class 1 and Class 2 Repairs and Replacements for work performed from December 25, 1997 through July 8, 1999 is provided and is included in this section of the report. The individual work request documents are on file at Oconee Nuclear Station.

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

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

1a. Date 6-15-99

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

Sheet 1 of 1

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

3a. Work Order # 98152958
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System HP Class Z

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	BLOCK ORFICE ASSY.	INGERSOLL DRESSER PUMP CO.	MODEL/TYPE CPM-9428	NA	UPSTREAM	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	BLOCK ORFICE ASSY.	INGERSOLL DRESSER PUMP CO.	MODEL/TYPE CPM-9429	NA	DOWNSTREAM	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED BOTH RECIRC. ORFICES ON THE 1B HPI PMP.
CSM 7-14-99

8. Test Conducted:

☒ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

D. S. Mason

Date 7-14, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-2-99 to 7-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-15, 19 99

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

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

1a. Date 6-14-99

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

Sheet 1 of 1

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

3a. Work Order # 98105594
 Repair Organization Job # _____

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

3b. NSM or ~~MM~~ # 9123

4. Identification of System HP Class 243

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 HP-140	VALTEK	D710A-1-1	2154		1999	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1 HP-140	VELAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P. Co.	NA	NA		7/73	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED 1HP-140 W/DMV-12158. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

O. S. MasonDate 7-14, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-10-99 to 7-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-15, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-23-99

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

Sheet 1 of 1

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

3a. Work Order # 98019819
Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System HP Class Z

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, JUNE Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV</u> <u>1 HP-129</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work MADE BMR TO 1 HP-129 VALVE BONNET SEATING SURFACE.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. L. Blodgett

QA SPECIALIST
Owner or Owner's Designee, Title

Date 6-23, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-16-99 to 6-24-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MC Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 6-24, 19 99

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

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

1a. Date 6-22-99

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

Sheet 1 of 1

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

3a. Work Order # 98092286
 Repair Organization Job # _____

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

3b. NSM or MM # 12832

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ASME III 19 74 Edition SUMMER 75 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 HP-428	PACIFI	C 8344	-		-	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1 HP-428	ANCHOR DARLING	E 9127-93-2			1982	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING	D.P.Co.	N/A	N/A		10/85	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED 1 HP-428 WITH A DMV-1219.

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

ES MasonDate 7-12, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-10-99 to 7-13-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-13, 1999NUBC 7-13-99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 1 of 1

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

3a. Work Order # 98105526
Repair Organization Job # _____

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

3b. NSM or ~~MM~~ # 11489

4. Identification of System HP Class Z

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 HP-120	LESLIE	694224-1	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1 HP-120	CCI	706573-1-Z	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED VLV. 1HP-120 W/ITEM No. DMV-1180.

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

D. S. Mason

Date

9-1, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-30-99 to 7-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-15, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 1 of 6

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

OLD CRDM'S

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

3a. Work Order # 98121028
Repair Organization Job # _____

3b. NSM or MM # 13032

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition, SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM LOCATION B+W & CS	*D.P.CO.	26	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	D4	"	161	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	D6	"	X66	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	E3	"	160	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	E5	"	25	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	E7	"	112	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

* DIAMOND POWER CORPORATION // HIGH RADIATION, CORROSION & BORON BUILDUP MADE THE RETRIEVAL OF ADDITIONAL DATA PROHIBITIVE.

Form NIS-2 (Back)

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

7. Description of Work

REPLACED CRDM'S

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

J. S. MasonDate 7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

N. C. 914

National Board, State, Providence and Endorsements

Date 7-6, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 2 of 6

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

3a. Work Order # 98121028
Repair Organization Job # _____

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

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 19 67 Edition SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM LOCATION F2</u>	<u>B+W + D.P.Co.</u>	<u>28</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>F4</u>	<u>"</u>	<u>X64</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	<u>F6</u>	<u>"</u>	<u>38</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	<u>F8</u>	<u>"</u>	<u>83</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	<u>G3</u>	<u>"</u>	<u>2</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	<u>G5</u>	<u>"</u>	<u>142</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced CRDM's

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed DS Mason Date 7-6, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 3 of 6

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

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

3a. Work Order # 98121028
Repair Organization Job # _____

3b. ~~MSM~~ or MM # 13032

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME II 19 67 Edition SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM LOCATION</u> <u>G 7</u>	<u>B+W &</u> <u>D.P.CO.</u>	<u>29</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>H4</u>	<u>"</u>	<u>118</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	<u>H6</u>	<u>"</u>	<u>59</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	<u>H8</u>	<u>"</u>	<u>24</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	<u>K5</u>	<u>"</u>	<u>49</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	<u>K7</u>	<u>"</u>	<u>39</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced CRDM's

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed DS Mason Date 7-6, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman Commissions NC914
 Inspector's Signature National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 4 of 6

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

3a. Work Order # 98121028
Repair Organization Job # _____

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

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME II 1967 Edition, SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM LOCATION K9</u>	<u>BLW + D.P.Co.</u>	<u>71</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>L6</u>	<u>"</u>	<u>155</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	<u>L8</u>	<u>"</u>	<u>31</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	<u>L10</u>	<u>"</u>	<u>136</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	<u>M7</u>	<u>"</u>	<u>22</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	<u>M9</u>	<u>"</u>	<u>145</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

J.B. MasonDate 7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 5 of 6

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

3a. Work Order # 98121028
Repair Organization Job # _____

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

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 19 67 Edition, SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM LOCATION M11	B&W + D.P.CO.	3	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	N6	"	X167	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	N8	"	141	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	N10	"	168	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	N12	"	55	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	07	"	2021	*		*	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

Ed Mason

Date

7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-8-99

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

Sheet 6 of 6

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

3a. Work Order # 98121028
Repair Organization Job # _____

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

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM LOCATION 09</u>	<u>B&W & D.P.Co.</u>	<u>154</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>011</u>	<u>"</u>	<u>158</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	<u>P8</u>	<u>"</u>	<u>114</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	<u>P10</u>	<u>"</u>	<u>73</u>	<u>*</u>		<u>*</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced CRDM's

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *D. S. Mason* Date 7-6, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

NEW CRDM's

1a. Date 6-24-99

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

Sheet 1 of 6

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

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

3a. Work Order # 98121028
Repair Organization Job # _____

3b. NSM or MM # 13032

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition, SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	CRDM @ Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	H 8	FRAMATONE TECH INC.	1001	146		1991	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	M 9		1002	147			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	N 12		1003	148			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	M 11		1004	149			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	M 7		1005	150			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	H 6		1006	151			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED CRDM'S.8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/ASigned J.S. MasonDate 7-6, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 1999

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

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

1a. Date 6-24-99

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

Sheet 2 of 6

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

3a. Work Order # 98121028
 Repair Organization Job # _____

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

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 19 67 Edition SUMMER Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	OP	FRAMATONE TECH. INC.	1007	152		1971	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	F6		1008	153			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	G7		1009	154			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	F2		1010	155			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	07		1011	156			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	E7		1013	158			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

ES MasonDate 7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman

Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 1999

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

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

1a. Date 6-24-99

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

Sheet 3 of 6

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

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

3a. Work Order # 98121028
 Repair Organization Job # _____

3b. ~~MSM~~ or MM # 1303Z

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition SUMMER Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	L8	FRAMATONE TECH. INC.	1014	159		1971	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	P8		1015	160			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	L10		1016	161			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	K9		1017	162			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	G5		1019	164			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	G11	↓	1020	165		↓	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

D. B. MasonDate 7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-24-99

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

Sheet 4 of 6

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

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

3a. Work Order # 98121028
Repair Organization Job # _____

3b. NSM or MM # 13032

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition, SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	K7	FRAMATONE TECH. INC.	1021	166		1971	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	F8		1022	167			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	L6		1023	168			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	F3		1024	169			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	H4		1025	170			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	D4		1026	171			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

ES MasonDate 7-6, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-22-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 1999

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

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

1a. Date 6-24-99

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

Sheet 5 of 6

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

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

3a. Work Order # 98121028
 Repair Organization Job # _____

3b. NSM or MM # 13032

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 19 67 Edition, SUMMER Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	ES	FRAMATONE TECH. INC.	1027	172		1971	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	P10		1028	173			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	K5		1029	174			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	G3		1030	175			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	N8		1031	176			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
F	C5		1032	177			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed

DB Mason

Date

7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman

Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-24-99

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

Sheet 6 of 6

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

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

3a. Work Order # 98121028
Repair Organization Job # _____

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

4. Identification of System CONTROL ROD DRIVE Class 1

5. (a) Applicable Construction Code ASME III 1967 Edition SUMMER Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	F4	FRAMATONE TECH. INC.	1063	195		1991	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	N10	↓	1064	196		↓	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	D6	↓	1065	197		↓	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	N6	↓	1066	198		↓	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced CRDM's8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

DS MasonDate 7-6, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-6-99, 19 99

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

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

1a. Date 11-20-97

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

Sheet 1 of 1

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

3a. Work Order # 97067500
 Repair Organization Job # _____

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

3b. NSM or MM # 10649

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER 75 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

Form NIS-2 (Back)

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

7. Description of Work

ADDED THROTTLE VALV. 1 HP-508 W/ITEM DMV-1079.

