

# INSERVICE INSPECTION REPORT

Revised 50-287  
9903160339  
3/10/99

## DUKE POWER COMPANY OCONEE NUCLEAR STATION UNIT 3 SEVENTEENTH REFUELING OUTAGE



*A Duke Energy Company*

9903160343 990310  
PDR ADDCK 05000287  
Q PDR

# **INSERVICE INSPECTION REPORT**

## **Duke Power Company Oconee Nuclear Station Unit Fourteenth Refueling Outage**



**INSERVICE INSPECTION REPORT**  
**UNIT 3 OCONEE 1998 REFUELING**  
**OUTAGE 17**

Location: Hwy. 130/183, Seneca, South Carolina 29679

NRC Docket No. 50-287

Commercial Service Date: December 16, 1974

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

Revision 0

Prepared By: Larry C. Keith Date 2-16-99  
Reviewed By: R. C. Rame Date 2/16/99  
Approved By: R. Kevin Rhyme Date 2/16/99

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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, Highway 130/183, Seneca, SC 29679  
(Name and Address of Plant)

3. Plant Unit: 3 4. Owner Certificate of Authorization (if required) N/A

5. Commercial Service Date: 12/16/74 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			

Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8<sup>1</sup>/<sub>2</sub> 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 March 15, 1997 to December 19, 1998
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 Feb. 16, 19 99 Signed Duke Energy Corp. By R. Kevin Rhyme  
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 of Province of N. C. employed by \*The HSBI&I Co. of Hartford CN have inspected the components described in this Owners' Report during the period 3-15-97 to 12-19-98, 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 Owners' 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 Owners' Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection

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

Date 3-2 19 99

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

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D. E. LaBarge  
Project Manager  
Office of NRR  
USNRC  
Washington, DC 20555

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## 1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's Oconee Nuclear Station, Unit 3, during the 1998 Refueling Outage (also referred to as Outage 17). Outage 17 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 March 15, 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	620-0009-51-52	N/A	N-125
Steam Generator A	Babcock & Wilcox	620-0009-55-1	N/A	N-127
Steam Generator B	Babcock & Wilcox	620-0009-55	N/A	N-128
Pressurizer	Babcock & Wilcox	620-0009-59	N/A	N-126
Main Steam System	Duke Energy	NA	NA	NA
Auxiliary Steam System	Duke Energy	NA	NA	NA
Feedwater System	Duke Energy	NA	NA	NA
Emergency Feedwater System	Duke Energy	NA	NA	NA
Steam Generator Flush System	Duke Energy	NA	NA	NA
Condensate System	Duke Energy	NA	NA	NA
Vents and Exhaust System	Duke Energy	NA	NA	NA
Condenser Circulating Water	Duke Energy	NA	NA	NA
High Pressure Service Water System	Duke Energy	NA	NA	NA

Low Pressure Service Water System	Duke Energy	NA	NA	NA
Reactor Coolant System	Duke Energy	NA	NA	NA
High Pressure Injection System	Duke Energy	NA	NA	NA
Low Pressure Injection System	Duke Energy	NA	NA	NA
Reactor Building Spray System	Duke Energy	NA	NA	NA
Component Cooling System	Duke Energy	NA	NA	NA
Spent Fuel Cooling System	Duke Energy	NA	NA	NA
Vents - Reactor Building Components	Duke Energy	NA	NA	NA
Drains - Reactor Building Components	Duke Energy	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 17 at Oconee Nuclear Station Unit 3.

### 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	<b>Shell Welds</b>	
B01.011	Circumferential	0
B01.012	Longitudinal	NA
B01.020	<b>Head Welds</b>	
B01.021	Circumferential	0
B01.022	Meridional	NA
B01.030	Shell to Flange Welds	0
B01.040	Head to Flange Welds	0
B01.050	<b>Repair Welds</b>	
B01.051	Beltline Region	N/A
<b>TOTALS</b>		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>
	<b>Pressurizer</b>	
B02.010	<b>Shell to Head Welds</b>	
B02.011	Circumferential	0
B02.012	Longitudinal	0
B02.020	<b>Head Welds</b>	
B02.021	Circumferential	NA
B02.022	Meridional	NA
	<b>Steam Generator (Primary Side)</b>	
B02.030	<b>Head Welds</b>	
B02.031	Circumferential	1
B02.032	Meridional	N/A
B02.040	Tubesheet to Head Weld	1
	<b>Heat Exchangers (Primary Side) -- Head</b>	
B02.050	<b>Head Welds</b>	
B02.051	Circumferential	NA
B02.052	Meridional	NA
	<b>Heat Exchangers (Primary Side) -- Shell</b>	
B02.060	Tubesheet to Head Welds	1
B02.070	Longitudinal Welds	NA
B02.080	Tubesheet-to-Shell Welds	NA
<b>TOTALS</b>		<b>3</b>

**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>
	<b>Reactor Vessel</b>	
B03.090	Nozzle-to-Vessel Welds	0
B03.100	Nozzle Inside Radius Section	0
	<b>Pressurizer</b>	
B03.110	Nozzle-to-Vessel Welds	4
B03.120	Nozzle Inside Radius Section	4
	<b>Steam Generators (Primary Side)</b>	
B03.130	Nozzle-to-Vessel Welds	2
B03.140	Nozzle Inside Radius Section	2
	<b>Heat Exchangers (Primary Side)</b>	
B03.150	Nozzle-to-Vessel Welds	2
B03.160	Nozzle Inside Radius Section	Request for Relief ONS-009
<b>TOTALS</b>		14

**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>
	<b><i>Reactor Vessel</i></b>	
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
	<b><i>Pressurizer</i></b>	
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	3
B05.060	Nozzle-to-Safe End Socket Welds	NA
	<b><i>Steam Generators</i></b>	
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>
	<b>Heat Exchangers</b>	
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
	<b>Piping</b>	
B05.130	Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds	1
B05.140	Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds	1
B05.150	Dissimilar Metal Socket Welds	NA
<b>TOTALS</b>		5

## 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>
	<b>Reactor Vessel</b>	
B06.010	Closure Head Nuts	0
B06.020	Closure Studs, (in place)	NA
B06.030	Closure Studs, (when removed)	0
B06.040	Threads in Flange	0
B06.050	Closure Washers, Bushings	0
	<b>Pressurizer</b>	
B06.060	Bolts and Studs	0
B06.070	Flange Surface, (when connection disassembled)	0
B06.080	Nuts , Bushings and Washers	0
	<b>Steam Generators</b>	
B06.090	Bolts and Studs	NA
B06.100	Flange Surface, (when connection disassembled)	NA
B06.110	Nuts , Bushings and Washers	NA
	<b>Heat Exchangers</b>	
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>
	<b>Piping</b>	
B06.150	Bolts and Studs	NA
B06.160	Flange Surface, (when connection disassembled)	NA
B06.170	Nuts , Bushings and Washers	NA
	<b>Pumps</b>	
B06.180	Bolts and Studs	0
B06.190	Flange Surface, (when connection disassembled)	1
B06.200	Nuts , Bushings and Washers	0
	<b>Valves</b>	
B06.210	Bolts and Studs	NA
B06.220	Flange Surface, (when connection disassembled)	NA
B06.230	Nuts , Bushings and Washers	NA
<b>TOTALS</b>		1

## 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>
	<b>Reactor Vessel</b>	
B07.010	Bolts, Studs, and Nuts	NA
	<b>Pressurizer</b>	
B07.020	Bolts, Studs, and Nuts	0
	<b>Steam Generators</b>	
B07.030	Bolts, Studs, and Nuts	1
	<b>Heat Exchangers</b>	
B07.040	Bolts, Studs, and Nuts	NA
	<b>Piping</b>	
B07.050	Bolts, Studs, and Nuts	0
	<b>Pumps</b>	
B07.060	Bolts, Studs, and Nuts	NA
	<b>Valves</b>	
B07.070	Bolts, Studs, and Nuts	1
	<b>CRD Housings</b>	
B07.080	Bolts, Studs, and Nuts In CRD Housing When Disassembled	2
<b>TOTALS</b>		4

**Examination Category B-H      Integral Attachments for Vessels**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<b>Reactor Vessel</b>	
B08.010	Integrally Welded Attachments	NA
	<b>Pressurizer</b>	
B08.020	Integrally Welded Attachments	NA
	<b>Steam Generators</b>	
B08.030	Integrally Welded Attachments	NA
	<b>Heat Exchangers</b>	
B08.040	Integrally Welded Attachments	NA
<b>TOTALS</b>		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	6
B09.012	Longitudinal Welds <sup>1</sup>	0
B09.020	Nominal Pipe Size Less Than 4"	
B09.021	Circumferential Welds	6
B09.022	Longitudinal Welds <sup>1</sup>	NA

<sup>1</sup> 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	1
<b>TOTALS</b>		14

**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>
	<b>Piping</b>	
B10.010	Integrally Welded Attachments	NA
	<b>Pumps</b>	
B10.020	Integrally Welded Attachments	NA
	<b>Valves</b>	
B10.030	Integrally Welded Attachments	NA
<b>TOTALS</b>		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>
	<b>Pumps</b>	
B12.010	Pump Casing Welds (B-L-1)	1
B12.020	Pump Casing (B-L-2) (when disassembled for Maintenance, Repair or Volumetric Examination)	1
	<b>Valves</b>	
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)	0
<b>TOTALS</b>		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>
	<b>Reactor Vessel</b>	
B13.010	Vessel Interior (B-N-1)	0
	<b>Reactor Vessel (PWR)</b>	
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
<b>TOTALS</b>		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>
	<b>Reactor Vessel</b>	
B14.010	Welds in CRD Housing	4
<b>TOTALS</b>		4

**Examination Category B-P All Pressure Retaining Components**

**REFERENCE SECTION 11.0 OF THIS REPORT**

**Examination Category B-Q Steam Generator Tubing<sup>2</sup>**

<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
<b>TOTALS</b>		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	4
F1.040	Class 1 Supports Other Than Piping Reference Section 4.0 of this report	0
F1.050	Class 1 Snubbers	26
<b>TOTALS</b>		30

<sup>2</sup> Steam Generator Tubing is examined and documented by Steam Generator Maintenance Group of the Nuclear Services 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	1
<b>TOTALS</b>		1

### 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
<b>TOTALS</b>		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>
	<b>Pressure Vessels</b>	
C03.010	Integrally Welded Attachments	2
	<b>Piping</b>	
C03.020	Integrally Welded Attachments	7
	<b>Pumps</b>	
C03.030	Integrally Welded Attachments	0
	<b>Valves</b>	
C03.040	Integrally Welded Attachments	NA
<b>TOTALS</b>		9

**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>
	<b><i>Pressure Vessels</i></b>	
C04.010	Bolts and Studs	NA
	<b><i>Piping</i></b>	
C04.020	Bolts and Studs	NA
	<b><i>Pumps</i></b>	
C04.030	Bolts and Studs	1
	<b><i>Valves</i></b>	
C04.040	Bolts and Studs	0
<b>TOTALS</b>		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	2
C05.012	Longitudinal Welds <sup>3</sup>	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	10
C05.022	Longitudinal Welds <sup>3</sup>	NA
C05.030	Socket Welds	1
C05.040	Pipe Branch Connections of Branch Piping $\geq$ Nominal Pipe Size 2"	
C05.041	Circumferential Weld	1
C05.042	Longitudinal Weld <sup>3</sup>	NA
<b>TOTALS</b>		14

<sup>3</sup> 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	6
C05.052	Longitudinal Weld <sup>3</sup>	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 <sup>3</sup>	NA
C05.070	Socket Welds	NA
C05.080	Pipe Branch Connections of Branch Piping $\geq$ Nominal Pipe Size 2"	
C05.081	Circumferential Weld	1
C05.082	Longitudinal Weld <sup>3</sup>	NA
<b>TOTALS</b>		<b>7</b>

<sup>3</sup> 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>
	<b>Pumps</b>	
C06.010	Pump Casing Welds	NA
	<b>Valves</b>	
C06.020	Valve Body Welds	0
<b>TOTALS</b>		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	15
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	35
<b>TOTALS</b>		51

### 2.3 Augmented Inspections

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
G01.001	Reactor Coolant Pump Flywheel	4
G02.001	HPI Nozzle Safe End Examinations	25
G03.001	Pressurizer Surge Line Examinations	0
G04.001	Thermal Stress Piping (NRC Bulletin 88-08)	0
G05.001	Pressurizer Spray Piping Thermal Transient Inspection	NA
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 $< \frac{3}{8}$ "	4
G10.001	Class 1 RTE Mounting Bosses	3
G11.001	Reactor Coolant Pumps 3A2 and 3B1 Alternate Examinations	2
G12.001	HPI System Upgrade Piping Welds With A Nominal Wall Thickness $\leq \frac{1}{5}$ " on Piping with a Nominal Pipe Size $\geq 2$ " and Nominal Pipe Size $\leq 4$ ".	4

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><sup>4</sup>Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	8 Welds	2.5 Welds	31%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	12 Welds	5 Welds	42%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	30 Inspections	16 Inspections	53%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 11.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	28 Welds	12 Welds	43%	No
B-G-1	Pressure Retaining Bolting Greater than 2 Inch Diameter	130 Items	34.33 Items	26%	Yes
B-G-2	Pressure Retaining Bolting 2 Inches and Less in Diameter	24 Items	10 Items	42%	No
B-H	Integral Attachment for Vessels	N/A	N/A	N/A	N/A
B-J	Pressure Retaining Welds in Piping	143 Welds	56 Welds	39%	No

<sup>4</sup>Deferral 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><b>Examination Category</b></i>	<i><b>Description</b></i>	<i><b>Inspections Required</b></i>	<i><b>Inspections Completed</b></i>	<i><b>Percentage Completed</b></i>	<i><b><sup>5</sup> Deferral Allowed</b></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 Welds	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	2 Housings	67%	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 F1.010 & F1.040 items.	Class 1 Component Supports (Except Snubbers)	31 Supports	13 Supports	42%	No
F-A F1.050 items	Class 1 Component Supports, Snubbers	26 Snubbers	26 Snubbers	100%	No

<sup>5</sup> 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><sup>5</sup> 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	2 Welds	50%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	62 Attachments	25 Attachments	40%	No
C-D	Pressure Retaining Bolting Greater Than 2 Inches in Diameter	2 Item	2 Items	100%	No
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	136 Welds	46 Welds	34%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	59 Welds	22 Welds	37%	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	55 Supports	46%	No
F-A F1.050 items	Class 2 Component Supports, Snubbers	35 Snubbers	35 Snubbers	100%	No

<sup>5</sup> 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)	100% of EOC 17 Requirements
High Pressure Injection and Make-Up Nozzle Safe-Ends (Item No. Series G02)	100% of EOC 17 Requirements
Pressurizer Surge Line Drain Line (Item No. Series G03)	Not Scheduled
Thermal Stress Piping (Item No. Series G04)	Not Scheduled
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 17 Requirements
Class 1 RTE Mounting Bosses (Item No. Series G10)	100% of EOC 17 Requirements
Reactor Coolant Pump 3A2 and 3B1 Flange Joint, Studs, Adjacent Areas (Item No. Series G11)	100% of EOC 17 Requirements
HPI System Upgrade (Item No. Series G12)	100% of EOC 17 Requirements

#### 4.0 Final Inservice Inspection Plan For Outage 17

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 17 at Oconee Nuclear Station Unit 3.