8. Test Conducted

☒ Hydrostatic

☐ Pneumatic

☒ Nominal Operating Pressure

☐ Other

☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N446-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

JB Mason QA Spec
Owner or Owner's Designee, Title

Date 3-16, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-31-97 to 3-16-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 3-16, 1998

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

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

1a. Date 10-22-97

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

Sheet 1 of 2

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

3a. Work Order # 96076841
 Repair Organization Job # _____

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

3b. NSM or MM # 12977

4. Identification of System LPSW Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1LPSW-4	WALWORTH	96633A	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1LPSW-4	BNL	A95304-1-12	NA		96	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	VLV. 1LPSW-5	WALWORTH	INFO. NOT AVAILABLE DUE TO RUST.			NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. 1LPSW-5	BNL	A950304-1-9	NA		96	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
E	VLV. 1LPSW-6	WALWORTH	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	VLV. 1LPSW-6	BNL	A950304-1-1	NA		96	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced Valves LLPSW 4, 5, 6 + 15

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

*D. Mason*Date 3-11, 1997

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 9-17-97 to 3-11-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

N2914

National Board, State, Providence and Endorsements

Date 3-11, 1998

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

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

1a. Date 10-22-97

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

Sheet 2 of 2

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

3a. Work Order # 96076841
 Repair Organization Job # _____

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

3b. NSM or MM # 12977

4. Identification of System LPSW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 LPSW-15	CONTROMATICS	86192-5-1	NA		87	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1 LPSW-15	BNL	A950304-1-8	NA		96	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced valves 1LPSW-4,5,6+15

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

J. S. Mason QA Spec
Owner or Owner's Designee, TitleDate 2-24, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 9-17-97 to 3-11-98; 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.

J. B. Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 3-11, 19 98

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

3a. Work Order # 96039812
 Repair Organization Job # _____

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

3b. NSM or ~~MM~~ # 9211

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases.
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1MS-155	CRANE	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1MS-155	VELAN	357	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced LM5-155 with a DMV-1050

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N-416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Don Mason QA Spec
Owner or Owner's Designee, Title

Date 2-9, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-24-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 2-9, 19 98

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

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

1a. Date 10/28/97

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

Sheet 1 of 1

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

3a. Work Order # 99022416
 Repair Organization Job # _____

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

3b. NSM or ~~MM~~ # 10231

4. Identification of System MS Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV.</u> <u>1MS-153</u>	<u>CRANE</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>VLV.</u> <u>1MS-153</u>	<u>VELAN</u>	<u>314</u>	<u>NA</u>		<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced IMS-153 with item no. DMV-1050

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N-416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed JB Mason QA Spec
Owner or Owner's Designee, Title

Date 2-9, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 9-3-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 2-9, 19 98

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

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

1a. Date 10-15-97

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

Sheet 1 of 1

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

3a. Work Order # 95027929
 Repair Organization Job # _____

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

3b. NSM or MM # 7306

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 FDW-Z10	CONVAL	333940	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	PIPING	D.P. Co.	NA	NA		7/73	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. 1 FDW-Z10	CRANE	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED / PDW-Z10 W/ DMV-1009 + Flange bolting

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed D. B. Mason QA Spec
Owner or Owner's Designee, Title

Date 2-9, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-13-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 2-9, 19 98

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

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

1a. Date 10-28-97

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

Sheet 1 of 1

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

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

3a. Work Order # 97091305
 Repair Organization Job # _____

3b. NSM or ~~MM~~ # 11029

4. Identification of System LPSW Class 2

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 LPSW-994	BNL	A960701-1-1	NA		10/96	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work INSTALLED VLV. 1LPSW-994 ON WET TAP.

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

Pressure 115 psig

Test Temp. 68.7 °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *JS Moran*

Date 2-16-, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-22-97 to 2-18-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 2-18, 1999

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

3a. Work Order # 95028309
 Repair Organization Job # _____

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

3b. NSM or ~~MM~~ # 7336

4. Identification of System LPSW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 LPSW-565	BNL	A950361-1-15	NA		11/95	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 1 LPSW-565	NA	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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7. Description of Work REPLACED 1LPSW 565 W/ITEM NO. DMV-1040.

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

Pressure 125 psig

Test Temp. 65.3 °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

Q. S. Mason QA Spec
 Owner or Owner's Designee, Title

Date 2-19, 1998

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 of Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 12-16-97 to 2-23-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 2-23, 1998

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

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

1a. Date 11-20-97

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

Sheet 1 of 1

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

3a. Work Order # 9706532
 Repair Organization Job # _____

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

3b. NSM or MM # 10650

4. Identification of System HP Class 2 + 3

5. (a) Applicable Construction Code ASME III 19 74 Edition, SUMMER 75 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Piping</u>	<u>D.P. Co.</u>	<u>NA</u>	<u>NA</u>		<u>7/93</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced Piping8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

W. Mason QA Spec
Owner or Owner's Designee, TitleDate 3-16, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-29-97 to 3-16-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 3-16, 1997

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

3a. Work Order # 97010463
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 FDW-207	KEROTEST	N/A	N/A		N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1 FDW-207	KEROTEST	N/A	N/A		N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P.C.	N/A	N/A		7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED 1FDW-207 WITH A DIRECT REPLACEMENT.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

ES Mason QA Spec
Owner or Owner's Designee, Title

Date 1-29, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 2-9, 1998

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

3a. Work Order # 99010464
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 FDW-206	KEROTEST	NA	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1 FDW-206	KEROTEST	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P.C.	NA	NA		7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED 1 FDW-206 WITH A DIRECT REPLACEMENT.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Q. S. Mason QA Spec Date 1-29, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 2-9, 1998

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

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

3a. Work Order # 97010462
 Repair Organization Job # _____

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, JULY Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV.</u> <u>1FDW-208</u>	<u>KEROTEST</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>VLV.</u> <u>1FDW-208</u>	<u>KEROTEST</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	<u>TIPING</u>	<u>D.P.C.</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED VLV. / FDW-208 WITH DIRECT REPLACEMENT.

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

D. Mason QA Spec

Date 1-29, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 2-9, 1998

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

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

1a. Date 11-17-97

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

Sheet 1 of 1

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

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

3a. Work Order # 97010461-01
 Repair Organization Job # _____

3b. NSM or MM # _____

4. Identification of System FDW Class B-(2)

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1FDW-209	KEROTEST	NA	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1FDW-209	KEROTEST	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P.C.	NA	NA		7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED VLV. 1FDW-209 WITH DIRECT REPLACEMENT

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

D. B. Mason QA Spec

Date 1-29, 19 98

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 2-9, 19 98

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

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

1a. Date 10-16-97

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

Sheet 1 of 3

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

3a. Work Order # 96030188
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 12975

4. Identification of System HP/RC Class 1

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1 HP-126	VELAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1 HP-126	VELAN	962069	NA		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. 1 HP-486	ANCHOR DARLING	EZ496-1-12	NA 1961 MB		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. 1 HP-127	VELAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	VLV. 1 HP-127	VELAN	962103-5 MB 2/24/98	NA		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	VLV. 1 HP-487	ANCHOR DARLING	EZ496-1-1 MB 2/24/98	NA 1958 MB		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

See Page 3 of 38. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

J. S. Mason
Owner or Owner's Designee, TitleDate 2-12, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-5-97 to 2-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 2-24, 19 98

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

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**
- 2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)
3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**
4. Identification of System **HP/RC** Class **1**
5. (a) Applicable Construction Code **ANSI B31.7** 19**68** Edition, **JUDE** Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

1a. Date **10-16-97**Sheet **2** of **3**3a. Work Order # **96030188**
 Repair Organization Job # _____3b. **NSM** or MM # **12975**

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. 1HP-152	VELAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 1HP-152	VELAN	962103-2	NA		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	VLV. 1HP-489	ANCHOR DARLING	EZ496-1-11	NA 1960 MB		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	VLV. 1HP-153	VELAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	VLV. 1HP-153	VELAN	962103-6	NA		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	VLV. 1HP-488	ANCHOR DARLING	EZ496-1-10	NA 1959 MB		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

See Page 3 of 38. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

D. S. MasonDate 2-12, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-5-97 to 2-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 2-24, 1998

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

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

1a. Date 10-16-97

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

Sheet 3 of 3

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

3a. Work Order # 96030188
 Repair Organization Job # _____

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

3b. NSM or MM # 12975

4. Identification of System HP/RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, JUNE Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P. Co.	NA	NA		7/75	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLAZED VLV'S. 1HP-126, 1HP-127, 1HP-152 & 1HP-153
+ ADDED VLV'S. 1HP-486, 1HP-487, 1HP-488 & 1HP-489.

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☒ Nominal Operating Pressure☐ Other☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

DS Mason QA Spec
Owner or Owner's Designee, Title

Date 2-11, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-5-97 to 2-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 2-24, 1998

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

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

1a. Date 8-19-98

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

Sheet 1 of 1

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

3a. Work Order # 98061809
 Repair Organization Job # _____

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

3b. NSM or MM # 12559

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ASME III 1965 Edition, Summer 67 Addenda, 1332-2, -3, -4 / 1339-1 / Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

1336 / 1359-1 / 1338-3 ALT.1

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1A OTSG	BABCOCK & WILCOX	620-0003-55 -1	N-103		1969	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REROLLED SELECTED TUBES IN THE UPPER TUBESHEET.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

B. J. Blumhagen **QA SPECIALIST**
Owner or Owner's Designee, Title

Date 8-19, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-12-98 to 8-19-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 8-19, 19 98

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

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

1a. Date 8-19-98

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

Sheet 1 of 1

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

3a. Work Order # 98061811-01
 Repair Organization Job # _____

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

3b. NSM or MM # 12560

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ASME III 19 65 Edition SUMMER 67 Addenda, 1332-2, 3, 4 / 1339-1 / Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda
1336 / 1359-1 / 1338-3 ALT. 1

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1B0TSG	BABCOCK & WILCOX	620-0003-55-2	N104		1969	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

PERROLLED SELECTED TUBES IN UPPER TUBE SHEET.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

William A. Bohannon **QA SPECIALIST**
Owner or Owner's Designee, Title

Date 8-19, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-12-98 to 8-19-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 8-19, 19 98

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

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

1a. Date 8-24-98

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

Sheet 1 of 1

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

3a. Work Order # 98074996
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System MFOW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1969 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING ON #1 MPDW RISER ON 1B OTSG.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

A. L. Blubaugh
Owner or Owner's Designee, Title

Date 8-24, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-13-98 to 8-25-98; 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.

MBC Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 8-25-98, 19 98

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

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

1a. Date 8-24-98

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

Sheet 1 of 1

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

3a. Work Order # 98075004
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System MFW Class Z

5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	OTSG MAIN FEEDWATER RISEBOLTING	NA	NA	NA	# 21 NOZZLE	7/93 NA AS	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED BOLTING ON MFW RISER # 21 ON
1B OTSG.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

A. Z. Dubuque
Owner or Owner's Designee, Title

Date 8/24, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-13-98 to 8-25-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

N.C. 914

National Board, State, Providence and Endorsements

Date 8-25, 19 98

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

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

1a. Date 8-24-98

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

Sheet 1 of 1

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

3a. Work Order # 98075003
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System MFDW Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	OTSG MAIN FEEDWATER RISER BOILING.	NA	NA	NA	# 20 NOZZLE	7/73	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

REPLACED BOLTING ON #20 MAIN FEEDWATER RISER
ON 18 OTSG.

8. Test Conducted:

☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

A. Z. Blumhagen **QA SPECIALIST**
Owner or Owner's Designee, Title

Date 8-24, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-13-98 to 8-25-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 8-25, 1998

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

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

1a. Date 6-19-99

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

Sheet 1 of 1

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

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

3a. Work Order # 98078758-01
 Repair Organization Job # _____

3b. NSM or MM # _____

4. Identification of System LPSW Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

Form NIS-2 (Back)

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

7. Description of Work

Replaced Body / Bonnet bolting on 1 LPSW-88. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/AExpiration Date N/ASigned ALDate 6-19, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-25-99 to 6-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 6-21, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6/21/99

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

Sheet 1 of 1

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

3a. Work Order # 98109291-01
Repair Organization Job # _____

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

3b. NSM or MM # —

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 19 68 Edition, 68 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve IHP-11	Aloyco	Unavailable - No tag	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet Studs + Nuts in 1HP-11

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Altoob BC Specialist Date 6/21, 1999
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-4-99 to 6-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 6-21, 1999

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

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

1a. Date 6-21-99

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

Sheet 1 of 1

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

3a. Work Order # 98100602-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 19 68 Edition, 68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1HP-31	Fisher	4768601	2HP-V42	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc assembly in Valve 12 HP - 31

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Altoos QC Specialist Date 6-21, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 6-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 6-21, 19 99

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

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

1a. Date 6-23-99

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

Sheet 1 of 1

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

3a. Work Order # 97106160-01
 Repair Organization Job # _____

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

3b. NSM or MM # —

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, — Addenda, — Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ims'-26	Crane	Unavailable	N/A	N/A	'69	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work

Replaced Body / Bonnet bolting on 1MS' - 26

8. Test Conducted:

☐ Hydrostatic☐ Pneumatic☐ Nominal Operating Pressure☐ Other☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**Signed Altoos OC SpecialistDate 6-23, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-25-99 to 6-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 6-23, 1999

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

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

1a. Date 8-4-99

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

Sheet 1 of 1

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

3a. Work Order # 98100575 - 06
 Repair Organization Job # _____

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

3b. NSM or MM # —

4. Identification of System RC Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, — Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve IRC-68	Dresser	BT 4975	N/A	N/A	1975	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Valve IRC-68	Dresser	BL 8890	N/A	N/A	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve IRC-68 + (1) flange nut

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

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

Date 8-10, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-22-99 to 8-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 8-10, 1999

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

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

1a. Date **8-4-99**

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

Sheet **1** of **1**

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

3a. Work Order # **98100573**
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System **RC** Class **I**

5. (a) Applicable Construction Code **B31.7** 19**68** Edition, **6-68** Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve IRC-67	Dresser	BL 8889	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Valve IRC-67	Dresser	BL 8896	N/A	N/A	1989	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve IRC-67

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed J. S. Mason

Date 8-10, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-22-99 to 8-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of 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.

MBC Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 8-10, 19 99

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

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

1a. Date 1-20-98

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

Sheet 1 of 1

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

3a. Work Order # 97028429
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System FDW Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1B OTSG MAIN. FEEDWATER RISER FLANGE.	BARCOLK & WILCOX	GENERATOR S/N 620-0003-SS-Z	GEN.# N104	No. 32	1969	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work WELD REPAIRED RAISED FACE FLANGE ON MFW RISER #32.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Q. J. Mazon Q. A. Spec
Owner or Owner's Designee, Title

Date 1-29, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-17-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 2-9, 1998

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

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

1a. Date 1-6-98

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

Sheet 1 of 1

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

3a. Work Order # 97028411
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System FDW Class Z

5. (a) Applicable Construction Code ANSI B31.1 19____ Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1B OTSG MAIN FEEDWATER RISETR NO. 1	B+W	GENERATOR S/N 620-0003-55-2	N104		69	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work MADE WELD REPAIR TO 1B ODSG MDW RISER #1 FLANGE
RAISED FACE SURFACE.
8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐ Other ☐ Exempt
- Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed W. B. Mason QA Spec
 Owner or Owner's Designee, Title

Date 1-29, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-17-97 to 2-9-98; 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.

W. B. Chapman
 Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 2-9, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 2-2-98

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

Sheet 1 of 1

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

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

3a. Work Order # 97028429-02
Repair Organization Job # _____

3b. NSM or MM # TSM-1335

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31.1 19 67 Edition, MARCH 69 Addenda, NO Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1 B OTSG MAIN Feedwater Riser #32</u>	<u>Babcock & Wilcox</u>	<u>N/A</u>	<u>N/A</u>	<u>FDW NZ B032</u>	<u>1969</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced 1B OTSG FDW Riser bottoming

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed C.R. Hanson QA SPECIALIST Date 2-2, 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-98 to 2-2-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC 914
 National Board, State, Providence and Endorsements

Date 2-2, 19 98

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

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

1a. Date 2-2-98

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

Sheet 1 of 1

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

3a. Work Order # 97028411-02
 Repair Organization Job # _____

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

3b. NSM or MM # TSM-1334

4. Identification of System FDW Class B

5. (a) Applicable Construction Code B31-1 1967 Edition, 3-69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1B OTSG MAIN FDW RISER #1</u>	<u>Babcock & Wilcox</u>	<u>N/A</u>	<u>N/A</u>	<u>FDW NZ BOOL</u>	<u>1969</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting 1B OTSB MAIN FDW RISER #1

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed CR Hinson QA SPECIALIST Date 2-2, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-14-97 to 2-2-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914
National Board, State, Providence and Endorsements

Date 2-2, 19 98

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

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

1a. Date 2-16-98

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

Sheet 1 of 1

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

3a. Work Order # 97106480-01
 Repair Organization Job # _____

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

3b. NSM or MM # n/a

4. Identification of System BS Class 2

5. (a) Applicable Construction Code B31.7 19 68 Edition, 6-68 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE 1 BS-21	VEIAN	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced body to bonnet bolting valve 1BS-21

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed CR Hansen QA Specialist Date 2-16, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-7-98 to 2-16-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman Commissions NC914
Inspector's Signature National Board, State, Providence and Endorsements

Date 2-16, 19 98

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

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

1a. Date 2-25-98

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

Sheet 1 of 1

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

3a. Work Order # 98005879-05
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System CRD Class 1

5. (a) Applicable Construction Code ASME III 19 67 Edition, Summer 67 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRD CM 0007</u>	<u>DIAMOND POWER</u>	<u>171</u>	<u>563</u>	<u>2019</u>	<u>1978</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced CRD CM 0007

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed J. J. Mason

Q.A. Spec

Date 2-26, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-21-98 to 2-26-98; 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.