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**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management SystemPlan Report  
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01/12/1999**Steam Generators (Primary Side)**

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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
**** Head Welds; Circumferential ****								
B02.031.001	3-SGA-WG172	50	ISI-OCN3-003	NDE-620	UT	CS	102.750	40393 SGA Lower Head To Transition PC. 7 to 9
	Circumferential		OM-2201-222	NDE-640			8.000	
Class A					Lower Head to Transition			
<hr/>								
Total B02.031 Items:		1						

**CATEGORY B-B, Pressure Retaining Welds  
in Vessels Other Than Reactor Vessels**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**Steam Generators (Primary Side)**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Tubesheet-to-Head Weld ****</b>								
B02.040.002	3-SGA-WG58-2	50	ISI-OCN3-003	NDE-620	UT	CS	119.000	40393
	Circumferential		OM-2201-222	NDE-640			8.000	
Class A					Head to Tubesheet			Steam Generator 3A Support Skirt Pc. 9 to Lower Tubesheet Pc. 50.
<hr/>								
<b>Total B02.040 Items:</b>		<b>1</b>						

**CATEGORY B-B, Pressure Retaining Welds  
in Vessels Other Than Reactor Vessels**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**Heat Exchangers (Primary Side)-Shell**

Oconee 3

Plan Report  
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01/12/1999**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
**** Tubesheet-to-Head Welds ****								
B02.060.002	3-LDCA-OUT-V6	51A 1-97347-1	NDE-630	UT	SS	8.620	40411	Letdown Cooler 3A Outlet Tubesheet Pc. 2 to
	Circumferential	OM-201-3107				0.875		Channel Body Pc. 3.
	Class A				Tubesheet to Channel Body			
<hr/>								
Total B02.060 Items:		1						
Total B02 Items:		3						

**CATEGORY B-D, Full Penetration Welds of  
Nozzles in Vessels**
**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**
**Pressurizer**
**Oconee 3**
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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 ****								
B03.110.001	3-PZR-WP15	50	ISI-OCN3-002	NDE-620	UT	CS	15.250	Pressurizer Surge Nozzle Pc. 8 To Lower Head Pc. 6.
	Circumferential		OM-2201-229	NDE-640			4.750	
Class A		B&W 149786E		Nozzle to To Lower Head				
B03.110.006	3-PZR-WP26-4	50	ISI-OCN3-002	NDE-620	UT	CS	5.750	Pressurizer Sensing Nozzle Pc. 30 to Shell Pc. 1 Between W & X Axis.
	Circumferential		OM-2201-229	NDE-640			6.187	
Class A		B 7W149789E		Nozzle to To Shell				
B03.110.007	3-PZR-WP26-5	50	ISI-OCN3-002	NDE-620	UT	CS	5.750	Pressurizer Sensing Nozzle Pc. 30 to Shell Pc. 1 Between Z & Y Axis.
	Circumferential		OM-2201-229	NDE-640			6.187	
Class A		B 7W149789E		Nozzle to To Shell				
B03.110.008	3-PZR-WP26-6	50	ISI-OCN3-002	NDE-620	UT	CS	5.750	Pressurizer Sensing Nozzle Pc. 30 to Shell Pc. 1 Between W & Z Axis.
	Circumferential		OM-2201-229	NDE-640			6.187	
Class A		B 7W149789E		Nozzle to To Shell				
Total B03.110 Items:		4						

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

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

**Pressurizer**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Nozzle Inside Radius Section ****</b>								
B03.120.001	3-PZR-WP15	50 ISI-OCN3-002 OM-2201-229 B 7W149786E	NDE-680	UT	CS	0.000 4.750	40394	Pressurizer Surge Nozzle Pc. 8. (Inside Radius Section).
Class A					Nozzle to Lower Head			
B03.120.006	3-PZR-WP26-4	50 ISI-OCN3-002 OM-2201-229 B 7W149789E	NDE-680	UT	CS	0.000 6.187	40395	Pressurizer Sensing Nozzle Pc. 30. Between W & X Axis (Inside Radius Section).
Class A					Nozzle to Shell			
B03.120.007	3-PZR-WP26-5	50 ISI-OCN3-002 OM-2201-229 B 7W149789E	NDE-680	UT	CS	0.000 6.187	40395	Pressurizer Sensing Nozzle Pc. 30. Between Z & Y Axis (Inside Radius Section).
Class A					Nozzle to Shell			
B03.120.008	3-PZR-WP26-6	50 ISI-OCN3-002 OM-2201-229 B 7W149789E	NDE-680	UT	CS	0.000 6.187	40395	Pressurizer Sensing Nozzle Pc. 30. Between W & X Axis (Inside Radius Section).
Class A					Nozzle to Shell			

**Total B03.120 Items: 4**

Total B03.130 Items: 2

**CATEGORY B-D, Full Penetration Welds of  
Nozzles in Vessels****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	DIATHK	CAL BLOCKS	COMMENTS
**** Nozzle Inside Radius Section ****								
B03.140.003	3-SGB-WG50-2	50 ISI-OCN3-004 OM-2201-222 B&W109610E	NDE-680	UT	CS	38.380 8.500	40393	Steam Generator 3B Outlet Nozzle Pc. 65 Between W-Z Axis. (Inside Radius Section)
Class A					Nozzle to Lower Head			
B03.140.004	3-SGB-WG50-1	50 ISI-OCN3-004 OM-2201-222 B&W109610E	NDE-680	UT	CS	38.380 8.500	40393	Steam Generator 3B Outlet Nozzle Pc. 65 Between Y-Z Axis. (Inside Radius Section)
Class A					Nozzle to Lower Head			

Total B03.140 Items: 2

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

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

### Heat Exchangers (Primary Side)

### Oconee 3

### 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
**** Nozzle-to-Vessel Welds ****								
B03.150.001	3-LDCA-IN-V2	51A 1-97347-1	NDE-630	UT	SS	3.000	40411	LDC-3A Tubeside Inlet Nozzle Pc. C to Channel Head
	Circumferential	OM-201-3107				0.875		Pc.A
Class A		OFD-101A-3.1		Nozzle to Channel Body				
B03.150.002	3-LDCA-OUT-V5	51A 1-97347-1	NDE-630	UT	SS	3.000	40411	LDC-3A Tubeside Outlet Nozzle Pc. D to Channel
	Circumferential	OM-201-3107				0.875		Head Pc. A. Corrected weld ID from 3-LDCA-OUT-V2
Class A		OFD-101A-3.1		Nozzle to Channel Body				to 3-LDCA-OUT-V5. Reference Addenda ONS3-013
Total B03.150 Items:		2						

**CATEGORY B-D, Full Penetration Welds of  
Nozzles in Vessels**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

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**Inservice Inspection Plan for Interval 3 Outage 3**Plan Report  
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
<b>**** Nozzle Inside Radius Section ****</b>								
B03.160.001	3-LDCA-IN-V2	51A 1-97347-1	NDE-680	UT	SS	3.000	40411	LDC-3A Tubeside Inlet Nozzle Pc. C (Inside Radius
		OM-201-3107				0.875		Section). Reference Request for Relief ONS-009.
Class A		OFD-101A-3.1			Nozzle to Channel Body			
B03.160.002	3-LDCA-OUT-V5	51A 1-97347-1	NDE-680	UT	SS	3.000	40411	LDC-3A Tubeside Outlet Nozzle Pc. D to Channel
		OM-201-3107				0.875		Head Pc. A. (Inside Radius Section). Reference
Class A		OFD-101A-3.1			Nozzle to Channel Body			Request for Relief ONS-009.
<b>Total B03.160 Items:</b>		<b>2</b>						
<b>Total B03 Items:</b>		<b>16</b>						

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

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

## 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
<b>**** Less Than NPS 4; Nozzle-to-Safe End Butt Welds ****</b>								
B05.050.001	3-PZR-WP91-1	50	ISI-OCN3-002	NDE-35	PT	SS-CS	2.500 0.375	PZR Relief Nozzle SE weld; W-X Axis
Class A	Circumferential							
	Dissimilar					Nozzle PZR Relief Nozzle to Safe End		
B05.050.002	3-PZR-WP91-2	50	ISI-OCN3-002	NDE-35	PT	SS-CS	2.500 0.375	PZR Relief Nozzle SE weld; X-Y Axis
Class A	Circumferential							
	Dissimilar					Nozzle PZR Relief Nozzle to Safe End		
B05.050.003	3-PZR-WP91-3	50	ISI-OCN3-002	NDE-35	PT	SS-CS	2.500 0.375	PZR Relief Nozzle SE weld; Z-W Axis
Class A	Circumferential							
	Dissimilar					Nozzle PZR Relief Nozzle to Safe End		
<b>Total B05.050 Items:</b>		<b>3</b>						

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

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

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### Inservice Inspection Plan for Interval 3 Outage 3

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## Piping

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** NPS 4 or Larger; Dissimilar Metal Butt Welds ****</b>									
B05.130.009	3-PDA2-2	50	ISI-OCN3-012	NDE-610	UT	SS-CS	33.500	40350	UT from elbow side
	Circumferential		OFD-100A-3.1				2.330		
Class A									
	Dissimilar								
B05.130.009A	3-PDA2-2	50	ISI-OCN3-012	NDE-610	UT	SS-CS	33.500	40397	UT from Safe End side
	Circumferential		OFD-100A-3.1				2.330		
Class A									
	Dissimilar								
B05.130.009B	3-PDA2-2	50	ISI-OCN3-012	NDE-35	PT	SS-CS	33.500		
	Circumferential		OFD-100A-3.1				2.330		
Class A									
	Dissimilar								
<b>Total B05.130 Items:</b>		<b>3</b>							

**CATEGORY B-F, Pressure Retaining  
Dissimilar Metal Welds****DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System****Piping****Oconee 3****Inservice Inspection Plan for Interval 3 Outage 3****Plan Report  
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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 \*\*\*\***

B05.140.006	3-PDA2-11	50	ISI-OCN3-012	NDE-35	PT	SS-CS	2.500	
	Circumferential		OFD-100A-3.1				0.375	
Class A								Nozzle HPI Nozzle to
Dissimilar								Safe End

**Total B05.140 Items: 1****Total B05 Items: 7**

**CATEGORY B-G-1. Pressure Retaining  
Bolting, Greater than 2" In Diameter****DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**

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01/12/1999**Inservice Inspection Plan for Interval 3 Outage 3****Pumps**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Flange Surface, when connection dissassembled ****</b>								
B06.190.003	3RCP-3B1-FLANGE	50 OM-1201D-0005 OM-1201D-0057	QAL-13	VT-1	SS	0.000 0.000		RCP 3B1 Main Flange 1" Annular Surface of Flange Surrounding each Stud.(insp. only if disass.) Ref. Addendum ONS3-020 - connection not disassembled during 3EOC15. Ref. Addendum ONS3-044 - connection not disassembled during 3EOC16.
Class A								
<b>Total B06.190 Items:</b>		<b>1</b>						
<b>Total B06 Items:</b>		<b>1</b>						

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

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

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**Inservice Inspection Plan for Interval 3 Outage 3**

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**Steam Generators**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.030.006	3SGA-LHIC-BOLTS	50 B&W 145470E	QAL-13	VT-1	CS	1.000	0.000	Steam Generator 3A Lower Head Inspection Cover Bolting

Class A

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**Total B07.030 Items: 1**

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

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

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## Valves

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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	DIATHK	CAL BLOCKS	COMMENTS
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### \*\*\*\* Bolts, Studs, and Nuts \*\*\*\*

B07.070.014	3-51A-HP126	51A OM-246-015	QAL-13	VT-1	NA	0.000	High Pressure Injection Valve 3-HP126 Bolting
						0.000	

Class A

**Total B07.070 Items: 1**

**CATEGORY B-G-2, Pressure Retaining  
Bolting, 2" And Less In Diameter****DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System****CRD Housings**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Bolts, Studs, and Nuts ****</b>								
B07.080.001	3-RPV-CRD-BOLTS	50 B&W 149902E B&W 149919E	QAL-13	VT-1	NA		0.000 0.000	Inspect Only If Disassembled; See Request for Relief ONS-004 & ONS-005; 8 bolts per CRD Housing; (14 Connections inspected up to this Date). Ref. Addendum ONS3-020 - connection not disassembled during 3EOC15.
Class A								
B07.080.002	3-RPV-CRD-RINGS	50 B&W 149902E B&W 149919E	QAL-13	VT-1	NA		0.000 0.000	Inspect Only If Disassembled; See Request for Relief ONS-004 & ONS-005; 1 Pair per CRD Housing; (14 Connections inspected up to this date). Ref. Addendum ONS3-020 - connection not disassembled during 3EOC15.
Class A								
<b>Total B07.080 Items:</b>		<b>2</b>						
<b>Total B07 Items:</b>		<b>4</b>						

# CATEGORY B-J, Pressure Retaining Welds In Piping

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

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**NPS 4 or Larger**

Oconee 3

### 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
<b>**** Circumferential Welds ****</b>								
B09.011.011	3-PIB1-1	50 ISI-OCN3-009	NDE-600	UT	CS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Nozzle S/G 3B Nozzle to Pipe			
B09.011.011A	3-PIB1-1	50 ISI-OCN3-009	NDE-25	MT	CS	33.500		
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Nozzle S/G 3B Nozzle to Pipe			
B09.011.016	3-PIB2-8	50 ISI-OCN3-010	NDE-600	UT	SS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Pipe Safe End to Nozzle RCP 3B2 Suct Nozzle			
B09.011.016A	3-PIB2-8	50 ISI-OCN3-010	NDE-35	PT	SS	33.500		
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Pipe Safe End to Nozzle RCP 3B2 Suct Nozzle			
B09.011.021	3-PDB1-1	50 ISI-OCN3-013	NDE-600	UT	SS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Nozzle 3B1 Pump Outlet Nozzle to Safe End			
B09.011.021A	3-PDB1-1	50 ISI-OCN3-013	NDE-35	PT	SS	33.500		
	Circumferential	OFD-100A-3.1				2.330		
Class A	Term end				Nozzle 3B1 Pump Outlet Nozzle to Safe End			
B09.011.033	3-PSL-9	50 ISI-OCN3-015	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-100A-3.2				1.000		
Class A	Stress weld				Elbow to Pipe			
B09.011.033A	3-PSL-9	50 ISI-OCN3-015	NDE-35	PT	SS	10.000		
	Circumferential	OFD-100A-3.2				1.000		
Class A	Stress weld				Elbow to Pipe			

**CATEGORY B-J, Pressure Retaining Welds In Piping**

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

**NPS 4 or Larger****Oconee 3**

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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
B09.011.043	3-53A-15-55	53A 3-53A-15 (2)	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-3.2				1.000		
Class A		OFD-102A-3.3		Elbow to Pipe				
B09.011.043A	3-53A-15-55	53A 3-53A-15 (2)	NDE-35	PT	SS	10.000		
	Circumferential	OFD-102A-3.2				1.000		
Class A		OFD-102A-3.3		Elbow to Pipe				
B09.011.044	3-53A-15-57	53A 3-53A-15 (2)	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-3.2				1.000		
Class A		OFD-102A-3.3		Elbow to Pipe				
B09.011.044A	3-53A-15-57	53A 3-53A-15 (2)	NDE-35	PT	SS	10.000		
	Circumferential	OFD-102A-3.2				1.000		
Class A		OFD-102A-3.3		Elbow to Pipe				

**CATEGORY B-J, Pressure Retaining Welds In Piping**

DUKE ENERGY CORPORATION  
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**Less Than NPS 4**

Ocone 3

**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
<b>**** Circumferential Welds ****</b>								
B09.021.009	3-PSP-12	50 ISI-OCN3-016	NDE-35	PT	SS	2.500		
	Circumferential	OFD-100A-3.2				0.375		
Class A					Valve 3RC-001 to Pipe			
B09.021.011	3-PSP-15	50 ISI-OCN3-016	NDE-35	PT	SS	2.500		
	Circumferential	OFD-100A-3.2				0.375		
Class A	Stress weld				Tee to Pipe			
B09.021.022	3-51A-142-21	51A 3-51A-142	NDE-35	PT	SS	3.000		
	Circumferential	OFD-101A-3.1				0.438		
Class A	Term end				Elbow to Letdown Cooler 3B Inlet			
B09.021.023	3-51A-142-25	51A 3-51A-142	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-3.1				0.375		
Class A					Pipe to Reducer			
B09.021.032	3RC-212-45	51A 3RC-212	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-3.4				0.375		
Class A					Valve 3HP-153 to Pipe			
B09.021.033	3RC-212-44A	51A 3RC-212	NDE-35	PT	SS	2.500		
	Circumferential	OFD-100A-3.1				0.375		This weld was listed previously as 2-51A-61-44A until iso 2-51A -61 was redrawn.
Class A	Stress weld				Pipe to Nozzle Nozzle on 3B1 Disc Line			
<b>Total B09.021 Items:</b>		<b>6</b>						

## CATEGORY B-J, Pressure Retaining Welds In Piping

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

## Branch Pipe Connection Welds

### Oconee 3

### 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
**** Less Than NPS 4 ****									
B09.032.002	3-PIA2-10	50	ISI-OCN3-008	NDE-35	PT	CS-Inconel	12.000		NPS of the Drain Nozzle = 1.5 inch Diameter & .281
	Branch		OFD-100A-3.1				2.250		Thickness
Class A					Pipe to				
	Dissimilar				Nozzle Drain Nozzle				
Total B09.032 Items:		1							

**CATEGORY B-J, Pressure Retaining Welds In Piping**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**Socket Welds**

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01/12/1999**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
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B09.040.002	3-50-152-15	50 3-50-152	NDE-35	PT	SS	1.500		
	Socket	OFD-100A-3.2				0.281		

Class A

Tee to  
Pipe**Total B09.040 Items: 1****Total B09 Items: 20**

**CATEGORY B-L-1, Pressure Retaining Welds  
In Pump Casings**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

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**Inservice Inspection Plan for Interval 3 Outage 3**Plan Report  
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01/12/1999**Pumps**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Pump Casing Welds ****								
B12.010.003	3RCP-3B1	50	ISI-OCN3-009	NDE-12	RT	SS	0.000	Reactor Coolant Pump 3B1 Casing Weld. (Inspect only if disassembled for maintenance purposes, repair, ect.) See Request for Relief ONS-008. Ref. Addendum ONS3-047 - connection not disassembled during 3EOC16. Percentages have been met for the interval by inspecting 3RCP-3B1.
			OM-1201D-0057				6.500	
Class A			OM-1201D-0005		Casing to Casing			

Total B12.010 Items: 1

**CATEGORY B-L-2, Pump Casings**

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

### Ocone 3

### Inservice Inspection Plan for Interval 3 Outage 3

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## Pumps

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
<b>**** Pump Casing ****</b>								
B12.020.003	3RCP-3B1-CASING	50	ISI-OCN3-009	QAL-14	VT-3	SS	0.000	Reactor Coolant Pump 3B1 Casing Internal Surfaces.(Inspect only if disassembled for maintenance purposes, repair,etc.). Ref. Addendum ONS3-020 - connection not disassembled during 3EOC15. Ref. Addendum ONS3-044 - connection not disassembled during 3EOC16. Ref. Addendum ONS3-089 - connection was disassembled and inspected during 3EOC17.
			OM-1201D-0057				0.000	
Class A			OM-1201D-0005		Casing Internal Surfaces to			
<b>Total B12.020 Items:</b>		<b>1</b>						
<b>Total B12 Items:</b>		<b>2</b>						

**CATEGORY B-O, Pressure Retaining Welds**  
**In Control Rod Housings**

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

## Reactor Vessel

### Oconee 3

### 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
<b>**** Welds in CRD Housing ****</b>									
B14.010.009	3RPV-CRD-54WH9	50	B&W 149920E	NDE-35	PT	SS-Inconel	4.060 0.650		Peripheral CRDM-HOUSING Body to Adapter
Class A									
B14.010.010	3RPV-CRD-54WH60	50	B&W 43-53-032-12	NDE-35	PT	SS-CS	5.000 0.500		CRDM Base to Motor Tube
Class A									
B14.010.011	3RPV-CRD-54	50	B&W 43-53-033-09	NDE-35	PT	SS-CS	4.300 0.400		CRDM Motor Tube to Extension
Class A									
B14.010.012	3RPV-CRD-54W61	50	B&W 43-53-031-02	NDE-35	PT	SS	4.190 0.380		Peripheral CRDM Extension to Cap
Class A									
<b>Total B14.010 Items:</b>		<b>4</b>							
<b>Total B14 Items:</b>		<b>4</b>							

**CATEGORY C-A, Pressure Retaining Welds  
In Pressure Vessels**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

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Plan Report  
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01/12/1999**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
C01.030.002	3SGB-WG59	ISI-OCN3-004	NDE-620	UT	CS	138.000	40338	S/G B Shell to Bottom Tube Sht. PC.6 to PC.50
	Circumferential	OFD 122A-3.1	NDE-640			6.625		
Class B		OM 2201-222		Tube Sht. to Shell				
Total C01.030 Items:		1						
Total C01 Items:		1						

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

**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
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## Pressure Vessels

### Oconee 3

### Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****									
C03.010.007	3SGB-WG84-ZW	03	B&W-149824E OM 2201-1451	NDE-25	MT	CS		0.000 1.000	SGB FDW. HDR. ATTACH.Z-W QUAD. NEAREST TO Z-AXIS
Class B									
C03.010.008	3SGB-WG84-WZ	03	B&W-149824E OM 2201-1451	NDE-25	MT	CS		0.000 1.000	SGB FDW. HDR. ATTACH.W-Z QUAD. NEAREST TO W-AXIS
Class B									
Total C03.010 Items:		2							

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

**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
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**Piping**

**Ocone 3**

**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
<b>**** Integrally Welded Attachments ****</b>								
C03.020.010	3-01A-H9A	01A 0-2481A	NDE-25	MT	CS	26.000		File no. OSC-1334
	Constant Support	OFD-122A-3.1				1.000		Prob. No. 3-01-08
	Class B	0-2490A-3(S)						Main Steam System
C03.020.045	3SGB-WG87-ZW	03 B&W-149824E	NDE-25	MT	CS	0.000		SGB FDW. HDR. ATTACH. Z-W QUAD. NEAREST
	Class B					1.000		TO Z-AXIS
C03.020.046	3SGB-WG87-WZ	03 B&W-149824E	NDE-25	MT	CS	0.000		SGB FDW. HDR. ATTACH. W-Z QUAD. NEAREST
	Class B					1.000		TO W-AXIS
C03.020.050	3-01A-R7	01A 0-2441	NDE-25	MT	CS	36.000		Struc. calc # OSC-1000-01-0018; Prob. # OS
	Constant Support	OFD-122A-3.1				1.000		506/3-01A; Data point 6(627)
	Class B							
C03.020.052	3-01A-H13	01A 0-2441	NDE-25	MT	CS	36.000		Struc. calc # OSC-1000; Prob. # OS 506/3-01A; Data
	Rigid Support	OFD-122A-3.1				0.750		point 10(640)
	Class B							
C03.020.053	3-01A-H14	01A 0-2441	NDE-25	MT	CS	36.000		Struc. calc # OSC-1000-01-0021; Prob. # OS
	Rigid Support	OFD-122A-3.1				0.750		506/3-01A; Data point 1(645)
	Class B							
C03.020.054	3-01A-H18	01A 0-2401B	NDE-25	MT	CS	36.000		Struc. calc # OSC-1000-01-0029; Prob. # OS
	Constant Support	OFD-122A-3.1	NDE-35			1.000		506/3-01A; Data point 28. In order to achieve 90%
	Class B							examination coverage on this weld, it is necessary to
								add a PT examination and procedure NDE-35 to the
								examination required.
<hr/>								
<b>Total C03.020 Items:</b>		<b>7</b>						
<b>Total C03 Items:</b>		<b>9</b>						

**CATEGORY C-D, Pressure Retaining Bolting  
Greater Than 2 in. In Diameter**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
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**Inservice Inspection Plan for Interval 3 Outage 3****Pumps**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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**\*\*\*\* Bolts and Studs \*\*\*\***

C04.030.002	3-HPI-PUMP-3B	51A OM 201-1704 OFD-101A-3.3	NDE-943	UT	NA	2.500 0.000	40422	Case Bolting on HPI Pump 3B . (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 3A, 3B or 3C). 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.
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**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  $\geq 3/8$  in. Nominal Wall Thickness  
for Piping  $> NPS 4$**

Oconee 3

**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
<b>**** Circumferential Weld ****</b>								
C05.011.006	3LP-132-11	53A 3LP-132	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was listed previously as 3-53A-24-11 until iso 3-53A-24 was redrawn.
	Circumferential	OFD-102A-3.2				1.125		
Class B				Pipe to Valve 3LP-17				
C05.011.006A	3LP-132-11	53A 3LP-132	NDE-35	PT	SS	10.000		This weld was listed previously as 3-53A-24-11 until iso 3-53A-24 was redrawn.
	Circumferential	OFD-102A-3.2				1.125		
Class B				Pipe to Valve 3LP-17				
C05.011.007	3LP-132-5	53A 3LP-132	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was listed previously as 3-53A-24-5 until iso 3-53A-24 was redrawn.
	Circumferential	OFD-102A-3.2				1.125		
Class B				Pipe to Elbow				
C05.011.007A	3LP-132-5	53A 3LP-132	NDE-35	PT	SS	10.000		This weld was listed previously as 3-53A-24-5 until iso 3-53A-24 was redrawn.
	Circumferential	OFD-102A-3.2				1.125		
Class B				Pipe to Elbow				

**Total C05.011 Items: 4**

**CATEGORY C-F-1, Pressure Retaining Welds  
In Austenitic SS or High Alloy Piping**
**DUKE ENERGY CORPORATION  
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**Piping Welds > 1/5 in. Nom Wall For Piping >= NPS 2 And <= NPS 4**

Oconee 3

**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
<b>**** Circumferential Weld ****</b>								
C05.021.006	3-51A-118-13	51A 3-51A-118	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-3.4				0.531		
Class B				Elbow to Pipe				
C05.021.006A	3-51A-118-13	51A 3-51A-118	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-3.4				0.531		
Class B				Elbow to Pipe				
C05.021.014	3-51A-119-40	51A 3-51A-119	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-3.4				0.531		
Class B				Pipe to Valve 3HP-410				
C05.021.014A	3-51A-119-40	51A 3-51A-119	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-3.4				0.531		
Class B				Pipe to Valve 3HP-410				
C05.021.023	3-51A-121-20	51A 3-51A-121	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-3.4				0.674		
Class B				Elbow to Elbow				
C05.021.023A	3-51A-121-20	51A 3-51A-121	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-3.4				0.674		
Class B				Elbow to Elbow				
C05.021.039	3-51A-52-44	51A 3-51A-52	NDE-600	UT	SS	3.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-3.3				0.438		
Class B				Valve 3HP-105 to Pipe				
C05.021.039A	3-51A-52-44	51A 3-51A-52	NDE-35	PT	SS	3.000		
	Circumferential	OFD-101A-3.3				0.438		
Class B				Valve 3HP-105 to Pipe				

**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**

Ocone 3

**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
C05.021.042	3-51A-59-90	51A 3-51A-59	NDE-600	UT	SS	4.000 0.674	Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-3.4		Elbow to Pipe			
C05.021.042A	3-51A-59-90	51A 3-51A-59	NDE-35	PT	SS	4.000 0.674	
Class B	Circumferential	OFD-101A-3.4		Elbow to Pipe			
C05.021.053	3-51A-67-10	51A 3-51A-67	NDE-600	UT	SS	2.500 0.375	Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-3.1		Pipe to Elbow			
C05.021.053A	3-51A-67-10	51A 3-51A-67	NDE-35	PT	SS	2.500 0.375	
Class B	Circumferential	OFD-101A-3.1		Pipe to Elbow			
C05.021.063	3-51A-87-44A	51A 3-51A-87	NDE-600	UT	SS	4.000 0.531	Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential	OFD-101A-3.4		Valve 3HP-129 to Pipe			
C05.021.063A	3-51A-87-44A	51A 3-51A-87	NDE-35	PT	SS	4.000 0.531	
Class B	Circumferential	OFD-101A-3.4		Valve 3HP-129 to Pipe			
C05.021.073	3-51A-118-8	51A 3-51A-118	NDE-600	UT	SS	4.000 0.531	Reference Request for Relief 95-02 for calibration block.
Class B	Circumferential	OFD-101A-3.4		Pipe to Elbow			
C05.021.073A	3-51A-118-8	51A 3-51A-118	NDE-35	PT	SS	4.000 0.531	
Class B	Circumferential	OFD-101A-3.4		Pipe to Elbow			

**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 3**

**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
C05.021.083	3-51A-50-48	51A 3-51A-50	NDE-600	UT	SS	4.000	Reference Request for Relief 95-02 for calibration block.
	Circumferential	OFD-101A-3.3				0.237	
Class B				Reducer to Elbow			
C05.021.083A	3-51A-50-48	51A 3-51A-50	NDE-35	PT	SS	4.000	
	Circumferential	OFD-101A-3.3				0.237	
Class B				Reducer to Elbow			
C05.021.088	3HP-312-20	51A 3HP-312	NDE-600	UT	SS	2.500	Reference Request for Relief 95-02 for calibration block. This weld was originally listed as 3-51A-59-20, until isometric 3-51A-59 was redrawn as 3HP-312.
	Circumferential	OFD-101A-3.4				0.375	
Class B				Tee to Pipe			
C05.021.088A	3HP-312-20	51A 3HP-312	NDE-35	PT	SS	2.500	This weld was originally listed as 3-51A-59-20, until isometric 3-51A-59 was redrawn as 3HP-312.
	Circumferential	OFD-101A-3.4				0.375	
Class B				Tee to Pipe			

**Total C05.021 Items: 20**

**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 3

**Inservice Inspection Plan for Interval 3 Outage 3**Plan Report  
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
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C05.030.002	3-51A-77-15	51A 3-51A-77	NDE-35	PT	SS	2.000		
	Socket	OFD-101A-3.1				0.436		

Class B

Pipe to  
Valve 3HP-21

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**Total C05.030 Items: 1**

**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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**Inservice Inspection Plan for Interval 3 Outage 3**Plan Report  
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01/12/1999**Pipe Branch Connections of Branch Piping >=**  
**NPS 2**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
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**\*\*\*\* Circumferential Weld \*\*\*\***

C05.041.001	3-53B-52-3	53B 3-53B-52	NDE-35	PT	SS		8.000	
	Branch	OFD-104A-3.1					0.250	
	Class B							Weld-o-let to Pipe

**Total C05.041 Items: 1**

**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  $\geq$  3/8 in. Nominal Wall Thickness  
for Piping  $>$  NPS 4**

Oconee 3

**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	DIATHK	CAL BLOCKS	COMMENTS
<b>**** Circumferential Weld ****</b>								
C05.051.001	3-01A-10-1	01A 3-01A-10	NDE-600	UT	CS	36.000		Inspect with item number C05.052.001 Reference Request for Relief 95-02 for calibration block.
Class B	Circumferential	OFD-122A-3.1		Pipe to Elbow		1.164		
C05.051.001A	3-01A-10-1	01A 3-01A-10	NDE-25	MT	CS	36.000		Inspect with item number C05.052.001A.
Class B	Circumferential	OFD-122A-3.1		Pipe to Elbow		1.164		
C05.051.002	3-01A-10-19	01A 3-01A-10	NDE-600	UT	CS	12.000		Reference Request for Relief 95-02 for calibration block.
Class B	Circumferential	OFD-122A-3.1		Pipe to Valve 3MS-79		0.562		
C05.051.002A	3-01A-10-19	01A 3-01A-10	NDE-25	MT	CS	12.000		
Class B	Circumferential	OFD-122A-3.1		Pipe to Valve 3MS-79		0.562		
C05.051.016	3FWD-74-A	03 3-03-27	NDE-600	UT	CS	24.000		Grinnell Subassembly 3FWD-74. Reference Request for Relief 95-02 for calibration block.
Class B	Circumferential	OFD-121B-3.3 3FWD-74		Pipe to Elbow		1.218		
C05.051.016A	3FWD-74-A	03 3-03-27	NDE-25	MT	CS	24.000		Grinnell Subassembly 3FWD-74
Class B	Circumferential	OFD-121B-3.3 3FWD-74		Pipe to Elbow		1.218		
C05.051.024	3-03A-15-8	03A 3-03A-15	NDE-600	UT	CS	6.000		Reference Request for Relief 95-02 for calibration block.
Class B	Circumferential	OFD-121D-3.1		Pipe to Elbow		0.432		
C05.051.024A	3-03A-15-8	03A 3-03A-15	NDE-25	MT	CS	6.000		
Class B	Circumferential	OFD-121D-3.1		Pipe to Elbow		0.432		