J. J. Mason
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 2-26, 1998

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

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

1a. Date 2-25-98

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

Sheet 1 of 1

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

3a. Work Order # 98005879-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System CRD ^{cell} RC Class 1

5. (a) Applicable Construction Code ASME III 19 65 Edition, Summer 67 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRD CM 0007</u>	<u>DIAMOND POWER</u>	<u>171</u>	<u>563</u>	<u>2019</u>	<u>1978</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced CRDM 0007 hold down bolting

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 2-25, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-23-98 to 2-25-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 2-25, 19 98

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

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

1a. Date 3-2-98

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

Sheet 1 of 1

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

3a. Work Order # 97105768-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System CF Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

Form NIS-2 (Back)

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

7. Description of Work Replaced disc in valve ICF-14

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Atosh AC Specialist
Owner or Owner's Designee, Title

Date 3-2, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 12-14-97 to 3-2-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 3-2, 19 98

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

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

1a. Date 3-4-98

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

Sheet 1 of 1

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

3a. Work Order # 97078268-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1HP-138	Velan	Unavailable	N/A	Fig. B12354B13mS	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet bolting on valve IHP-138

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed PI [Signature] QC Specialist
 Owner or Owner's Designee, Title

Date 3-4, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-11-98 to 3-4-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions

NC914
 National Board, State, Providence and Endorsements

Date 3-4, 19 98

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

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

1a. Date 11-24-98

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

Sheet 1 of 1

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

3a. Work Order # 98012635-01

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

Repair Organization Job # _____

3b. NSM or MM # _____

4. Identification of System SF Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve OSF-55	Crane	47-Lufss	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Bonnet studs in valve ϕ SF-55

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Albert J. Specialist
Owner or Owner's Designee, Title

Date 11-24, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-98 to 11-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 11-24, 1998

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

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

1a. Date 2-25-99

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

Sheet 1 of 1

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

3a. Work Order # 98076395-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System SF Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve øSF-55	Cranes	47-LUFS\$	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body Bonnet Nuts

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *A. L. Johnson* *QC Specialist* Date 2-25, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-23-98 to 3-1-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions N/C914

National Board, State, Providence and Endorsements

Date 3-1, 19 99

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

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

1a. Date **6-15-99**

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

Sheet **1** of **1**

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

3a. Work Order # **98078635-01**
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System **BS** Class **2**

5. (a) Applicable Construction Code **B31.7** 19**68** Edition, **6/68** Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnet nut on Valve IBS-1

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed PH Smith QC Specialist Date 6-15, 1999
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-24-99 to 6-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-16, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-30-99

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

Sheet 1 of 1

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

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

3a. Work Order # 98168073
Repair Organization Job # _____

3b. NSM or MM # NA

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ANSI B31.7 19 68 Edition, JUNE Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P. Co.	NA	NA		NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Attachment weld on S/R L-51-D-435C-SR5						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work MADE WELD REPAIRS TO UNDERSIZED WELD.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Q. S. Mason

Date 7-1, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-21-99 to 7-1-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 7-1, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-30-99

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

Sheet 1 of 1

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

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

3a. Work Order # 98168073
Repair Organization Job # _____

3b. NSM or MM # NA

4. Identification of System HP Class 2

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>PIPING</u>	<u>D.P. Co.</u>	<u>NA</u>	<u>NA</u>		<u>7/73</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>Attachment weld on S/R</u> <u>1-51-0-435C-SR4</u>						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work MADE WELD REPAIRS TO UNDERSIZED WELD.

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *J. B. Mason* Date 7-1, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-16-99 to 7-1-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-1, 1999

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

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

1a. Date 7-6-99

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

Sheet 1 of 1

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

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

3a. Work Order # 97070913-48
 Repair Organization Job # _____

3b. NSM or MM # NA

4. Identification of System CC Class L

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>L-55-D-479E-RTB-H050</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Removed/Replaced S/R L-55-0^{479E}-RTB-H0501 by welding

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

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *J. B. Mason* Date 7-6, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-11-99 to 7-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 7-6, 19 99

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

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

1a. Date 7-8-99

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

Sheet 1 of 1

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

3a. Work Order # 98170449-02
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-14-D-480A-HZ1C</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shim to S/R 1-14-B-480A-H21C

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed DS Mason

Date 7-8, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-25-99 to 7-8-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MBC Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-8, 19 99

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

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

1a. Date 7-8-99

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

Sheet 1 of 1

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

3a. Work Order # 98170449-01
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-14B-D-479A-H18(E)</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shim to S/R 1-14B-D-479A-H18(E)

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *Q. B. Mason*

Date 7-8, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-25-99 to 7-8-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 7-8-99, 1999

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

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

1a. Date 6-18-99

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

Sheet 1 of 1

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

3a. Work Order # 98087448-02
 Repair Organization Job # _____

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

3b. NSM or MM # N/A

4. Identification of System RC Class L

5. (a) Applicable Construction Code ASME Sec III 1967 Edition, Summary Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Reactor Vessel Closure Nut	Babcock & Wilcox	34	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Reactor Vessel Closure Nut	Babcock & Wilcox	65	NA	NA	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Reactor Vessel closure nut #34 with new nut #65

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J S Mason

Date 7-8, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-26-99 to 7-8-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-8, 19 99

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

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

1a. Date 6-15-99

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

Sheet 1 of 1

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

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

3a. Work Order # 98113263-02
 Repair Organization Job # _____

3b. NSM or MM # NA

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1947 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>1-01A-3-A-401A-R6</u>	<u>Grinnell</u>	<u>18400</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Rebuilt snubber on S/R 1-01A-3-0-401A-R6

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed D. S. Mason Date 6-15, 1999
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-5-99 to 6-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 6-15, 1999

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

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

3a. Work Order # 98106052
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 12223

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-50-0-66A-RCPM-S10	Grinnell	33967	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 1-50-0-66A-RCPM-S11	Grinnell	33968	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Snubber on S/R 1-50-0-66A-RCPM-S12	Grinnell	33969	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work S/R 1-50-0-66A-RCPM-510
S/R 1-50-0-66A-RCPM-511
S/R 1-50-0-66A-RCPM-512 } Replaced RCPM 1B2 Snubber end Brackets

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

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

Date 6-29, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-23-99 to 6-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 6-29, 1999

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

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

3a. Work Order # 98106050
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 12221

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-50-0-66A-RCPM-S4	Grinnell	33961	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 1-50-0-66A-RCPM-S5	Grinnell	33962	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Snubber on S/R 1-50-0-66A-RCPM-S6	Grinnell	33959	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

Replaced the end brackets on the following snubbers:

1-50-0-66A-RCPM-S4

1-50-0-66A-RCPM-S5

7. Description of Work *1-50-0-66A-RCPM-S6*

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed _____

Date 6-29, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 2-23-99 to 6-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 6-29, 19 99

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

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

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

3a. Work Order # 98106049
 Repair Organization Job # _____

3b. ~~NSM~~ or MM # 12220

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1948 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-50-0-66A-RCPM-S1	Grinnell	33958	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 1-50-0-66A-RCPM-S2	Grinnell	33963	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Snubber on S/R 1-50-0-66A-RCPM-S3	Grinnell	33940	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

Replaced the end brackets on the following Snubbers:

1-50-0-66A-RCPM-S1

1-50-0-66A-RCPM-S2

7. Description of Work *1-50-0-66A-RCPM-S3*

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

J. S. Mason

Date *6-29*, 19 *99*

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 2-22-99 to 6-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions N.C. 914

National Board, State, Providence and Endorsements

Date 6-29, 19 99

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

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

3a. Work Order # 98106051
 Repair Organization Job # _____

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

3b. ~~NOM~~ or MM # 12222

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-50-0-66A-RCPM-S7	Grinnell	33964	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 1-50-0-66A-RCPM-S8	Grinnell	33965	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Snubber on S/R 1-50-0-66A-RCPM-S9	Grinnell	33966	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

Replaced the end brackets on the following Snubbers:

1-50-0-66A-RCPM-57

1-50-0-66A-RCPM-58

7. Description of Work *1-50-0-66A-RCPM-59*

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *J. S. Mason*

Date *6-29*, 19 *99*

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period *2-23-99* to *6-29-99*; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman

Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date *6-29-99*, 19*99*

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

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

1a. Date 5/18/99

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

Sheet 1 of 1
 T&P 8/30/99

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

3a. Work Order # 98161855-01
 Repair Organization Job # _____

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

3b. NSM or MM # OE 13642

4. Identification of System MS Class B

5. (a) Applicable Construction Code B31.1 19 67 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R - SNUBBER</u> <u>1-01A-1-1-0-401A-H43</u>	<u>LISEGA</u>	<u>97613870/36</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>S/R SNUBBER</u> <u>1-01A-1-1-0-401A-H43</u>	<u>PSA</u>	<u>20337/86</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED SNUBBER ON S/R 1-01A-1-1-0-401A-H43

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed _____

Date 5-18, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-14-99 to 5-18-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions _____

NC914

National Board, State, Providence and Endorsements

Date 5-18, 19 99

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

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

1a. Date 6-2-99

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

Sheet 1 of 1

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

3a. Work Order # 98109263-01
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # L2351

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-148-0-439B-SR48</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work 5/R 1-14B-Q-439B-SR48 - Replaced item 6 with item 7

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed *J. S. Mason*

Date 6-7, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-26-99 to 6-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions

N.C. 914

National Board, State, Providence and Endorsements

Date 6-7, 1999

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

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

1a. Date 6-9-99

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

Sheet 1 of 1

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

3a. Work Order # 98165448-03
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>1-01A-0-550-R9(3)</u>	<u>Grinnell</u>	<u>30201</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Rebuilt Snubber on S/R 1-01A-0-550-R9(3)

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed DS Mason
 Owner or Owner's Designee, Title

Date 6-9, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-2-99 to 6-9-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 6-9, 19 99

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

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

1a. Date 6-9-99

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

Sheet 1 of 1

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

3a. Work Order # 98113263-03
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-01A-3-0-401A-R8	Grinnell	18605	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Rebuilt Snubber on SK 1-01A-3-0-401A-R8

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

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

Date 6-9, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-1-99 to 6-9-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-9, 1999

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

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

1a. Date 6-9-99

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

Sheet 1 of 1

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

3a. Work Order # 98166137-02
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System RC Class A

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>1-50-0-481A-H1</u>	<u>Grinnell</u>	<u>33917</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work S/R L-50-0-481A-HL
Adjusted F dimension on extension piece to within tolerance

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed Q8 Mason
Owner or Owner's Designee, Title

Date 6-9, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-31-99 to 6-9-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-9, 1999

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

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

1a. Date 6-9-99

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

Sheet 1 of 1

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

3a. Work Order # 98166137-03
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System LP Class A

5. (a) Applicable Construction Code ANSI B31.7 1962 Edition, Feb Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-53A-0-481A-H40C	Grinnell	18801	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

S/R 1-53A-0-481A-H40C

7. Description of Work Adjusted F dimension on extension piece to within tolerance8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**Signed *D. S. Mason*
Owner or Owner's Designee, TitleDate 6-9, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-31-99 to 6-9-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature
Commissions NC914

National Board, State, Providence and Endorsements

Date 6-9, 19 99

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

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

1a. Date 6-10-99

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

Sheet 1 of 1

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

3a. Work Order # 98168500-01
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System CF Class A

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

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/A</u> <u>1-53A-D-479A-M5A</u>	<u>Grinne //</u>	<u>18799</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Rebuilt snubber on S/R 1-53A-D-479A-H5A

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed OS Mason

Date 6-10, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-8-99 to 6-11-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-11, 19 99

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

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

1a. Date 6-15-99

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

Sheet 1 of 1

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

3a. Work Order # 98100466-01
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-50-0-480A-H10	GRINNELL	18791	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Adjusted cold piston setting to within tolerance on 5K1-50-A-480A-H1D

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed OB Mason

Date 4-15, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-25-99 to 6-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-15, 19 99

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

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

1a. Date 6-21-99

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

Sheet 1 of 1

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

3a. Work Order # 98077509-10
 Repair Organization Job # _____

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

3b. NSM or MM # 11298

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 50-0-481A-NPS-H13A	Grinnell	18610	NA	NA	NA	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Bolting on S/R 50-0-481A-NPS-H13A	DPC	NA	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

Snubber on S/R 50-0-481A-NPS-H/3A - adjusted F dimension to within tolerance.

7. Description of Work *S/R 50-0-481A-NPS-H/3A - Replaced bolting on valve clamp assembly*

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

ES Mason

Date *6-21*, 19*99*

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-16-99 to 6-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-21, 19*99*

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

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

1a. Date 6-21-99

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

Sheet 1 of 1

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

3a. Work Order # 98100466-14
 Repair Organization Job # _____

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

3b. NSM or MM # NA

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>1-03-0-490B-H10A</u>	<u>Grippe II</u>	<u>15074</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced load stud + nuts on S/R Snubber 1-83-D-480B-H10A

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed D. J. Mason

Date 6-21, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-09-99 to 6-22-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 6-22, 1999

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

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

1a. Date 6-28-99

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

Sheet 1 of 1
R&R 8/30/99

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

3a. Work Order # 98105526
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 11489

4. Identification of System HPI Class 2

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>L-51A-439A-H5688</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>SIR</u> <u>L-51-D-439A-SR37</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

A. Installed new S/R 1-51A-439A-H5688

B. Added items 10, 11 and 12 to S/R 1-51-0-439A-SR37 by

7. Description of Work welding

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DB Mason

Date 6-28, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-27-99 to 7-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 7-15, 19 99

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

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

1a. Date 6-28-99

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

Sheet 1 of 1

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

3a. Work Order # 95024408-18
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 5184

4. Identification of System AS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-05A-401A-H4219</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Installed new S/R 1-05A-401A-H4219

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 6-28, 19 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-8-99 to 6-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions NC 914
 National Board, State, Providence and Endorsements

Date 6-28, 1998

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

3a. Work Order # 98106048-06
Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 12198

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>1-50-0-481A-H4</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work S/R 1-50-0-481A-H6 - Adjusted constant support load setting

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed _____

Date 6-29, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-24-99 to 6-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions _____

NC914

National Board, State, Providence and Endorsements

Date 6-29, 19 99

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

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

1a. Date 6-29-99

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

Sheet 1 of 1

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

3a. Work Order # 98170014
 Repair Organization Job # _____

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

3b. ~~NSM~~ or MM # 13793

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, ☒ No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 1-04A-D-478A-NPS-H35	PSA	2273	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 1-04A-D-478A-NPS-H35	Lisega	61296/35	NA	NA	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber on S/R 1-04A-0-478A-NPS-H35

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed

JS Mason

Date 6-29, 19 99

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-18-99 to 6-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
 Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 6-29, 1999

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

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

1a. Date 3-30-98

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

Sheet 1 of 1

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

3a. Work Order # 98013769-01
 Repair Organization Job # _____

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

3b. NSM or MM # _____

4. Identification of System 50 (RC) Class 1

5. (a) Applicable Construction Code B31.7 1969 Edition, 8-69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Scrubber</u> <u>1-50-0-66A-RUPM-S12</u>	<u>ITT Grinnell</u>	<u>33969</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Switched washers on Rear Brackett to Free up movement

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Functional verification per MP/O/A/3018/002

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 3-30, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 2-29-98 to 3-30-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions 20914
National Board, State, Providence and Endorsements

Date 3-30, 19 98

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

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

1a. Date 3-30-98

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

Sheet 1 of 1

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

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

3a. Work Order # 97052928-51
 Repair Organization Job # _____

3b. NSM or MM # n/a

4. Identification of System 50 (RC) Class A

5. (a) Applicable Construction Code B31-7 1968 Edition, 6-68 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R 1-50-0-66A</u> <u>RCPM-S3</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work See 9 below

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Component A: Removed/Reinstalled S/R rewelded / kms 5,10

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

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

Expiration Date **N/A**

Signed CR Hansen QA Specialist
Owner or Owner's Designee, Title

Date 3-30, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-4-97 to 3-31-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 3-31, 19 98

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

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

1a. Date 3-31-98

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

Sheet 1 of 3

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

3a. Work Order # 97052928-58
 Repair Organization Job # _____

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

3b. NSM or MM # n/a

4. Identification of System 14B Class 2

5. (a) Applicable Construction Code B31-1 19 67 Edition, 7-67 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	S/R 14B-480C-H6492	DPC	n/a	n/a	n/a	n/a	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	14B-0-480A-H31D	DPC	n/a	n/a	n/a	n/a	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	14B-0-480C-H31C	DPC	n/a	n/a	n/a	n/a	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	14B-0-480C-H30B	DPC	n/a	n/a	n/a	n/a	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work See 9 below

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

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Component A: Temp removed S/R Reinstalled by re welding exist m
Component B: Temp removed S/R Reinstalled replaced U-bolt
Component C: Temp removed S/R Reinstalled replaced U-bolt
Component D: Temp removed S/R Reinstalled replaced U-bolt
 (Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed C.R. Hansen QA Specialist
 Owner or Owner's Designee, Title