**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**

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

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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
C05.051.029	3-14B-116-42	14B 3-14B-116	NDE-600	UT	CS	8.000		Reference Request for Relief 95-02 for calibration block.
	Circumferential	OFD-124B-3.2				0.500		
Class B				Elbow to Pipe				
C05.051.029A	3-14B-116-42	14B 3-14B-116	NDE-25	MT	CS	8.000		
	Circumferential	OFD-124B-3.2				0.500		
Class B				Elbow to Pipe				
C05.051.037	3LPS-478-40A	14B 3LPS-478	NDE-600	UT	CS	8.000		This weld was listed previously as 3-14B-119-40A until iso 3-14B-119 was redrawn. Reference Request for Relief 95-02 for calibration block.
	Circumferential	OFD-124B-3.2				0.500		
Class B				Pipe to Pipe				
C05.051.037A	3LPS-478-40A	14B 3LPS-478	NDE-25	MT	CS	8.000		This weld was listed previously as 3-14B-119-40A until iso 3-14B-119 was redrawn.
	Circumferential	OFD-124B-3.2				0.500		
Class B				Pipe to Pipe				

**Total C05.051 Items: 12**

**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 SystemPlan Report  
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01/12/1999**Pipe Branch Connections of Branch Piping >=  
NPS 2**

Oconee 3

**Inservice Inspection Plan for Interval 3 Outage 3**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
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**\*\*\*\* Circumferential Weld \*\*\*\***

C05.081.004	3MS-12B-J	01A 3-01A-13	NDE-25	MT	CS	12.000		Grinnell Subassembly 3MS-12B
	Branch	OFD-122A-3.1				0.562		
	Class B	3MS-12B		Pipe to Pipe				

**Total C05.081 Items: 1****Total C05 Items: 39**

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

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

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**Integral Attachment**

**Oconee 3**

**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
<b>**** Component Supports and Restraints ****</b>								
D02.020.001	3-01A-HTT-2300	01A 0-2403D	QAL-14	VT-3	NA	6.000		File no. OSC-510 Sht 2of3
	Rigid Restraint	OFD-122A-3.4				0.500		Prob. No. 3-01A-04 Page 68
Class C								Main Steam to Emergency F.W. Pump
D02.020.005	3-01A-R5	01A 4-0-2403D	QAL-14	VT-3	NA	6.000		File no. OSC-510 Sht 1of3
	Rigid Restraint	OFD-122A-3.4				0.125		Prob. No. 3-01A-04
Class C								Main Steam to Emergency F.W. Pump
D02.020.007	3-01A-R13A	01A 4-2-0-2403D	QAL-14	VT-3	NA	6.000		File no. OSC-510 Sht 1of3
	Rigid Restraint	OFD-122A-3.4				0.125		Prob. No. 3-01A-04
Class C								Main Steam to Emergency F.W. Pump
D02.020.037	3-03A-H7	03A 1-0-2439C	QAL-14	VT-3	NA	6.000		File No. OSC-1224-23
	Rigid Restraint	OFD-121D-3.1				0.375		Page No. 25.3; Problem No. 3-03A-13
Class C								Aux Service Water Piping
D02.020.042	3-03A-SR166	03A 1-0-2401B	QAL-14	VT-3	NA	6.000		File No. OSC-527
	Rigid Restraint	OFD-121D-3.1				0.500		Page No. 39; Problem No. 3-03A-10
Class C								Emergency Feedwater System
D02.020.044	3-03A-SR179	03A 1-0-2439B	QAL-14	VT-3	NA	6.000		File No. OS-524
	Rigid Restraint	OFD-121D-3.1				0.500		Page No. 63; Problem No. 3-03A-07
Class C								Emergency Feedwater System
D02.020.056	3-03A-H6	03A 1-0-2439C	QAL-14	VT-3	NA	6.000		File No. OSC-1224-23
	Rigid Restraint	OFD-121D-3.1				0.375		Page No. 25.3; Problem No. 3-03A-13
Class C								Aux Service Water Piping
D02.020.074	3-03A-SR150	03A 1-0-2400B	QAL-14	VT-3	NA	6.000		File No. OSC-527
	Rigid Restraint	OFD-121D-3.1				1.000		Page No. 39; Problem No. 3-03A-10
Class C								Emergency Feedwater System

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

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

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**Integral Attachment**

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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
D02.020.077	3-03A-SR181	03A 1-0-2439C	QAL-14	VT-3	NA	6.000		File No. OS-524
	Rigid Restraint	OFD-121D-3.1				0.500		Page No. 63; Problem No. 3-03A-07
Class C								Emergency Feedwater System
D02.020.078	3-03A-SR183	03A 1-0-2439C	QAL-14	VT-3	NA	6.000		File No. OSC-1224-23
	Rigid Restraint	OFD-121D-3.1				0.500		Page No. 25.3; Problem No. 3-03A-13
Class C								Aux Service Water Piping
D02.020.084	3-03A-SR46	03A 1-0-2401A	QAL-14	VT-3	NA	6.000		File no. OSC-513 Page 72
	Rigid Restraint	OFD-121B-3.3				1.000		Prob. No. 3-03A-02
Class C								Emergency Feedwater System
D02.020.085	3-03A-SR5	03A 1-0-2401B	QAL-14	VT-3	NA	6.000		File No. OSC-513
	Rigid Restraint	OFD-121D-3.1				1.000		Page No. 71; Problem No. 3-03A-02
Class C								Emergency Feedwater Pump Discharge
D02.020.097	3-07A-SR18	07A 4-0-2402A	QAL-14	VT-3	NA	30.000		File no. OSC-521 Page 124
	Rigid Restraint	OFD-121A-3.7				1.000		Prob. No. 3-07-01
Class C								Condensate System
D02.020.101	3-07A-SR7	07A 4-0-2400A	QAL-14	VT-3	NA	24.000		File no. OSC-1211 Page 28
	Rigid Restraint	OFD-121A-3.7				2.000		Prob. No. 3-07-05
Class C								Condensate System
D02.020.140	3-14B-WM-7001	14B 0-2437A	QAL-14	VT-3	NA	6.000		File No. OSC-529
	Rigid Restraint	OFD-121D-1.2				0.125		Page No. 67.1
Class C								Problem No. 3-14B-2; Aux Service Water Piping
D02.020.145	1-WL-100A-K0005	WL KFD-100A-1.1	QAL-14	VT-3	NA	8.000		Integral Attachment Inspection
	Rigid Restraint					0.500		Keowee Unit 1
Class C								

**Total D02.020 Items: 16**

**CATEGORY D-B, Systems In Support Of ECC,  
CHR, Atmos. Cleanup, And Reactor RHR**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System**Integral Attachment**

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01/12/1999**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
<b>**** Spring Type Supports ****</b>								
D02.040.008	3-03A-H157	03A 1-0-2401B	QAL-14	VT-3	NA	6.000		File No. OSC-527
	Spring Hgr	OFD-121D-3.1				0.500		Page No. 39; Problem No. 3-03A-10
	Class C							Emergency Feedwater System
D02.040.009	3-03A-H165	03A 1-0-2401B	QAL-14	VT-3	NA	6.000		File No. OSC-527
	Spring Hgr	OFD-121D-3.1				0.500		Page No. 39; Problem No. 3-03A-10
	Class C							Emergency Feedwater System
<hr/>								
<b>Total D02.040 Items:</b>		<b>2</b>						
<b>Total D02 Items:</b>		<b>18</b>						

**CATEGORY F-A, Supports (Category C)**

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

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

**Inservice Inspection Plan for Interval 3 Outage 3**

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.012.001	3-50-H1A	50	0-2479A	QAL-14	VT-3	NA	10.000		Dwg. No.0-2491B-2A
	Hyd Snubber		OFD-100A-3.2				0.000		PZR Surge Line. Inspect with Item No. F01.050.006
Class A									
F01.012.002	3-50-H6	50	0-2481A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Constant Support		OFD-100A-3.2				0.154		Prob.No. 3-53-09 Page 138
Class A									Low Pressure Inj. Supply to PZR Spray
F01.012.005	3-51A-H2A	51A	0-2479A	QAL-14	VT-3	NA	2.500		File No. OSC-1343
	Hyd Snubber		OFD-101A-3.4				0.154		Vol.B of C
Class A									Prob. No. 3-53-10 Page 59
									H.P.I. East Coolant Loop. Inspect with Item No. F01.050.009
F01.012.008	3-50-RCPM-3A1-SS2	50	0-1066A	QAL-14	VT-3	NA	6.000		Calcalaton No. OSC-1011-01-0001, Reactor Coolant
	Mech Snubber		OFD-100A-3.1				0.000		Pump Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						Inspect with F01.050.108

**Total F01.012 Items: 4**

**CATEGORY F-A, Supports (Category A)**

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

**Class 2 Weld Connections to Building Structure**

Oconee 3

**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	DIATHK	CAL BLOCKS	COMMENTS
F01.020.023	3-53B-H118	53B 5-0-2435B	QAL-14	VT-3	NA		12.000	File NO. OS-549
	Rigid Restraint	OFD-102A-3.1					0.187	Page 78; Problem No. 3-53-01
Class B								L P Injection & Decay Heat Removal
F01.020.026	3-53B-H20	53B 5-0-2435B	QAL-14	VT-3	NA		14.000	File NO. OS-549
	Rigid Restraint	OFD-102A-3.1					0.187	Page 78; Problem No. 3-53-01
Class B								L P Injection & Decay Heat Removal
F01.020.028	3-53B-H43	53B 2-0-2435D	QAL-14	VT-3	NA		6.000	File No. OSC-539
	Rigid Restraint	OFD-101A-3.3					0.000	Prob. No. 3-51-2 Page 145
Class B								H.P.I. Pumps 3A,3B,&3C Suction Header
F01.020.036	3-54A-SR20	54A 3-0-2439B	QAL-14	VT-3	NA		8.000	File No. OSC-556
	Rigid Restraint	OFD-103A-3.1					0.500	Page No. 65.1
Class B								Problem No. 3-54-03
F01.020.038	3-55-SR1	55 1-0-2439C	QAL-14	VT-3	NA		6.000	File No. OSC-558 Page 42.3
	Rigid Restraint	OFD-144A-3.2					0.000	Prob. No. 3-55-01
Class B								System 55
F01.020.041	3-01A-H13	01A 0-2441	QAL-14	VT-3	CS		36.000	Struc. calc # OSC-1000; Prob. # OS 506/3-01A; Data
	Rigid Support	OFD-122A-3.1					0.000	point 10(640)
Class B								
F01.020.042	3-01A-H14	01A 0-2441	QAL-14	VT-3	CS		36.000	Struc. calc # OSC-1000-01-0021; Prob. # OS
	Rigid Support	OFD-122A-3.1					0.000	506/3-01A; Data point 11(645)
Class B								
F01.020.046	3-51B-H14	51B 2-0-2436C	QAL-14	VT-3	NA		2.000	File No. OSC-538 Page 108
	Rigid Restraint	OFD-101A-3.2					0.000	Prob. No. 51-1 sht.4 of 9
Class B								

Total F01.020 Items: 8

**CATEGORY F-A, Supports (Category B)**

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

**Class 2 Weld Connections to Building Structure**

Ocnee 3

**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	DIATHK	CAL BLOCKS	COMMENTS
F01.021.029	3-55-DE002	55 0-2439A	QAL-14	VT-3	NA	6.000		File no OSC-559 Page 60A
	Rigid Restraint	OFD-144A-3.2				0.000		Prob. No. 3-55-02
Class B								System 55
F01.021.033	3-51B-DE014	51B 2436G	QAL-14	VT-3	NA	2.500		File No. OSC-538 Page 110
	Rigid Restraint	OFD-101A-3.2				0.000		Prob. No. 51-1 sht.6 of 9
Class B								
<b>Total F01.021 Items:</b>		<b>2</b>						
F01.022.002	3-01A-H9A	01A 0-2481A	QAL-14	VT-3	CS	26.000		File no. OSC-1334
	Constant Support	OFD-122A-3.1				1.000		Prob. No. 3-01-08
Class B		0-2490A-3(S)						Main Steam System
F01.022.018	3-55-H33	55 1-0-2439A	QAL-14	VT-3	NA	6.000		File No. OSC-559 Page 60A
	Spring Hgr	OFD-144A-3.2				0.000		Prob. No. 3-55-02
Class B								System 55
F01.022.019	3-56-H10	56 0-2478A	QAL-14	VT-3	NA	8.000		File No. OSC-1339
	Hyd Snubber	OFD-104A-3.1				0.000		Page No. 81
Class B								Problem No. 3-56-03
								Spent Fuel Cooling. Inspect with Item No.
								F01.050.004
F01.022.023	3-01A-R7	01A 0-2441	QAL-14	VT-3	CS	36.000		Struc. calc # OSC-1000-01-0018; Prob. # OS
	Hyd Snubber	OFD-122A-3.1				0.000		506/3-01A; Data point 6(627)
Class B								
F01.022.024	3-01A-H18	01A 0-2401B	QAL-14	VT-3	CS	36.000		Struc. calc # OSC-1000-01-0029; Prob. # OS
	Spring Hgr	OFD-122A-3.1				0.000		506/3-01A; Data point 28
Class B								
<b>Total F01.022 Items:</b>		<b>5</b>						

**CATEGORY F-A, Supports (Category B)**DUKE ENERGY CORPORATION  
QUALITY ASSURANCE TECHNICAL SERVICES  
Inservice Inspection Database Management System

Oconee 3

## Inservice Inspection Plan for Interval 3 Outage 3

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01/12/1999**Class 3 Weld/Mech Conns at Inter Joints in  
Multiconn Int & Nonint Supp**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.031.008	3-03A-H6	03A 1-0-2439C	QAL-14	VT-3	NA	6.000		File No. OSC-1224-23
	Rigid Restraint	OFD-121D-3.1				0.375		Page No. 25.3
Class C								Problem No. 3-03A-13
								Aux Service Water Piping
F01.031.013	3-07A-SR7	07A 4-0-2400A	QAL-14	VT-3	NA	24.000		File no. OSC-1211 Page 28
	Rigid Restraint	OFD-121A-3.7				2.000		Prob. No. 3-07-05
Class C								Condensate System
F01.031.020	3-14B-WM-7001	14B 0-2437A	QAL-14	VT-3	NA	6.000		File No. OSC-529
	Rigid Restraint	OFD-121D-1.2				0.125		Page No. 67.1
Class C								Problem No. 3-14B-2
								Aux Service Water Piping
Total F01.031 Items:		3						

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 Assembly of Supp Items**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.040.009	3-EFDW-TD-PU	0M 206A-0001 OFD 121D-3.1	QAL-14	VT-3	NA	0.000 0.000		Emerg. Feedwater Turbine Driven Pump.Pump Support & Pad.Class C
Class C								
F01.040.010	3-EFDW-MD-PU-A	03A 0M 206-0036 OFD 121D-3.1	QAL-14	VT-3	NA	0.000 0.000		Emerg. Feedwater Motor Driven Pump 3A.Pump Support & Pad.Class C
Class C								
F01.040.022	1-GOV-OIL-PUMP-A Rigid Restraint	WL KFD-105A-1.1 KM-200-158	QAL-14	VT-3	NA	0.000 0.000		Governor Oil Pump A Support Keowee Unit 1
Class C								
F01.040.025	3-RCSR-COOLER-3A	51A 0M 201-0086 OFD-101A-3.1	QAL-14	VT-3	NA	0.000 0.000		3A RC Seal Return Cooler Support.Class B
Class B								

**Total F01.040 Items: 4**

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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 C	3-03-SR3 Hyd Snubber	03 0-2401A OFD-121B-3.3	QAL-14	VT-3	NA		24.000 0.406	File no. OSC-512 Page136.1 Prob. No. 3-03-01 Main Feedwater System.
F01.050.002 Class C	3-NPS-03-H28 Hyd Snubber	03A 0-2478 OFD-121D-3.1	QAL-14	VT-3	NA		3.000 0.000	File No.= OSC-1224-18, Page No. 39.2; Problem No.= 3-03A-14; Aux Service Water Piping
F01.050.003 Class A	3-53-H3 Hyd Snubber	53A 0-2478A OFD-102A-3.1	QAL-14	VT-3	NA		12.000 0.280	File No. OSC-1339 Page 82 Problem No. 3-56-03; Spent Fuel Cooling.
F01.050.004 Class B	3-56-H10 Hyd Snubber	56 0-2478A OFD-104A-3.1	QAL-14	VT-3	NA		8.000 0.000	File No. OSC-1339 Page No. 81 Problem No. 3-56-03 Spent Fuel Cooling.
F01.050.005 Class A	3-50-H12 Hyd Snubber	50 0-2479A OFD-100A-3.2	QAL-14	VT-3	NA		2.500 0.000	File No. OSC-1343-06 Vol.A of C Prob.No. 3-53-09 Page 138 Low Pressure Inj. Supply to PZR Spray
F01.050.006 Class A	3-50-H1A Hyd Snubber	50 0-2479A OFD-100A-3.2	QAL-14	VT-3	NA		10.000 0.000	Dwg. No.0-2491B-2A PZR Surge Line.
F01.050.007 Class A	3-50-H2A Hyd Snubber	50 0-2479A OFD-100A-3.2	QAL-14	VT-3	NA		10.000 0.000	Dwg. No.0-2491B-2A PZR Surge Line
F01.050.008 Class A	3-50-H3A Hyd Snubber	50 0-2479A OFD-100A-3.2	QAL-14	VT-3	NA		10.000 0.000	Dwg. No.0-2491B-2A PZR Surge Line

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F01.050.009	3-51A-H2A	51A 0-2479A	QAL-14	VT-3	NA	2.500		File No. OSC-1343
	Hyd Snubber	OFD-101A-3.4				0.154		Vol.B of C
Class A								Prob. No. 3-53-10 Page 59
								H.P.I. East Coolant Loop.
F01.050.010	3-03-H6B	03 0-2480A	QAL-14	VT-3	NA	20.000		File no. OSC-1335 Page 6(2)-71
	Hyd Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03-06
Class B								Main Feedwater System
F01.050.011	3-03-H7A	03 0-2480A	QAL-14	VT-3	NA	24.000		File no. OSC-1335 Page 6(1)-72
	Hyd Snubber	OFD-121B-3.3				0.237		Prob. No. 3-03-07
Class B								Main Feedwater System
F01.050.012	3-50-H10	50 0-2480A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber	OFD-100A-3.2				0.000		Prob.No. 3-53-09 Page 138
Class A								Low Pressure Inj. Supply to PZR Spray
F01.050.013	3-50-H11	50 0-2480A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber	OFD-100A-3.2				0.000		Prob.No. 3-53-09 Page 138
Class A								Low Pressure Inj. Supply to PZR Spray
F01.050.014	3-50-H8	50 0-2480A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber	OFD-100A-3.2				0.000		Prob.No. 3-53-09 Page 138
Class A								Low Pressure Inj. Supply to PZR Spray
F01.050.015	3-50-H9	50 0-2480A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber	OFD-100A-3.2				0.000		Prob.No. 3-53-09 Page 138
Class A								Low Pressure Inj. Supply to PZR Spray
F01.050.016	3-50-H1	50 0-2481A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber	OFD-100A-3.2				0.000		Prob.No. 3-53-09 Page 138
Class A								Low Pressure Inj. Supply to PZR Spray

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.017	3-50-H3	50	0-2481A	QAL-14	VT-3	NA	2.500		File No. OSC-1343-06 Vol.A of C
	Hyd Snubber		OFD-100A-3.2				0.154		Prob.No. 3-53-09 Page 138
Class A									Low Pressure Inj. Supply to PZR Spray
F01.050.018	3-57-H13A	57	0-2481A	QAL-14	VT-3	NA	4.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class A									Dwg # 0-3RB-357001-01
									PZR Relief Valve System.
F01.050.019	3-57-H15	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				1.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System.
F01.050.020	3-57-H16	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System
F01.050.021	3-57-H17	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System
F01.050.022	3-57-H20	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System
F01.050.023	3-57-H21	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System
F01.050.024	3-57-H23	57	0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01
Class C									Dwg # 0-3RB-357001-01
									PZR Relief Valve System

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F01.050.025	3-57-H25	57 0-2481A	QAL-14	VT-3	NA	6.000		File No.OSC-1351-06
	Hyd Snubber	OFD-100A-3.2				0.000		Problem No.3-57-01
Class C								Dwg # 0-3RB-357001-01
								PZR Relief Valve System
F01.050.026	3-57-H7	57 0-2481A	QAL-14	VT-3	NA	8.000		File No.OSC-1351-06
	Hyd Snubber	OFD-100A-3.2				0.000		Problem No.3-57-01
Class C								Dwg # 0-3RB-357001-01
								PZR Relief Valve System
F01.050.027	3-57-H9	57 0-2481A	QAL-14	VT-3	NA	8.000		File No.OSC-1351-06
	Hyd Snubber	OFD-100A-3.2				0.216		Problem No.3-57-01
Class C								Dwg # 0-3RB-357001-01
								PZR Relief Valve System
F01.050.028	3-01A-H2A	01A 0-2481B	QAL-14	VT-3	NA	26.000		File no. OSC-1334
	Hyd Snubber	OFD-122A-3.1				0.322		Prob. No. 3-01-08
Class B		0-2490A-3(S)						Main Steam System
F01.050.029	3-01A-H2B	01A 0-2481B	QAL-14	VT-3	NA	26.000		File no. OSC-1334
	Hyd Snubber	OFD-122A-3.1				0.322		Prob. No. 3-01-07
Class B		0-2490A-2(S)						Main Steam System
F01.050.030	3-01A-H8A	01A 0-2481B	QAL-14	VT-3	NA	26.000		File no. OSC-1334
	Hyd Snubber	OFD-122A-3.1				0.322		Prob. No. 3-01-08
Class B		0-2490A-3(S)						Main Steam System
F01.050.031	3-01A-H8B	01A 0-2481B	QAL-14	VT-3	NA	26.000		File no. OSC-1334
	Hyd Snubber	OFD-122A-3.1				0.322		Prob. No. 3-01-07
Class B		0-2490A-2(S)						Main Steam System
F01.050.032	3-03A-SR103PO	03A 1-0-2400A	QAL-14	VT-3	NA	6.000		File No.= OSC-526, Page No. 41; Problem No.=
	Hyd Snubber	OFD-121D-3.1				0.000		3-03A-09; Emergency Feedwater System
Class C								

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.033	3-03A-SR104PO	03A 1-0-2400A	QAL-14	VT-3	NA	6.000		File No.= OSC-526, Page No. 41; Problem No.= 3-03A-09; Emergency Feedwater System
	Hyd Snubber	OFD-121D-3.1				0.000		
Class C								
F01.050.034	3-03A-SR100PO	03A 1-0-2401A	QAL-14	VT-3	NA	6.000		File No. OS-519 Page No. 55 Problem No. 3-03A-06 Emergency Feedwater System
	Hyd Snubber	OFD-121D-3.1				0.203		
Class C								
F01.050.035	3-03A-SR101PO	03A 1-0-2401A	QAL-14	VT-3	NA	6.000		File no. OSC-513 Page72 Prob. No. 3-03A-02 EmergencyFeedwater System
	Hyd Snubber	OFD-121B-3.3				0.000		
Class C								
F01.050.036	3-03A-SR102PO	03A 1-0-2401A	QAL-14	VT-3	NA	6.000		File no. OSC-513 Page71 Prob. No. 3-03A-02 EmergencyFeedwater System
	Hyd Snubber	OFD-121B-3.3				0.000		
Class C								
F01.050.037	3-56-SR107	56 1-0-2437A	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 92.2; Problem No.= 3-56-02; Spent Fuel Cooling
	Hyd Snubber	OFD-104A-3.1				0.000		
Class C								
F01.050.038	3-56-SR109	56 1-0-2437A	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 92.2; Problem No.= 3-56-02; Spent Fuel Cooling
	Hyd Snubber	OFD-104A-3.1				0.000		
Class C								
F01.050.039	3-56-SR112	56 1-0-2437A	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 92.2; Problem No.= 3-56-02; Spent Fuel Cooling
	Hyd Snubber	OFD-104A-3.1				0.000		
Class C								
F01.050.040	3-56-SR116	56 1-0-2437A	QAL-14	VT-3	NA	8.000		File No OSC-563 Page No. 93.2 Problem No. 3-56-02 Spent Fuel Cooling
	Hyd Snubber	OFD-104A-3.1				0.237		
Class C								

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.041	3-56-SR119	56	1-0-2437A	QAL-14	VT-3	NA	6.000		File No.= OSC-563, Page No. 93.2; Problem No.= 3-56-02; Spent Fuel Cooling
Class C	Hyd Snubber		OFD-104A-3.1				0.000		
F01.050.042	3-51A-SR14	51A	1-0-2444	QAL-14	VT-3	NA	4.000		File No. OSC-542
Class B	Hyd Snubber		OFD-101A-3.3				0.000		Prob. No. 3-51-05 Page 42 H.P.I. Pump Discharge
F01.050.043	3-01A-R10	01A	1-1-0-2401B	QAL-14	VT-3	NA	12.000		File no. 0S-507 Sht 1of2
Class B	Hyd Snubber		OFD-122A-3.2				0.000		Prob. No. 3-01-09 Main Steam ByPass to Condenser
F01.050.044	3-01A-R12	01A	1-1-0-2401B	QAL-14	VT-3	NA	12.000		File no. 0S-507 Sht 1of2
Class B	Hyd Snubber		OFD-122A-3.2				0.280		Prob. No. 3-01-09 Main Steam ByPass to Condenser
F01.050.045	3-01A-R9	01A	1-1-0-2401B	QAL-14	VT-3	NA	12.000		File no. 0S-507 Sht 1of2
Class B	Hyd Snubber		OFD-122A-3.2				0.000		Prob. No. 3-01-09 Main Steam ByPass to Condenser
F01.050.046	3-53B-SR22	53B	2-0-2435B	QAL-14	VT-3	NA	14.000		File NO.= OS-549, Page 78; Problem No.= 3-53-01; L
Class B	Hyd Snubber		OFD-102A-3.1				0.000		P Injection & Decay Heat Removal
F01.050.047	3-54A-SR22	54A	3-0-2435B	QAL-14	VT-3	NA	8.000		File No.= OSC-554, Page No. 47.1; Problem No.= 3-54-01; Reactor Bld Spray
Class B	Hyd Snubber		OFD-103A-3.1				0.000		
F01.050.048	3-54A-SR7	54A	3-0-2435B	QAL-14	VT-3	NA	8.000		File No. OSC-555
Class B	Hyd Snubber		OFD-103A-3.1				1.000		Page No. 42.1 Problem No. 3-54-02

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F01.050.049	3-54A-SR14	54A 3-0-2439A	QAL-14	VT-3	NA	8.000	File No.= OSC-556, Page No. 64.1; Problem
	Hyd Snubber	OFD-103A-3.1				0.000	No.=3-54-03
Class B							
F01.050.050	3-01A-R4	01A 3-803E245-2	QAL-14	VT-3	NA	12.000	File no. OSC-511 Page50
	Hyd Snubber	OFD-122A-3.1				0.000	Prob. No. 3-01-06
Class B							Main Steam System
F01.050.051	3-01A-R8	01A 4-0-2403D	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 1of3
	Hyd Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04
Class C							Main Steam to Emergency F.W. Pump
F01.050.052	3-01A-R12	01A 4-2-0-2403A	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 2of3
	Hyd Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04 Page 68
Class C							Main Steam to Emergency F.W. Pump
F01.050.053	3-01A-R11	01A 4-2-0-2403D	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 2of3
	Hyd Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04 Page 68
Class C							Main Steam to Emergency F.W. Pump
F01.050.054	3-01A-R4	01A 4-2-0-2403D	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 2of3
	Hyd Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04 Page 68
Class C							Main Steam to Emergency F.W. Pump
F01.050.055	3-53B-SR32	53B 5-0-2435B	QAL-14	VT-3	NA	10.000	File No.= OS-550, Page No. 57; Problem No.=
	Hyd Snubber	OFD-102A-3.2				0.000	3-53-03; System 53B
Class B							
F01.050.056	3-53B-SR33	53B 5-0-2435B	QAL-14	VT-3	NA	10.000	File No.= OS-550, Page No. 57; Problem No.=
	Hyd Snubber	OFD-102A-3.2				0.000	3-53-03; System 53B
Class B							

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.057	3-53B-SR38	53B 5-0-2435B	QAL-14	VT-3	NA	10.000		File No. OS-550
Class B	Hyd Snubber	OFD-102A-3.2				0.000		Page No. 56 Problem No. 3-53-03; System 53B
F01.050.058	3-53B-SR39	53B 5-0-2435B	QAL-14	VT-3	NA	10.000		File No.= OS-550, Page No. 58; Problem No.=
Class B	Hyd Snubber	OFD-102A-3.2				0.000		3-53-03; System 53B
F01.050.059	3-13-SR1	13 7-0-2400A	QAL-14	VT-3	NA	12.000		File no. OSC-523 Page 40
Class C	Hyd Snubber	OFD-133A-3.2				0.000		Prob. No. 13-7 Condenser Circulating Water Emerg. Disch.
F01.050.060	3-13-SR3	13 7-0-2400A	QAL-14	VT-3	NA	24.000		File noOSC-523 Page 40
Class C	Hyd Snubber	OFD-133A-3.2				0.000		Prob. No. 13-7 Condenser Circulating Water Emerg. Disch.
F01.050.061	3-13-SR4	13 7-0-2400B	QAL-14	VT-3	NA	30.000		File noOSC-523 Page 40
Class C	Hyd Snubber	OFD-133A-3.2				0.000		Prob. No. 13-7 Condenser Circulating Water Emerg. Disch.
F01.050.062	3-07A-DE027	07A 0-2400A	QAL-14	VT-3	NA	8.000		File No.= OS-522, Page No. 59.1; Problem No.=
Class C	Mech Snubber	OFD-121A-3.8				0.000		3-07-03; System 07A
F01.050.063	3-03-DE001	03 0-2401A	QAL-14	VT-3	NA	24.000		File no. OSC-512 Page136.1
Class C	Mech Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03-01 Main Feedwater System
F01.050.064	3-03-SR1	03 0-2401A	QAL-14	VT-3	NA	24.000		File no. OSC-512 Page136.1
Class C	Mech Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03-01 Main Feedwater System

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.065	3-03-SR10	03 0-2401A	QAL-14	VT-3	NA	24.000		File no. OSC-512 Page136.1
	Mech Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03-01
Class C								Main Feedwater System
F01.050.066	3-03-SR11	03 0-2401A	QAL-14	VT-3	NA	24.000		File no. OSC-512 Page136.1
	Mech Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03-01
Class C								Main Feedwater System
F01.050.067	3-03-SR2	03 0-2401A	QAL-14	VT-3	NA	24.000		File no. OSC-512 Page136.1
	Mech Snubber	OFD-121B-3.3				0.435		Prob. No. 3-03-01
Class C								Main Feedwater System
F01.050.068	3-03A-DE054	03A 0-2401A	QAL-14	VT-3	NA	6.000		File no. OSC-519 Page55
	Mech Snubber	OFD-121B-3.3				0.000		Prob. No. 3-03A-06
Class C								EmergencyFeedwater System
F01.050.069	3-02A-DE016	01A 0-2403A	QAL-14	VT-3	NA	6.000		File no. OSC-510 Sht 2of3
	Mech Snubber	OFD-122A-3.4				0.000		Prob. No. 3-01A-04 Page 68
Class C								Main Steam to Emergency F.W. Pump
F01.050.070	3-03A-DE053	03A 0-2402A	QAL-14	VT-3	NA	6.000		File No.= OS-519, Page No. 55; Problem No.=
	Mech Snubber	OFD-121D-3.1				0.000		3-03A-06; Emergency Feedwater System
Class C								
F01.050.071	3-53B-DE013	53B 0-2435B	QAL-14	VT-3	NA	14.000		File NO. OS-549
	Mech Snubber	OFD-102A-3.1				0.000		Page 78
Class B								Problem No. 3-53-01
								L P Injection & Decay Heat Removal
F01.050.072	3-56-DE005	56 0-2437A	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 93.2; Problem No.=
	Mech Snubber	OFD-104A-3.1				0.000		3-56-02; Spent Fuel Cooling
Class C								