Date 3-31, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-10-97 to 2-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
 Inspector's Signature

Commissions NC 914
 National Board, State, Providence and Endorsements

Date 2-23, 19 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-31-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 2 of 3

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 97052928-58
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # n/a

4. Identification of System 14B Class 2

5. (a) Applicable Construction Code B31.1 19 67 Edition, 7-67 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>14B-O-480C-H29A</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>14B-O-480A-H32C</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	<u>14B-O-480A-H33C</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	<u>14B-O-480A-H32D</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work See 9 below

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Component A: Temp removed S/R reinstalled replaced u bolt
Component B: Temp removed S/R reinstalled replaced u bolt
Component C: Temp removed S/R reinstalled replaced u bolt
Component D: Temp removed S/R reinstalled replaced u bolt

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

J. J. Mason

Date 2-23, 1999

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-10-97 to 2-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

M. B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 2-23, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-31-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 3 of 3

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 97052928-58
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # n/a

4. Identification of System 14B Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, 7-67 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>14B-O-480C-H29B</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work See 9 below

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Component A: Temp removed 9/2 reinstalled replaced u-bolt
Component B: Temp removed 9/2 reinstalled replaced u-bolt

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed OS Mason
 Owner or Owner's Designee, Title

Date 2-23, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-10-97 to 2-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
 Inspector's Signature

Commissions

NC914
 National Board, State, Providence and Endorsements

Date 2-23, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-31-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3a. Work Order # 97052928-58
 Repair Organization Job # _____

3b. NSM or MM # n/a

4. Identification of System S1A Class 2

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-S1A-0479A-H6164</u>	<u>DPC</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Temporarily Removed S/R Reinstalled by welding Component A

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks Component B: Temporarily Removed S/R Reinstalled replacing item 5

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed CR Hansen QA SPECIALIST Date 3-31, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-10-97 to 2-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Providence and Endorsements

Date 2-23, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-31-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 97052928-58
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # n/a

4. Identification of System 50 Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, no Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	S/R 1-50-0-66A RC PM-S1	DPC	n/a	n/a	n/a	n/a	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Temporarily Removed S/R Reinstalled S/R with new bolting

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed CR Hanson QA Specialist Date 3-31, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-10-97 to 2-23-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Providence and Endorsements

Date 7-23, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 4-27-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 98005292-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # N/A

4. Identification of System O/A (ms) Class 2

5. (a) Applicable Construction Code B31.1 19 67 Edition, 7-67 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1-O/A-0-481B-111A</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced Reservoir on hydraulic snubber

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 4-27, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-17-98 to 4-27-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Providence and Endorsements

Date 4-27, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11/20/97

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 2

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 96030188
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 12975

4. Identification of System 51A Class A

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-51A-0-479A-H13B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>S/R</u> <u>1-51A-0-479A-H1B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work ADJUSTED HANGER SPRING TO NEW SETTING PER MODIFICATION.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed _____

Owner or Owner's Designee, Title

Date 11/20, 1997

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-5-97 to 2-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 2-24, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11/20/97

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 2 of 2

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 96030188
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 12975

4. Identification of System 51A Class A

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-51A-0-479A-H5B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>S/R</u> <u>1-51A-0-479A-H8B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	<u>1-51A-0-479A-H16B</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work MODIFIED EXISTING SUPPORT RESTRAINTS.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed _____

Owner or Owner's Designee, Title

Date 11/20, 19 97

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 8-5-97 to 2-24-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions N 2914

National Board, State, Providence and Endorsements

Date 2-24, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11/28/97

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 9702 2416-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. ~~NSM~~ or MM # 10231

4. Identification of System OIA Class B

5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-OIA-0-441-H41</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

WELD ATTACHING SUPPORT TO EXIST. BW 31 WAS

7. Description of Work REMOVED AND REWELDED AFTER NEW BW 31 INSTALLED.

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed _____

Wm McClure
Owner or Owner's Designee, Title

Date 11/28, 1997

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-1-97 to 2-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions _____

NC 914
National Board, State, Providence and Endorsements

Date 2-9, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-20-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 98005292-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # N/A

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, 7-67 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1-01A-0-481B-H11A</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Removed Replaced Snubber reservoir

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed

CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 3-20, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-17-98 to 3-20-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

M.B. Chapman
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 3-20, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-20-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3a. Work Order # 98003359-04
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # N/A

4. Identification of System 50 (RC) Class _____

5. (a) Applicable Construction Code B.31.7 19____ Edition, _____ Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>1-50-D-66A-RCPT-S2</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work

Installed ~~Self~~ Snubber SR# 33963

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks

Snubber was removed from snubber at S/R
1-50-0-66A-RCPM-S2 on 1A2 RCP and installed
on S/R 1-50-0-66A-RCPM-S2 on 1A1 RCP

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**Certificate of Authorization No. **N/A**Expiration Date **N/A**

Signed

CR Hansen QA Specialist
 Owner or Owner's Designee, Title

Date 3-20, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-17-98 to 3-20-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

M B Chapman
 Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 3-20, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-23-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3a. Work Order # 98003359-02
 Repair Organization Job # _____

3b. NSM or MM # N/A

4. Identification of System RC Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>1-50-0-66A-R1PM-S2</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Installed hydraulic snubber SR# 33959 ON

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks S/R 1-50-0-66A-RCPM-S6. This snubber was removed from S/R 1-50-0-66A-RCPM-S2, tested and installed ON S/R 1-50-0-66A-RCPM-S6.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed CR Hanson QA Specialist Date 3-23, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-15-98 to 3-23-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 3-23, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS **As Required By The Provisions Of The ASME Code Section XI**

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-26-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit ☒ 1 ☐ 2 ☐ 3 ☐ Shared (specify Units _____)

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3a. Work Order # 98010826-01
 Repair Organization Job # _____

3b. NSM or MM # _____

4. Identification of System RC Class 1

5. (a) Applicable Construction Code B31.7 1968 Edition, 6-68 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	SNUBBER FOR S/R 50-0-481A-H1	ITT GRINNELL	18787	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	SNUBBER FOR S/R 50-0-481A-H1	ITT GRINNELL	33917	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Removed SNubber SR 18787 Replaced with SNubber SR 33917

8. Test Conducted: ☐ Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐ Exempt

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

Pressure _____ psig

Test Temp. _____ °F

9. Remarks verified correct add piston setting and visual operation

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this **repair or replacement** conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 3-26, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 2-1-98 to 3-26-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

MB Chapman
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 3-26, 19 98

UNIT #1

PAGE 1 OF 9

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER	ASME CLASS	DESCRIPTION
98152958	2	REPLACED BOTH RECIRC. ORFICES ON THE 1B-HPX PMP.
96007491	3	MADE TIE-IN WELDS TO CCW PIPING
98105594	2/3	REPLACED 1HP-140 W/DMV-1215.
98019819-09	2	MADE BMR ON 1HP-129 VLV. BONNET SEATING SURFACE
98092284	2	REPLACED 1HP-428 WITH A DMV-1219.
98056915	3	REPLACED 1C-167 WITH A DMV-925
98105526	2	REPLACED 1HP-120 W/DMV-1180.
98094393	3	REPLACED 1LPSW-525 W/DMV-1165.
98096395	3	REPLACED 1LPSW-516 W/DMV-1165
98171165	3	CUT PIPING TO MAKEUP FLANGE TO 1A2 RCP SEAL COOLER
98121028	1	REPLACED CRDM'S
97067500	2	Added Throttle valve 1HP-508
96076841	2	Replaced valves 1LPSW-4,5,6 + 15
96039812	2	Replaced valve 1MS-155
97022416	2	Replaced valve 1MS-153
95027929	2	Replaced valve 1FDW-210

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

UNIT #1

PAGE 2 OF 9

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER	ASME CLASS	DESCRIPTION
97091305	2	Added valve 1LPSW-994
95028309	2	Replaced valve 1LPSW-565
97067532	2	Replaced piping
97010463	2	Replaced valve 1EDW-207
97010464	2	" " 1EDW-206
97010462	2	" " 1EDW-208
97010461	2	" " 1EDW-209
96030188	1	Replaced valves 1HP-126, 127, 152
		153 Added valves 1HP-486, 487,
		488 + 489
96007314	3	INSTALLED PIPING & VALVS. CCW-465 + CCW-487
98045567	3	REPLACED ISSW-148 W/DIRECT REPLACEMENT.
98061809	1	PERROLLED SELECTED TUBES IN THE
—		UPPER TUBESHEET ON 1A OTSG.
98061811	1	PERROLLED SELECTED TUBES IN THE
—		UPPER TUBESHEET ON 1B OTSG.
98074996	2	REPLACED BOLTING ON 1B OTSG RISER #1.
98075004	2	REPLACED BOLTING ON 1B OTSG RISER #21.
98075003	2	REPLACED BOLTING ON 1B OTSG RISER #20.