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.050.073	3-56-DE007	56	0-2437A	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 92.2; Problem No.= 3-56-02; Spent Fuel Cooling
Class C	Mech Snubber		OFD-104A-3.1				0.000		
F01.050.074	3-53B-DE008	53B	0-2438B	QAL-14	VT-3	NA	8.000		File No.= OS-551, Page 60.2; Problem No.3-53-04; System 53
Class B	Mech Snubber		OFD-102A-3.1				0.000		
F01.050.075	3-56-DE008	56	0-2438B	QAL-14	VT-3	NA	8.000		File No.= OSC-563, Page No. 94.6; Problem No.= 3-56-02; Spent Fuel Cooling
Class C	Mech Snubber		OFD-104A-3.1				0.000		
F01.050.076	3-03-H6034	03A	0-2480A	QAL-14	VT-3	NA	6.000		File No.= OSC-1224-18, Page No. 38.2; Problem No.= 3-03A-14; Aux Service Water Piping
Class C	Mech Snubber		OFD-121D-3.1				0.000		
F01.050.077	3-03-H6036	03A	0-2480A	QAL-14	VT-3	NA	6.000		File No.= OSC-1224-18, Page No. 38.2; Problem No.= 3-03A-14; Aux Service Water Piping
Class C	Mech Snubber		OFD-121D-3.1				0.000		
F01.050.078	3-03-H6038	03A	0-2480A	QAL-14	VT-3	NA	6.000		File No.= OSC-1224-18, Page No. 40.2; Problem No.= 3-03A-14; Aux Service Water Piping
Class C	Mech Snubber		OFD-121D-3.1				0.000		
F01.050.079	3-03-H6187	03A	0-2480A	QAL-14	VT-3	NA	6.000		File No.= OSC-1224-18, Page No. 40.2; Problem No.= 3-03A-14; Aux Service Water Piping
Class C	Mech Snubber		OFD-121D-3.1				0.000		
F01.050.080	3-57-NWIZ	57	0-2480A	QAL-14	VT-3	NA	12.000		File No.OSC-1351-06
Class C	Mech Snubber		OFD-100A-3.2				0.000		Problem No.3-57-01 Dwg # 0-3RB-357001-01 PZR Relief Valve System

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
F01.050.081	3-50-H7	50 0-2481A	QAL-14	VT-3	NA	2.500	File No. OSC-1343-06 Vol.A of C
	Mech Snubber	OFD-100A-3.2				0.500	Prob.No. 3-53-09 Page 138
Class A							Low Pressure Inj. Supply to PZR Spray
F01.050.082	3-03A-H204	03A 1-0-2400A	QAL-14	VT-3	NA	6.000	File No.= OSC-1209, Page No. 28; Problem No.=
	Mech Snubber	OFD-121D-3.1				0.000	3-03A-12; Emergency Feedwater System
Class C							
F01.050.083	3-03A-SR33	03A 1-0-2401A	QAL-14	VT-3	NA	6.000	File No. OS-519
	Mech Snubber	OFD-121D-3.1				0.000	Page No. 55
Class C							Problem No. 3-03A-06
							Emergency Feedwater System. Inspect with Item No.
							F01.032.010
F01.050.084	3-51A-H308	51A 1-0-2439A	QAL-14	VT-3	NA	4.000	File No. OSC-541
	Mech Snubber	OFD-101A-3.4				0.000	Prob. No. 3-51-04 Page 66
Class B							H.P.I.to Reactor Coolant Loops "A" &"B"
F01.050.085	3-51A-H309	51A 1-0-2439A	QAL-14	VT-3	NA	4.000	File No. OSC-541
	Mech Snubber	OFD-101A-3.4				0.000	Prob. No. 3-51-04 Page 66
Class B							H.P.I.to Reactor Coolant Loops "A" &"B"
F01.050.086	3-51A-H294	51A 1-0-2439C	QAL-14	VT-3	NA	4.000	File No. OSC-542
	Mech Snubber	OFD-101A-3.4				0.000	Prob. No. 3-51-05 Page 44.1
Class B							H.P.I.Crossover to Reactor Coolant Inj. Loops
							"A"&"B"
F01.050.087	3-51A-H304	51A 1-0-2439C	QAL-14	VT-3	NA	4.000	File No. OSC-541
	Mech Snubber	OFD-101A-3.4				0.000	Prob. No. 3-51-04 Page 66
Class B							H.P.I.to Reactor Coolant Loops "A" &"B"
F01.050.088	3-51A-H318	51A 1-0-2444	QAL-14	VT-3	NA	4.000	File No. OSC-541
	Mech Snubber	OFD-101A-3.4				0.000	Prob. No. 3-51-04 Page 67
Class B							H.P.I.Crossover to Reactor Coolant Loops "A" &"B"

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.050.089	3-01A-R13	01A 1-1-0-2401B	QAL-14	VT-3	NA	12.000		File no. 0S-507 Sht 1of2
	Mech Snubber	OFD-122A-3.2				0.000		Prob. No. 3-01-09
Class B								Main Steam ByPass to Condenser
F01.050.090	3-53B-SR46	53B 2-0-2435D	QAL-14	VT-3	NA	6.000		File No. OSC-539
	Mech Snubber	OFD-101A-3.3				0.000		Prob. No. 3-51-2 Page 145
Class B								H.P.I. Pumps 3A,3B,&3C Suction Header
F01.050.091	3-54A-R1000	54A 3-0-2435B	QAL-14	VT-3	NA	8.000		File No.= OSC-555, Page No. 42.1; Problem No.=
	Mech Snubber	OFD-103A-3.1				0.000		3-54-02
Class B								
F01.050.092	3-54A-R1001	54A 3-0-2435B	QAL-14	VT-3	NA	8.000		File No.= OSC-554, Page No. 47.1; Problem No.=
	Mech Snubber	OFD-103A-3.1				0.000		3-54-01; Reactor Bld Spray
Class B								
F01.050.093	3-54A-SR23	54A 3-0-2435B	QAL-14	VT-3	NA	8.000		File No.= OSC-554, Page No. 47.1; Problem No.=
	Mech Snubber	OFD-103A-3.1				0.500		3-54-01; Reactor Bld Spray
Class B								
F01.050.094	3-51B-H62	51B 3-0-2436G	QAL-14	VT-3	NA	4.000		File No. OSC-539
	Mech Snubber	OFD-101A-3.2				1.062		Prob. No. 3-51-2 Page 145
Class B								H.P.I. Pumps 3A,3B,&3C Suction Header
F01.050.095	3-54A-SR12	54A 3-0-2438A	QAL-14	VT-3	NA	8.000		File No.= OSC-556, Page No. 65.1; Problem No.=
	Mech Snubber	OFD-103A-3.1				0.500		3-54-03
Class B								
F01.050.096	3-01A-R10	01A 4-0-2403D	QAL-14	VT-3	NA	6.000		File no. OSC-510 Sht 1of3
	Mech Snubber	OFD-122A-3.4				0.000		Prob. No. 3-01A-04
Class C								Main Steam to Emergency F.W. Pump

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK CAL BLOCKS	COMMENTS	
F01.050.097	3-01A-R6	01A 4-0-2403D	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 1of3	
	Mech Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04	
Class C							Main Steam to Emergency F.W. Pump	
F01.050.098	3-01A-R9	01A 4-0-2403D	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 1of3	
	Mech Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04	
Class C							Main Steam to Emergency F.W. Pump	
F01.050.099	3-01A-R3	01A 4-2-0-2403E	QAL-14	VT-3	NA	6.000	File no. OSC-510 Sht 2of3	
	Mech Snubber	OFD-122A-3.4				0.000	Prob. No. 3-01A-04 Page 68	
Class C							Main Steam to Emergency F.W. Pump	
F01.050.100	3-07A-H70	07A 6-0-2400A	QAL-14	VT-3	NA	20.000	File No.= OSC-1211, Page No. 27; Problem No.=	
	Mech Snubber	OFD-121A-3.8				0.000	3-07-05; System 07A	
Class C								
F01.050.101	3-07A-H71	07A 6-0-2400A	QAL-14	VT-3	NA	20.000	File No.= OSC-1211, Page No. 27; Problem No.=	
	Mech Snubber	OFD-121A-3.8				0.000	3-07-05; System 07A	
Class C								
F01.050.102	3-07A-H72	07A 6-0-2400A	QAL-14	VT-3	NA	24.000	File No.= OSC-1211, Page No. 28; Problem No.=	
	Mech Snubber	OFD-121A-3.8				0.000	3-07-05; System 07A	
Class C								
F01.050.103	3-07A-H74	07A 6-0-2400A	QAL-14	VT-3	NA	20.000	File No.= OSC-1211, Page No. 28; Problem No.=	
	Mech Snubber	OFD-121A-3.8				0.000	3-07-05; System 07A	
Class C								
F01.050.104	3-07A-DE031	07A 6-0-2402A	QAL-14	VT-3	NA	24.000	File no. OSC-521 Page 120	
	Mech Snubber	OFD-121A-3.7				0.000	Prob. No. 3-07A-01	
Class C							Condensate System	

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.105	3-13-DE002	13	7-0-2400B	QAL-14	VT-3	NA	30.000		File No. OSC-523 Page 40
	Mech Snubber		OFD-133A-3.2				0.000		Prob. No. 13-7
Class C									Condenser Circulating Water Emerg. Disch.
F01.050.106	3-53B-SR31	53B	7-0-2436C	QAL-14	VT-3	NA	14.000		File No.= OS-539, Page 143; Problem No.3-51-2;
	Mech Snubber		OFD-102A-3.1				0.000		
Class B									
F01.050.107	3-50-RCPM-3A1-SS1	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-1011-01-0001, Reactor Coolant
	Mech Snubber		OFD-100A-3.1				0.000		Pump Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						
F01.050.108	3-50-RCPM-3A1-SS2	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-1011-01-0001, Reactor Coolant
	Mech Snubber		OFD-100A-3.1				0.000		Pump Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						Inspect with F01.012.008.
F01.050.109	3-50-RCPM-3A1-SS3	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-1011-01-0001, Reactor Coolant
	Mech Snubber		OFD-100A-3.1				0.000		Pump Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						Inspect with F01.012.009.
F01.050.110	3-50-RCPM-3A2-SS1	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-0991, Reactor Coolant Pump
	Mech Snubber		OFD-100A-3.1				0.000		Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						
F01.050.111	3-50-RCPM-3A2-SS2	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-0991, Reactor Coolant Pump
	Mech Snubber		OFD-100A-3.1				0.000		Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						
F01.050.112	3-50-RCPM-3A2-SS3	50	0-1066A	QAL-14	VT-3	NA	6.000		Calclaton No. OSC-1011-01-0002, Reactor Coolant
	Mech Snubber		OFD-100A-3.1				0.000		Pump Motor Snubbers. Reference PIP 0-O96-1575.
Class A			OFD-100A-3.3						Inspect with F01.012.010.

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## Inservice Inspection Plan for Interval 3 Outage 3

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01/12/1999**Reactor Coolant Pump Flywheel**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G01.001.001	3-RCP-3A1	50 OM-201D-038 OFD-100A-3.1	NDE-900	UT	CS	72.000 9.500		Reference Section 7 Paragraph 7.1.1 of the ISI Plan - Volume 1.
Class A					RCP 3A1 Flywheel to			
G01.001.002	3-RCP-3A2	50 OM-201D-038 OFD-100A-3.1	NDE-900	UT	CS	72.000 9.500		Reference Section 7 Paragraph 7.1.1 of the ISI Plan - Volume 1.
Class A					RCP 3A2 Flywheel to			
G01.001.003	3-RCP-3B1	50 OM-201D-038 OFD-100A-3.1	NDE-900	UT	CS	72.000 9.500		Reference Section 7 Paragraph 7.1.1 of the ISI Plan - Volume 1.
Class A					RCP 3B1 Flywheel to			
G01.001.004	3-RCP-3B2	50 OM-201D-038 OFD-100A-3.1	NDE-900	UT	CS	72.000 9.500		Reference Section 7 Paragraph 7.1.1 of the ISI Plan - Volume 1.
Class A					RCP 3B2 Flywheel to			
Total G01.001 Items:		4						
Total G01 Items:		4						

**CATEGORY AUG, Augmented Inspections**

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**High Pressure Injection Nozzle Safe End**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
G02.001.005A	3-PDA1-46	51A ISI-OCN3-011 OFD-100A-3.1 OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 3A1 Make-Up Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.005B	3-PDA2-46	51A ISI-OCN3-012 OFD-100A-3.1 OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 3A2 Make-Up Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.005C	3-PDB1-46	51A ISI-OCN3-013 OFD-100A-3.1 OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 3B1 HPI Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.005D	3-PDB2-46	51A ISI-OCN3-014 OFD-100A-3.1 OM-201-597	NDE-690	UT	CS	3.500 2.500	40410 40350	Reference Section 7 of the ISI Plan, Volume 1. 3B2 HPI Nozzle PC 46. Perform UT on the nozzle inside radius (knuckle area). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.006A	3-PDA1-11	51A ISI-OCN3-011 OFD-100A-3.1 OM-201-597	NDE-610	UT	SS-Inconel	3.500 0.750	40416 Component	Reference Section 7 of the ISI Plan, Volume 1. 3A1 Make-Up Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A					Make Up Nozzle, PC 46 to Safe End, PC 47			
G02.001.006B	3-PDA2-11	51A ISI-OCN3-012 OFD-100A-3.1 OM-201-597	NDE-610	UT	SS-Inconel	3.500 0.750	40416 Component	Reference Section 7 of the ISI Plan, Volume 1. 3A2 Make-Up Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check
Class A					Make Up Nozzle, PC 46 to Safe End, PC 47			

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**High Pressure Injection Nozzle Safe End**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
								with Engineering prior to scheduling the fourth interval.
G02.001.006C	3-PDB1-11	51A ISI-OCN3-013 OFD-100A-3.1 OM-201-597	NDE-610	UT	SS-Inconel	3.500 0.750	40416 Component	Reference Section 7 of the ISI Plan, Volume 1. 3B1 HPI Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A					HPI Nozzle, PC 46 to Safe End, PC 47			
G02.001.006D	3-PDB2-11	51A ISI-OCN3-014 OFD-100A-3.1 OM-201-597	NDE-610	UT	SS-Inconel	3.500 0.750	40416 Component	Reference Section 7 of the ISI Plan, Volume 1. 3B2 HPI Nozzle PC 46 to Safe End PC 47. Perform UT on the nozzle to safe end weld. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A					HPI Nozzle, PC 46 to Safe End, PC 47			
G02.001.007A	3-PDA1-47	51A ISI-OCN3-011 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining Make-Up Nozzle 3A1. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.007B	3-PDA2-47	51A ISI-OCN3-012 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining Make-Up Nozzle 3A2. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
Class A								
G02.001.007C	3-PDB1-47	51A ISI-OCN3-013 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining HPI Nozzle 3B1. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 17, 19 & 21 for the third
Class A								

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**High Pressure Injection Nozzle Safe End**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G02.001.007D  Class A	3-PDB2-47	51A ISI-OCN3-014 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	3.500 0.750	Component	interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.008A  Class A	3RC-211-56	51A 3RC-211 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Safe End PC 47 adjoining HPI Nozzle 3B2. Perform UT on the Safe End base metal (between the nozzle to safe end weld and the safe end to pipe weld). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.008B  Class A	3RC-210-24A	51A 3RC-210 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make-Up Nozzle 3A1. Perform UT on weld 3RC-211-56 and adjoining base metal out to weld 3RC-211-54 (at valve 3HP-127). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.008C  Class A	3RC-212-44A	51A 3RC-212 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make-Up Nozzle 3A2. Perform UT on weld 3RC-210-24A and adjoining base metal out to weld 3RC-210-31 (at valve 3HP-126). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.008C  Class A	3RC-212-44A	51A 3RC-212 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B1. Perform UT on weld 3RC-212-44A and adjoining base metal out to weld 3RC-212-45 (at valve 3HP-153). There is a circumferential weld located between weld 3RC-212-44A and 3RC-212-45. This weld (3RC-212-43C) will be documented as item number G02.001.009B. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.

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**High Pressure Injection Nozzle Safe End**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
								interval.
G02.001.008D Class A	3RC-213-26	51A 3RC-213 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B2. Perform UT on weld 3RC-213-26 and adjoining base metal out to weld 3RC-213-27 (at valve 3HP-152). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.009B Class A	3RC-212-43C	51A 3RC-212 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B1. Perform UT on weld 3RC-212-43C. Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.010A Class A	3RC-211-54	51A 3RC-211 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make Up Nozzle 3A1. Perform UT on weld 3RC-211-54 (at valve 3HP-127). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.010B Class A	3RC-210-31	51A 3RC-210 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. Make Up Nozzle 3A2. Perform UT on weld 3RC-210-31 (at valve 3HP-126). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.010C Class A	3RC-212-45	51A 3RC-212 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B1. Perform UT on weld 3RC-212-45 (at valve 3HP-153). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.

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**High Pressure Injection Nozzle Safe End**

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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
G02.001.010D Class A	3RC-213-27	51A 3RC-213 OFD-100A-3.1 OM-201-597	NDE-960	UT	SS	2.500 0.375	Component	Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B2. Perform UT on weld 3RC-213-27 (at valve 3HP-152). Perform UT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.011A Class A	3A1-THERM SLEEVE	51A ISI OCN3-011 OFD-100A-3.1 OM-201-597	NDE-105	RT	SS	3.500 0.750		Reference Section 7 of the ISI Plan, Volume 1. Make UP Nozzle 3A1. Perform RT between the nozzle to safe end and safe end to pipe weld in the thermal sleeve expansion area as described in procedure NDE-105. Perform RT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.011B Class A	3A2-THERM SLEEVE	51A ISI OCN3-012 OFD-100A-3.1 OM-201-597	NDE-105	RT	SS	3.500 0.750		Reference Section 7 of the ISI Plan, Volume 1. Make UP Nozzle 3A2. Perform RT between the nozzle to safe end and safe end to pipe weld in the thermal sleeve expansion area as described in procedure NDE-105. Perform RT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.011C Class A	3B1-THERM SLEEVE	51A ISI OCN3-013 OFD-100A-3.1 OM-201-597	NDE-105	RT	SS	3.500 0.750		Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B1. Perform RT between the nozzle to safe end and safe end to pipe weld in the thermal sleeve expansion area as described in procedure NDE-105. Perform RT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.
G02.001.011D Class A	3B2-THERM SLEEVE	51A ISI OCN3-014 OFD-100A-3.1 OM-201-597	NDE-105	RT	SS	3.500 0.750		Reference Section 7 of the ISI Plan, Volume 1. HPI Nozzle 3B2. Perform RT between the nozzle to safe end and safe end to pipe weld in the thermal sleeve expansion area as described in procedure NDE-105. Perform RT examination during outages 17, 19 & 21 for the third interval. This schedule cannot be changed. Check with Engineering prior to scheduling the fourth interval.

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
Total G02.001 Items:	25							
Total G02 Items:	25							

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

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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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G09.001.002	3-51A-50-61	51A 3-51A-50	NDE-35	PT	SS	6.000		
	Circumferential	OFD-101A-3.3				0.280		

Class B

Elbow to  
Pipe

G09.001.012	3-53B-38-25	53B 3-53B-38	NDE-35	PT	SS	8.000		
	Circumferential	OFD-102A-3.2				0.250		

Class B Term end

Reducer to  
Flange

G09.001.017	3-53B-LPB-2	53B 3-53B-47	NDE-35	PT	SS	16.000		
	Circumferential	OFD-102A-3.2				0.312		

Class B Term end

Reducer to  
Nozzle LPI Cooler 3B Outlet Noz

G09.001.033	3-56-14-61	56 3-56-14	NDE-35	PT	SS	8.000		
	Circumferential	OFD-104A-3.1				0.250		

Class B

Elbow to  
Valve 3SF-60

<b>Total G09.001 Items:</b>	<b>4</b>
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<b>Total G09 Items:</b>	<b>4</b>
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**Class 1 RTE Mounting Bosses**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G10.001.001	3-PHA-13	50	ISI-OCN3-005	NDE-35	PT	CS-Inconel	9.000	Reference Section 7 Paragraph 7.1.10 of the ISI Plan - Volume1 The diameter of hole that penetrates through the nozzle into the hot leg = .613
Class A	Branch		OFD-100A-3.1				2.875	
	Dissimilar				Nozzle RTE Nozzle to Pipe A Hot Leg X-axis			
G10.001.002	3-PHA-14	50	ISI-OCN3-005	NDE-35	PT	CS-Inconel	9.000	Reference Section 7 Paragraph 7.1.10 of the ISI Plan - Volume1 The diameter of hole that penetrates through the nozzle into the hot leg = .613
Class A	Branch		OFD-100A-3.1				2.875	
	Dissimilar				Nozzle RTE Nozzle to Pipe A Hot Leg Y Z-axis			
G10.001.003	3-PHA-15	50	ISI-OCN3-005	NDE-35	PT	CS-Inconel	9.000	Reference Section 7 Paragraph 7.1.10 of the ISI Plan - Volume1 The diameter of hole that penetrates through the nozzle into the hot leg = .613
Class A	Branch		OFD-100A-3.1				2.875	
	Dissimilar				Nozzle RTE Nozzle to Pipe A Hot Leg Z W-axis			
Total G10.001 Items:		3						
Total G10 Items:		3						

**CATEGORY AUG, Augmented Inspections****DUKE ENERGY CORPORATION  
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**Inservice Inspection Plan for Interval 3 Outage 3****Plan Report  
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Examination**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
G11.001.001	3RCP-3A2	50 OM-1201-1217 OFD-100A-3.1	QAL-13	VT-1	SS	0.000	0.000	Inspect Flg. Joint, Studs and Adj. area Per Req. for Relief ONS-011. Ref. Section 7 Paragraph 7.1.11 of the ISI Plan - Volume 1. RCP 3A2 Main Flange ; Each refueling outage the flange joint and surrounding area will be inspected for any accumulation of boron or stud degradation. See 2nd interval request for relief ONS-010. ( Note: when item# B06.190.002 is inspected then this inspection will not be required.
Class A								
G11.001.002	3RCP-3B1	50 OM-1201-1217 OFD-100A-3.1	QAL-13	VT-1	SS	0.000	0.000	Inspect Flg. Joint, Studs and Adj. area Per Req. for Relief ONS-011. Ref. Section 7 Paragraph 7.1.11 of the ISI Plan - Volume 1. RCP 3B1 Main Flange ; Each refueling outage the flange joint and surrounding area will be inspected for any accumulation of boron or stud degradation. See 2nd interval request for relief ONS-010. ( Note: when item# B06.190.003 is inspected then this inspection will not be required.
Class A								
Total G11.001 Items:		2						
Total G11 Items:		2						

**CATEGORY AUG, Augmented Inspections**

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**Inservice Inspection Database Management System**

**HPI System Upgrade**

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G12.001.003	3-51B-30-28	51B 3-51B-30	NDE-35	PT	SS		3.000	
	Circumferential	OFD-101A-3.2					0.120	
Class B					Pipe to . Valve 3HP-61			
G12.001.008	3-51B-32-52	51B 3-51B-32	NDE-35	PT	SS		2.500	
	Circumferential	OFD-101A-3.2					0.120	
Class B					Tee to Pipe Cap			
G12.001.009	3-51B-32-77	51B 3-51B-32	NDE-35	PT	SS		3.000	
	Circumferential	OFD-101A-3.2					0.120	
Class B					Pipe to Elbow			
G12.001.015	3-51B-57-14	51B 3-51B-57	NDE-35	PT	SS		4.000	
	Circumferential	OFD-101A-3.1					0.120	
Class B					Expansion Joint to Valve 3HP-71			
<b>Total G12.001 Items:</b>		<b>4</b>						
<b>Total G12 Items:</b>		<b>4</b>						

## 5.0 Results Of Inspections Performed During Outage 17

The results of each examination shown in the final ISI Plan (Section 4.0 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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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.031.001	3-SGA-WG172	50	11/06/1998	CLR	---	N	N	
B02.040.002	3-SGA-WG58-2	50	10/27/1998	CLR	---	N	N	
B02.060.002	3-LDCA-OUT-V6	51A	11/03/1998	CLR	---	N	N	
B03.110.001	3-PZR-WP15	50	10/29/1998	CLR	68.39%	N	Y	Request for Relief # 98-01
B03.110.006	3-PZR-WP26-4	50	10/16/1998	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.110.007	3-PZR-WP26-5	50	10/16/1998	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.110.008	3-PZR-WP26-6	50	10/16/1998	CLR	28.77%	N	Y	Request for Relief # 98-03
B03.120.001	3-PZR-WP15	50	10/29/1998	CLR	---	N	N	
B03.120.006	3-PZR-WP26-4	50	10/16/1998	CLR	78.06%	N	Y	Request for Relief # 98-03
B03.120.007	3-PZR-WP26-5	50	10/16/1998	CLR	78.06%	N	Y	Request for Relief # 98-03
B03.120.008	3-PZR-WP26-6	50	10/16/1998	CLR	78.06%	N	Y	Request for Relief # 98-03
B03.130.003	3-SGB-WG50-2	50	11/07/1998	CLR	39.46%	N	Y	Request for Relief # 99-01
B03.130.004	3-SGB-WG50-1	50	11/07/1998	CLR	39.46%	N	Y	Request for Relief # 99-01
B03.140.003	3-SGB-WG50-2	50	11/07/1998	CLR	44.10%	N	Y	Request for Relief # 99-01
B03.140.004	3-SGB-WG50-1	50	11/07/1998	CLR	44.10%	N	Y	Request for Relief # 99-01
B03.150.001	3-LDCA-IN-V2	51A	11/03/1998	REC	36.50%	Y	Y	Request for Relief # 98-01
B03.150.002	3-LDCA-OUT-V5	51A	11/03/1998	REC	36.50%	Y	Y	Request for Relief # 98-01
B03.160.001	3-LDCA-IN-V2	51A	//		---	N	N	Request for Relief # ONS-009
B03.160.002	3-LDCA-OUT-V5	51A	//		---	N	N	Request for Relief # ONS-009
B05.050.001	3-PZR-WP91-1	50	11/06/1998	CLR	---	N	N	
B05.050.002	3-PZR-WP91-2	50	11/06/1998	CLR	---	N	N	
B05.050.003	3-PZR-WP91-3	50	11/06/1998	CLR	---	N	N	
B05.130.009	3-PDA2-2	50	10/20/1998	CLR	---	N	N	UT from elbow side.
B05.130.009A	3-PDA2-2	50	10/20/1998	CLR	---	N	N	UT from safe end side.
B05.130.009B	3-PDA2-2	50	10/20/1998	CLR	---	N	N	
B05.140.006	3-PDA2-11	50	10/19/1998	CLR	---	N	N	
B06.190.003	3RCP-3B1-FLANGE	50	10/29/1998	CLR	---	N	N	
B07.030.006	3SGA-LHIC-BOLTS	50	11/14/1998	CLR	---	N	N	Light boron between locknuts and nut.(2 places) No degradation.
B07.070.014	3-51A-HP126	51A	10/15/1998	CLR	---	N	N	Inspection performed with the bolting in place.
B07.080.001	3-RPV-CRD-BOLTS	50	11/05/1998	CLR	---	N	N	CRD Nos. 24 and 57 bolting.
B07.080.002	3-RPV-CRD-RINGS	50	11/05/1998	CLR	---	N	N	CRD Nos. 24 and 57 nut rings (2 sets).
B09.011.011	3-PIB1-1	50	11/07/1998	CLR	---	N	N	
B09.011.011A	3-PIB1-1	50	11/07/1998	CLR	---	N	N	
B09.011.016	3-PIB2-8	50	10/21/1998	CLR	---	N	N	
B09.011.016A	3-PIB2-8	50	10/21/1998	REC	---	N	N	There were 2 recordable indications. Indication # 1 is a pin hole visible with the eye.

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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B09.011.021	3-PDB1-1	50	10/19/1998	CLR	---	N	N	
B09.011.021A	3-PDB1-1	50	10/19/1998	CLR	---	N	N	
B09.011.033	3-PSL-9	50	10/29/1998	CLR	---	N	N	
B09.011.033A	3-PSL-9	50	10/29/1998	CLR	---	N	N	
B09.011.043	3-53A-15-55	53A	10/28/1998	REC	---	Y	N	Indication # 1-60 is counterbore on the pipe side of the weld. This was verified with a 70 degree shear wave, a bi-model transducer and review of the RT film.
B09.011.043A	3-53A-15-55	53A	10/28/1998	CLR	---	N	N	
B09.011.044	3-53A-15-57	53A	10/28/1998	REC	---	Y	N	Indication # 1-60 is counterbore on the pipe side of the weld. This was verified with a 70 degree shear wave, a bi-model transducer and review of the RT film.
B09.011.044A	3-53A-15-57	53A	10/28/1998	CLR	---	N	N	
B09.021.009	3-PSP-12	50	10/16/1998	CLR	---	N	N	
B09.021.011	3-PSP-15	50	10/16/1998	CLR	91.70%	N	N	Hanger 3-50-2481A-H7 covers weld. Only 8.25" out of 9" inspected for a total of 91.7%.
B09.021.022	3-51A-142-21	51A	10/29/1998	CLR	---	N	N	
B09.021.023	3-51A-142-25	51A	10/29/1998	CLR	---	N	N	
B09.021.032	3RC-212-45	51A	10/19/1998	CLR	---	N	N	
B09.021.033	3RC-212-44A	51A	10/19/1998	CLR	---	N	N	
B09.032.002	3-PIA2-10	50	11/06/1998	CLR	---	N	N	
B09.040.002	3-50-152-15	50	10/17/1998	CLR	---	N	N	
B12.010.003	3RCP-3B1	50	11/24/1998	CLR	---	N	N	Code Case N-481 was invoked for item number B12.010.003. An evaluation of Unit 3 RCP-3B1 was performed by Structural Integrity Associates, INC. in lieu of RT inspection of the pump casing weld. This evaluation was reviewed by the resident ANII at Oconee.
B12.020.003	3RCP-3B1-CASING	50	10/27/1998	CLR	---	N	N	In accordance with Code Case N-481 a VT-1 Visual examination of the external surfaces of the 3B1 RC Pump Casing weld was performed by D. L. Osborne on 10-27-98. This was done in addition to the VT-3 of the casing internal surfaces.
B14.010.009	3RPV-CRD-54WH9	50	10/30/1998	CLR	---	N	N	
B14.010.010	3RPV-CRD-54WH60	50	10/29/1998	CLR	---	N	N	
B14.010.011	3RPV-CRD-54	50	10/29/1998	CLR	---	N	N	
B14.010.012	3RPV-CRD-54W61	50	10/29/1998	CLR	---	N	N	
C01.030.002	3SGB-WG59		11/03/1998	CLR	---	N	N	
C03.010.007	3SGB-WG84-ZW	03	10/21/1998	CLR	---	N	N	
C03.010.008	3SGB-WG84-WZ	03	10/21/1998	CLR	---	N	N	