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

PAGE ³~~2~~ OF 9

WORK ORDER	ASME CLASS	DESCRIPTION
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[illegible]

DATE PERIOD FROM 12-25-97 TO 8-10-99
 UNIT # 1 REFUELING OUTAGE # 18

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NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
 CLASS

DESCRIPTION

97028429-02	2	Replaced bolting 1B OTSG FDW Riser #32
97028411-02	2	" " " " " #1
96070799-01	3	Replaced Nuts on in-line flange ICCW-5
97106480-01	2	Replaced b/b bolting 1BS-2/
97101639-01	3	Replaced in-line bolting 1PR-18
97101636-01	3	" " " " 1PR-12
97101643-01	3	" " " " 1PR-17
98005879-05	1	Replaced CRD #7
98005879-01	1	Replaced CRD #7 hold down bolting
97105768-01	1	Replaced disc in ICF-14
97078268-01	2	Replaced B/B bolting in IHP-138
97099607-01	3	Replaced valve + in-line bolting 1LPSW-252
98010567-01	3	Replaced bolting and housing dome filter 1LPS-F2002
96025005-05	3	Replaced valve 1MS-92
98012635-01	2	Replaced B/B Stud OSF-55
98076395-01	2	Replaced B/B Nuts OSF-55
98100556-01	3	Replaced ball in 1MS-93
98124630-01	3	Replaced Bonnet on OLWD-156
98078635-01	2	Replaced Bonnet nut on 1BS-1
98161750-01	3	Replaced disc in valve 1FDW-313

Breaker

Breaker (Not hot shutdown) If a ? on #1 date - See T.

DATE PERIOD FROM 12-25-97 TO 8-10-99 Q8MUNIT # 1 REFUELING OUTAGE # 18

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
 CLASS

DESCRIPTION

98167690-01	C	Reset load ^{SPR} cold load on S/R 1-03A-1-0-400B-H61 to within tolerance
98168073-02	B	Repaired piping attachment weld on S/R 1-51-0-435C-SR5
98168073-01	B	Repaired piping attachment weld on S/R 1-51-0-435C-SR4
98167945-02	C	Repaired piping attachment weld on S/R 1-03A-1-0-439C-H7
98167945-01	C	Repaired piping attachment weld on S/R 1-03A-1-0-439C-H6
97070913-48	A	Removed/Replaced S/R 1-55-0-479E-RTB-H0501 by welding
97070913-48	C	Removed/Replaced S/R 1-55-0-479E-RTB-H0502 by welding
98170449-02	B	Welded shim to S/R 1-14-0-480A-H21C
98170449-01	B	Welded shim to S/R 1-14B-0-479A-H18(E)
98171080-01	C	Adjusted spring can cold load to within tolerance on S/R 1-01A-4-1-0-401A-H2
98164073-01	C	Welded shim to S/R 1-56-437B-H5110
98087448-02	A	Replaced Reactor Vessel Closure nut #34 with new nut #65
98113263-02	B	Rebuilt snubber on S/R 1-01A-3-0-401A-R6

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
 CLASS

DESCRIPTION

98106052	1	Replaced end brackets on the following snubbers:
		1-50-D-66A-RCPM-S10
		1-50-D-66A-RCPM-S11
		1-50-D-66A-RCPM-S12
98106050	1	Replaced end brackets on the following snubbers:
		1-50-D-66A-RCPM-S4
		1-50-D-66A-RCPM-S5
		1-50-D-66A-RCPM-S6
98106049	1	Replaced end brackets on the following snubbers:
		1-50-D-66A-RCPM-S1
		1-50-D-66A-RCPM-S2
		1-50-D-66A-RCPM-S3
98106051	1	Replaced end brackets on the following snubbers:
		1-50-D-66A-RCPM-S7
		1-50-D-66A-RCPM-S8
		1-50-D-66A-RCPM-S9

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
CLASS DESCRIPTION

9816185501	B	REPLACE SNUBBER ON S/R 1-01A-1-1-0-401A-HA5
98109263	B	Replaced item 6 with item 7 on S/R 1-14B-0-439B-SR48
98166170-01	C	Installed new reservoir cylinder on S/R 1-03A-1-0-437A-SR62
98165448-03	B	Rebuilt snubber on S/R 1-01A-0-550-R9(3)
98113263-03	B	Rebuilt snubber on S/R 1-01A-3-0-401A-R8
98166137-02	A	Snubber on S/R 1-50-0-481A-H1 Adjusted F dimension on extension piece to within tolerance.
98166137-03	A	Snubber on S/R 1-53A-0-481A-H40C Adjusted F dimension on extension piece to within tolerance.
98168500-01	A	Rebuilt snubber on S/R 1-53A-0-479A-H5A
98160754-02	C	Repaired weld between item 6 and item 4 on S/R 1-03A-1-0-400B-SR56
98113263-01	C	Rebuilt snubber on S/R 1-03A-1-0-400A-SR53
98100466-01	A	Adjusted cold piston setting to within tolerance on S/R 1-50-0-480A-H10
98077509-10	A	S/R 1-50-0-481A-NPS-H13A - Adjusted F dimension to within tolerance - Replaced valve clamp assembly bolting
98100466-14	B	Replaced lead stud + nuts on S/R 1-03-0-480B-H10A (Snubber)
98100466-14	C	Replaced lead stud on S/R 1-03A-1-0-438B-SR63 (Snubber)
98105526	B	Installed new S/R 1-51A-439A-H5688
98105526	B	Added items 10, 11, & 12 to S/R 1-51-0-439A-SR37 by welding
95024408	B	Installed new S/R 1-05A-401A-H4219
98106048-06	A	S/R 1-50-0-481A-H6 Adjusted constant support load setting
98170014	B	Replaced snubber on S/R 1-04A-0-478A-NPS-H35

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
 CLASS DESCRIPTION

98013769-01	A	Repaired Snubber	1-50-0-66A-RCPM-S12
9705298-01	A	Removed/Reinstalled	1-50-0-66A-RCPM-S3
↓	C	Removed/Reinstalled	57-0-481A-H24
9705298-01	C	Removed/Reinstalled	57-0-481A-H7
97052928-58	2	Removed/Reinstalled	1-14B-480C-H6492
			14B-480A-H31D
			14B-480A-H31C
			14B-480C-H30B
			14B-0-480C-H29A
			14B-0-480A-H32C
			14B-0-480A-H33C
			14B-0-480A-H32D
	↓		14B-0-480C-H29B
✓	2		1-51A-0-479A-H6164
	3		1-55-479E-H6463
97052928-58	3		55-0-479E-RTB-H0401
97052928-58	1		1-50-0-66A-RCPM-S1
98005292-01	2	Replaced Reservoir on	1-01A-0-481B-H11A
98074841	3	Installed new snubber on SR	1-57-0-481A-H22
94063049-01	3	Modified Intergal support legs on	USTs 1A+1B

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

NIS-2 LOG
ASME SECTION XI
OCONEE NUCLEAR STATION

WORK ORDER ASME
 CLASS DESCRIPTION

96030188-01	A	modified S/R 1-51A-0-479A-H1B
	A	modified S/R 1-51A-0-479A-H13B
96030188-01	A	1' 1-51A-0-479A-H5B
	A	" 1-51A-0-479A-H8B
	A	" 1-51A-0-479A-H16B
97022416	B	Removed/Reweld to original location S/R 1-01A-0-441-H41
96076841	C	modified S/R 2-14B-1407A-H4146
		1-14B-439B-DE005
		1-14B-437A-DE037
		1-14B-0-439B-SR48
		1-14B-0-437A-H23
97033790	C	modified S/R 1-14B-1-0-439B-SR43
		1-14B-1-0-439B-H13
98005292-01	B	Replaced Snubber reservoir 1-01A-0-481B-H11A
		1-01A-0-481B-H11A
98003359-04	A	Replaced Installed Snubber on S/R
		1-50-0-66A-RCPM-S2
98003359-02	A	Removed/Replaced Hyd Snubber on S/R
		1-50-0-66A-RCPM-S2
98010826-01	A	Removed/Replaced Hyd S/R 50-0-48A-H1

DATE PERIOD FROM 12-25-97 TO 8-10-99

UNIT # 1 REFUELING OUTAGE # 18

11.0 Pressure Testing

There are two refueling outages scheduled for the second period of the third inspection interval for Duke Energy's Oconee Nuclear Station Unit 1. This section describes Pressure Tests performed during the second period through the 1999 refueling outage (also referred to as EOC-18).

<i>Examination Category</i>	<i>Test Requirement</i>	<i>Total Examinations Required For This Period</i>	<i>Total Examinations Credited For This Period</i>	<i>(%) Examinations Complete For This Period</i>
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	2	1	50%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	48 ¹	20	41.67%
C-H	System Hydrostatic Test (IWC-5222)	9	2	22.22%

A detailed description of each Examination Category listed above is located in subsection 11.1 of this report. Results of each Examination Category are located in subsection 11.2 of this report.

¹ These pressure tests were tracked as "Item Numbers" during the first inspection period and are tracked as "Examination Zones" starting with the second inspection period.

11.1 Required Examinations This Outage:

A listing of each pressure test and associated VT-2 Visual Examination conducted from EOC-17 through EOC-18 is included in this section.

The information shown below is a field description for the listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain systems or portions of systems that make up a pressure test.
Boundary Drawing	=	Detail drawing of pressure test boundary.
Required Test	=	Information that shows the required tests for the examination zone – (L) Leakage Test, (I) Inservice Test, (F) Functional Test, or (H) Hydrostatic Test.
System Name	=	Name of pressure retaining component system
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
ASME Item Number(s)	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
Comments	=	General and/or Detail Description

[illegible]

Duke Power Company - Oconee Unit 1
Pressure Testing Zone Number Listing

Outage 18

Int = 3
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
	O-ISIL-110A-1.1	X				Chemical Addition	VT-2	QAL-15	B15.50 B15.70	
	O-ISIL-110A-1.4	X				Chemical Addition	VT-2	QAL-15	B15.50 B15.70	
	O-ISIL-127B-1.2	X				High Pressure Service Water	VT-2	QAL-15	B15.50 B15.70	

Duke Power Company - Oconee Unit 1 Pressure Testing Zone Number Listing

Outage 18

Int = 3
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
IZ1H-13	O-ISIH-101A-1.3				X	High Pressure Injection	VT-2	QAL-15	C7.40 C7.60 C7.80	Previously Inspected as Item Number C07.040.003
IZ1H-21	O-ISIH-104A-1.2				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.011
IZ1H-5	O-ISIH-101A-1.1				X	High Pressure Injection	VT-2	QAL-15	C7.40 C7.80	
IZ1L-13	O-ISIL-101A-1.3		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.50 C7.70	Previously examined as Item Number C07.030.003
IZ1L-14B	O-ISIL-101A-1.3		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined as Item Number C07.030.003
IZ1L-4	O-ISIL-101A-1.1		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously Inspected as Item Number C07.030.001
OZ1H-21	O-ISIH-102A-1.1				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.006
	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.007
OZ1H-23	O-ISIH-101A-1.2				X	High Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.002
	O-ISIH-102A-1.1				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.006
	O-ISIH-102A-1.2				X	Low Pressure Injection	VT-2	QAL-15	C7.40 C7.80	Previously Inspected as Item Number C07.040.007
OZ1L-1	O-ISIL-100A-1.1	X				Reactor Coolant	VT-2	QAL-15	B15.10 B15.30 B15.50	Class B portion of this zone is to compensate for the required double isolation valve

Outage 18

Int = 3
Period = 2

[illegible]

[illegible]

**Duke Power Company - Oconee Unit 1
Pressure Testing Zone Number Listing**

Outage 18

Int = 3
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ1L-64	O-ISIL-124B-1.2			X		Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70	Previously Inspected as Item Number C07.030.031
OZ1L-69	O-ISIL-101A-1.2		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined at Item Number C07.030.002
OZ1L-7B	O-ISIL-101A-1.3		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined at Item Number C07.030.003
	O-ISIL-102A-1.1		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined as Item Number C07.030.006
	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined as Item Number C07.030.007
OZ1L-9	O-ISIL-101A-1.3		X			High Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined at Item Number C07.030.003
	O-ISIL-102A-1.1		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined as Item Number C07.030.006
	O-ISIL-102A-1.2		X			Low Pressure Injection	VT-2	QAL-15	C7.30 C7.70	Previously examined as Item Number C07.030.007

11.2 Examination Results For This Outage:

The results of each VT-2 Visual Examination required for EOC-17 are included in this section.

The information shown below is a field description for the Class 1 and Class 2 listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain extremity valves that make up a test
Boundary Drawing	=	Detail drawing of pressure test boundary
Outage	=	The number for the refueling outage cycle of this report
Test Status	=	Complete or Partial
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage)
VT-2 Examiner	=	The name of the Level II Visual examiner
VT-2 Date	=	Date VT-2 visual examination was performed

Current Interval = 3
Current Period = 2
Class = A

Duke Power Company - Oconee Unit 1
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ1L-1	O-ISIL-100A-1.1	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-100A-1.2	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-100A-1.3	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-101A-1.1	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-101A-1.4	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-101A-1.5	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-102A-1.1	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-102A-1.2	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-102A-1.3	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-110A-1.1	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-110A-1.4	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-127B-1.2	18	Complete	Clear	N/A	07/04/1999

Current Interval = 3
 Current Period = 2
 Class = B

Duke Power Company - Oconee Unit 1
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
IZ1H-13	O-ISIH-101A-1.3	18	Partial	Clear	N/A	07/01/1999
IZ1H-21	O-ISIH-104A-1.2	18	Complete	Clear	N/A	05/21/1999
IZ1H-5	O-ISIH-101A-1.1	18	Partial	Clear	N/A	05/23/1999
IZ1L-13	O-ISIL-101A-1.3	18	Partial	Clear	N/A	07/03/1999
IZ1L-14B	O-ISIL-101A-1.3	18	Complete	Clear	N/A	07/03/1999
IZ1L-4	O-ISIL-101A-1.1	18	Complete	Clear	N/A	05/23/1999
OZ1H-21	O-ISIH-102A-1.1	18	Partial	Clear	N/A	07/01/1999
	O-ISIH-102A-1.2	18	Partial	Clear	N/A	07/01/1999
OZ1H-23	O-ISIH-101A-1.2	18	Complete	Clear	N/A	07/01/1999
	O-ISIH-102A-1.1	18	Complete	Clear	N/A	07/01/1999
	O-ISIH-102A-1.2	18	Complete	Clear	N/A	07/01/1999
OZ1L-1	O-ISIL-100A-1.1	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-100A-1.2	18	Complete	Clear	N/A	07/04/1999
OZ1L-14B	O-ISIL-101A-1.4	18	Complete	Clear	N/A	07/04/1999
OZ1L-16	O-ISIL-101A-1.4	18	Complete	Clear	N/A	07/04/1999
OZ1L-17	O-ISIL-101A-1.2	18	Complete	Clear	N/A	07/01/1999
OZ1L-18	O-ISIL-101A-1.2	18	Complete	Clear	N/A	07/01/1999
OZ1L-19A	O-ISIL-101A-1.5	18	Complete	Clear	N/A	06/29/1999
	O-ISIL-104A-1.1	18	Complete	Clear	N/A	06/29/1999
OZ1L-2	O-ISIL-101A-1.1	18	Complete	Clear	N/A	05/23/1999
	O-ISIL-101A-1.4	18	Complete	Clear	N/A	07/04/1999
	O-ISIL-101A-1.5	18	Complete	Clear	N/A	06/29/1999
OZ1L-21	O-ISIL-102A-1.1	18	Partial	Recordable	N/A	06/26/1999

Current Interval = 3
 Current Period = 2
 Class = B

Duke Power Company - Oconee Unit 1
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
	O-ISIL-102A-1.2	18	Partial	Clear	N/A	06/26/1999
OZ1L-3	O-ISIL-101A-1.1	18	Complete	Clear	N/A	05/23/1999
OZ1L-31A	O-ISIL-102A-1.3	18	Complete	Clear	N/A	07/04/1999
OZ1L-31B	O-ISIL-102A-1.3	18	Complete	Clear	N/A	07/04/1999
OZ1L-31C	O-ISIL-102A-1.3	18	Complete	Clear	N/A	07/04/1999
OZ1L-39	O-ISIL-104A-1.1	18	Complete	Clear	N/A	06/29/1999
OZ1L-42A	O-ISIL-110A-1.1	18	Complete	Clear	N/A	07/04/1999
OZ1L-42B	O-ISIL-110A-1.1	18	Complete	Clear	N/A	07/04/1999
OZ1L-6	O-ISIL-101A-1.2	18	Complete	Clear	N/A	07/01/1999
	O-ISIL-109A-1.1	18	Partial	Clear	N/A	05/26/1999
OZ1L-64	O-ISIL-124B-1.2	18	Complete	Clear	N/A	06/24/1999
OZ1L-69	O-ISIL-101A-1.2	18	Complete	Clear	N/A	07/01/1999
OZ1L-7B	O-ISIL-101A-1.3	18	Complete	Clear	N/A	07/03/1999
	O-ISIL-102A-1.1	18	Complete	Recordable	N/A	06/26/1999
	O-ISIL-102A-1.2	18	Complete	Clear	N/A	06/26/1999
OZ1L-9	O-ISIL-101A-1.3	18	Complete	Clear	N/A	07/03/1999
	O-ISIL-102A-1.1	18	Complete	Recordable	N/A	06/26/1999
	O-ISIL-102A-1.2	18	Complete	Clear	N/A	06/26/1999

11.3 Reportable Indications:

None