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C03.020.010	3-01A-H9A	01A	11/20/1998	CLR	---	N	N	
C03.020.045	3SGB-WG87-ZW	03	10/21/1998	CLR	---	N	N	
C03.020.046	3SGB-WG87-WZ	03	10/21/1998	CLR	---	N	N	
C03.020.050	3-01A-R7	01A	11/02/1998	CLR	---	N	N	
C03.020.052	3-01A-H13	01A	11/02/1998	CLR	---	N	N	
C03.020.053	3-01A-H14	01A	11/11/1998	CLR	---	N	N	
C03.020.054	3-01A-H18	01A	11/11/1998	CLR	91.00%	N	N	
C04.030.002	3-HPI-PUMP-3B	51A	09/30/1997	CLR	---	N	N	
C05.011.006	3LP-132-11	53A	10/06/1998	REC	---	Y	N	
C05.011.006A	3LP-132-11	53A	10/06/1998	CLR	---	N	N	
C05.011.007	3LP-132-5	53A	10/06/1998	CLR	---	N	N	
C05.011.007A	3LP-132-5	53A	10/06/1998	CLR	---	N	N	
C05.021.006	3-51A-118-13	51A	10/20/1998	CLR	---	N	N	
C05.021.006A	3-51A-118-13	51A	10/20/1998	CLR	---	N	N	
C05.021.014	3-51A-119-40	51A	10/07/1998	CLR	---	N	N	
C05.021.014A	3-51A-119-40	51A	10/06/1998	CLR	---	N	N	
C05.021.023	3-51A-121-20	51A	10/08/1998	CLR	---	N	N	
C05.021.023A	3-51A-121-20	51A	10/08/1998	CLR	---	N	N	
C05.021.039	3-51A-52-44	51A	10/12/1998	CLR	---	N	N	
C05.021.039A	3-51A-52-44	51A	10/08/1998	CLR	---	N	N	
C05.021.042	3-51A-59-90	51A	10/07/1998	CLR	---	N	N	
C05.021.042A	3-51A-59-90	51A	10/06/1998	CLR	---	N	N	
C05.021.053	3-51A-67-10	51A	11/07/1998	CLR	---	N	N	
C05.021.053A	3-51A-67-10	51A	11/07/1998	CLR	---	N	N	
C05.021.063	3-51A-87-44A	51A	11/09/1998	REC	---	Y	N	Indication # 1-60 is a geometric reflector due to counterbore. Indication 2-60 is beam redirection at the weld grain boundary. This was verified with a 70 degree angle and review of the RT film.
C05.021.063A	3-51A-87-44A	51A	11/09/1998	CLR	---	N	N	
C05.021.073	3-51A-118-8	51A	10/20/1998	CLR	---	N	N	
C05.021.073A	3-51A-118-8	51A	10/20/1998	CLR	---	N	N	
C05.021.083	3-51A-50-48	51A	10/01/1998	CLR	---	N	N	
C05.021.083A	3-51A-50-48	51A	10/01/1998	CLR	---	N	N	
C05.021.088	3HP-312-20	51A	10/07/1998	CLR	---	N	N	
C05.021.088A	3HP-312-20	51A	10/06/1998	CLR	---	N	N	
C05.030.002	3-51A-77-15	51A	09/24/1998	CLR	---	N	N	
C05.041.001	3-53B-52-3	53B	09/23/1998	CLR	---	N	N	

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C05.051.001	3-01A-10-1	01A	11/04/1998	REC	---	Y	N	Indication # 1-60 and indication # 2-60 were both determined to be backing ring. RT film confirms determination.
C05.051.001A	3-01A-10-1	01A	11/04/1998	CLR	---	N	N	
C05.051.002	3-01A-10-19	01A	11/05/1998	REC	---	Y	N	Indication # 1-60 is a geometric reflector due to counterbore. Indication # 2-60 is a geometric reflector from a backing ring. This was verified with a 70 degree angle, bi-model transducer and review of the RT film.
C05.051.002A	3-01A-10-19	01A	11/05/1998	CLR	---	N	N	
C05.051.016	3FWD-74-A	03	10/20/1998	REC	---	Y	N	Indication # 1-60 is an id geometric reflector due to weld root to backing ring configuration. This was verified after plotting and review of the RT film.
C05.051.016A	3FWD-74-A	03	10/17/1998	CLR	---	N	N	
C05.051.024	3-03A-15-8	03A	10/21/1998	CLR	---	N	N	
C05.051.024A	3-03A-15-8	03A	10/21/1998	CLR	---	N	N	
C05.051.029	3-14B-116-42	14B	09/30/1998	CLR	---	N	N	
C05.051.029A	3-14B-116-42	14B	09/30/1998	CLR	---	N	N	
C05.051.037	3LPS-478-40A	14B	09/30/1998	REC	---	Y	N	Indication # 1-60 is a geometric reflector from the corner of a backing ring. This was verified with a 70 degree angle, and a 60 degree and 70 degree angle from the opposite side of the weld. RT film was not available but the weld ticket indicated a backing ring.
C05.051.037A	3LPS-478-40A	14B	09/30/1998	CLR	---	N	N	
C05.081.004	3MS-12B-J	01A	10/28/1998	CLR	---	N	N	
D02.020.001	3-01A-HTT-2300	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.005	3-01A-R5	01A	10/21/1998	CLR	---	N	N	
D02.020.007	3-01A-R13A	01A	10/21/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.037	3-03A-H7	03A	08/19/1998	CLR	---	N	N	
D02.020.042	3-03A-SR166	03A	10/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.044	3-03A-SR179	03A	08/19/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.056	3-03A-H6	03A	08/20/1998	CLR	---	N	N	
D02.020.074	3-03A-SR150	03A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.077	3-03A-SR181	03A	08/19/1998	CLR	---	N	N	

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D02.020.078	3-03A-SR183	03A	08/20/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.084	3-03A-SR46	03A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.085	3-03A-SR5	03A	10/21/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98103480 was written to correct problems.
D02.020.097	3-07A-SR18	07A	07/22/1998	CLR	---	N	N	
D02.020.101	3-07A-SR7	07A	07/22/1998	CLR	---	N	N	
D02.020.140	3-14B-WM-7001	14B	08/13/1998	CLR	---	N	N	
D02.020.145	1-WL-100A-K0005	WL	08/24/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98109247 was written to correct problems.
D02.040.008	3-03A-H157	03A	11/10/1998	CLR	---	N	N	
D02.040.009	3-03A-H165	03A	10/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.012.001	3-50-H1A	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.012.002	3-50-H6	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Indications 1 & 2 will be resolved with minor modification # ONOE-11686.
F01.012.005	3-51A-H2A	51A	10/14/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.012.008	3-50-RCPM-3A1-SS2	50	10/14/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.023	3-53B-H118	53B	08/06/1998	CLR	---	N	N	
F01.020.026	3-53B-H20	53B	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.028	3-53B-H43	53B	08/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.036	3-54A-SR20	54A	08/19/1998	CLR	---	N	N	
F01.020.038	3-55-SR1	55	09/15/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.041	3-01A-H13	01A	10/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.042	3-01A-H14	01A	11/11/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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F01.020.046	3-51B-H14	51B	08/11/1998	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 98103394 was written to correct problems.
F01.021.029	3-55-DE002	55	08/19/1998	CLR	---	N	N	
F01.021.033	3-51B-DE014	51B	10/30/1998	CLR	---	N	N	
F01.022.002	3-01A-H9A	01A	10/14/1998	CLR	---	N	N	
F01.022.018	3-55-H33	55	08/19/1998	CLR	---	N	N	
F01.022.019	3-56-H10	56	10/31/1998	CLR	---	N	N	
F01.022.023	3-01A-R7	01A	10/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.022.024	3-01A-H18	01A	11/11/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.031.008	3-03A-H6	03A	08/20/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98103389 was written to correct problems.
F01.031.013	3-07A-SR7	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.031.020	3-14B-WM-7001	14B	08/13/1998	CLR	---	N	N	
F01.040.009	3-EFDW-TD-PU		07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.040.010	3-EFDW-MD-PU-A	03A	07/22/1998	CLR	---	N	N	
F01.040.022	1-GOV-OIL-PUMP-A	WL	08/24/1998	CLR	---	N	N	
F01.040.025	3-RCSR-COOLER-3A	51A	08/12/1998	CLR	---	N	N	Surface rust on bolting. No degradation noted.
F01.050.001	3-03-SR3	03	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.002	3-NPS-03-H28	03A	10/14/1998	CLR	---	N	N	
F01.050.003	3-53-H3	53A	10/14/1998	CLR	---	N	N	
F01.050.004	3-56-H10	56	10/31/1998	CLR	---	N	N	
F01.050.005	3-50-H12	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98096060 was written to correct problems.
F01.050.006	3-50-H1A	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98052419 and 98014449 were written to correct problems.
F01.050.007	3-50-H2A	50	10/13/1998	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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F01.050.008	3-50-H3A	50	10/25/1998	REC	---	N	N	Order 98052416 was written to correct problems.
F01.050.009	3-51A-H2A	51A	10/14/1998	CLR	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.010	3-03-H6B	03	10/14/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98103388 was written to correct problems.
F01.050.011	3-03-H7A	03	10/13/1998	CLR	---	N	N	
F01.050.012	3-50-H10	50	10/13/1998	CLR	---	N	N	
F01.050.013	3-50-H11	50	10/13/1998	CLR	---	N	N	
F01.050.014	3-50-H8	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.015	3-50-H9	50	10/13/1998	CLR	---	N	N	
F01.050.016	3-50-H1	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.017	3-50-H3	50	10/13/1998	CLR	---	N	N	
F01.050.018	3-57-H13A	57	10/13/1998	CLR	---	N	N	
F01.050.019	3-57-H15	57	10/13/1998	CLR	---	N	N	
F01.050.020	3-57-H16	57	10/13/1998	CLR	---	N	N	
F01.050.021	3-57-H17	57	10/13/1998	CLR	---	N	N	
F01.050.022	3-57-H20	57	10/13/1998	CLR	---	N	N	
F01.050.023	3-57-H21	57	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.024	3-57-H23	57	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.025	3-57-H25	57	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.026	3-57-H7	57	10/13/1998	CLR	---	N	N	
F01.050.027	3-57-H9	57	10/13/1998	CLR	---	N	N	
F01.050.028	3-01A-H2A	01A	10/14/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98052422 was written to correct problems.
F01.050.029	3-01A-H2B	01A	10/14/1998	CLR	---	N	N	
F01.050.030	3-01A-H8A	01A	10/14/1998	CLR	---	N	N	
F01.050.031	3-01A-H8B	01A	10/14/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.032	3-03A-SR103PO	03A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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F01.050.033	3-03A-SR104PO	03A	07/22/1998	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 98052411 was written to correct problems.
F01.050.034	3-03A-SR100PO	03A	07/30/1998	CLR	---	N	N	
F01.050.035	3-03A-SR101PO	03A	07/30/1998	CLR	---	N	N	
F01.050.036	3-03A-SR102PO	03A	07/30/1998	CLR	---	N	N	Piston setting acceptable per sect. 9.2 of spec.
F01.050.037	3-56-SR107	56	08/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.038	3-56-SR109	56	08/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98052425 was written to correct problems.
F01.050.039	3-56-SR112	56	08/13/1998	CLR	---	N	N	
F01.050.040	3-56-SR116	56	08/13/1998	CLR	---	N	N	
F01.050.041	3-56-SR119	56	08/13/1998	CLR	---	N	N	
F01.050.042	3-51A-SR14	51A	10/31/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.043	3-01A-R10	01A	07/29/1998	CLR	---	N	N	
F01.050.044	3-01A-R12	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98052412 was written to correct problems.
F01.050.045	3-01A-R9	01A	07/29/1998	CLR	---	N	N	
F01.050.046	3-53B-SR22	53B	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.047	3-54A-SR22	54A	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98052432 was written to correct problems.
F01.050.048	3-54A-SR7	54A	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.049	3-54A-SR14	54A	08/19/1998	CLR	---	N	N	
F01.050.050	3-01A-R4	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.051	3-01A-R8	01A	07/30/1998	CLR	---	N	N	
F01.050.052	3-01A-R12	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98050358 was written to correct problems.
F01.050.053	3-01A-R11	01A	07/29/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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F01.050.054	3-01A-R4	01A	07/30/1998	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 98103481 was written to correct problems.
F01.050.055	3-53B-SR32	53B	10/31/1998	CLR	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.056	3-53B-SR33	53B	10/31/1998	REC	---	N	N	
F01.050.057	3-53B-SR38	53B	08/06/1998	REC	---	N	N	
F01.050.058	3-53B-SR39	53B	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98052426 was written to correct problems.
F01.050.059	3-13-SR1	13	07/29/1998	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	3-13-SR3	13	07/29/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.061	3-13-SR4	13	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98019185 was written to correct problems.
F01.050.062	3-07A-DE027	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.063	3-03-DE001	03	07/29/1998	CLR	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98103870 was written to correct problems.
F01.050.064	3-03-SR1	03	07/22/1998	REC	---	N	N	
F01.050.065	3-03-SR10	03	07/30/1998	CLR	---	N	N	
F01.050.066	3-03-SR11	03	07/30/1998	CLR	---	N	N	Piston setting acceptable per sect. 9.2 of OS-0027.00-00-0002.
F01.050.067	3-03-SR2	03	07/22/1998	CLR	---	N	N	
F01.050.068	3-03A-DE054	03A	07/30/1998	CLR	---	N	N	
F01.050.069	3-02A-DE016	01A	07/22/1998	CLR	---	N	N	Unit in operation. System was not in operation. Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.070	3-03A-DE053	03A	07/22/1998	REC	---	N	N	
F01.050.071	3-53B-DE013	53B	08/06/1998	CLR	---	N	N	
F01.050.072	3-56-DE005	56	08/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.

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F01.050.073	3-56-DE007	56	08/13/1998	CLR	---	N	N	
F01.050.074	3-53B-DE008	53B	08/19/1998	CLR	---	N	N	
F01.050.075	3-56-DE008	56	10/31/1998	CLR	---	N	N	
F01.050.076	3-03-H6034	03A	10/14/1998	CLR	---	N	N	
F01.050.077	3-03-H6036	03A	10/14/1998	CLR	---	N	N	
F01.050.078	3-03-H6038	03A	10/13/1998	CLR	---	N	N	
F01.050.079	3-03-H6187	03A	10/13/1998	CLR	---	N	N	
F01.050.080	3-57-NWIZ	57	10/13/1998	CLR	---	N	N	
F01.050.081	3-50-H7	50	10/13/1998	CLR	---	N	N	
F01.050.082	3-03A-H204	03A	07/22/1998	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	3-03A-SR33	03A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order 98050369 was written to correct problems.
F01.050.084	3-51A-H308	51A	08/19/1998	CLR	---	N	N	
F01.050.085	3-51A-H309	51A	08/19/1998	CLR	---	N	N	
F01.050.086	3-51A-H294	51A	08/19/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.087	3-51A-H304	51A	08/19/1998	CLR	---	N	N	
F01.050.088	3-51A-H318	51A	10/31/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.089	3-01A-R13	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.090	3-53B-SR46	53B	08/13/1998	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	3-54A-R1000	54A	08/13/1998	CLR	---	N	N	
F01.050.092	3-54A-R1001	54A	08/06/1998	CLR	---	N	N	
F01.050.093	3-54A-SR23	54A	08/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98052427 was written to correct problems.
F01.050.094	3-51B-H62	51B	10/30/1998	CLR	---	N	N	
F01.050.095	3-54A-SR12	54A	08/19/1998	CLR	---	N	N	
F01.050.096	3-01A-R10	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.097	3-01A-R6	01A	07/30/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.098	3-01A-R9	01A	07/30/1998	CLR	---	N	N	

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F01.050.099	3-01A-R3	01A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Piston setting acceptable by Section 9.2 of spec OS-0027.00-00-0002
F01.050.100	3-07A-H70	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.101	3-07A-H71	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.102	3-07A-H72	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.103	3-07A-H74	07A	07/22/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.104	3-07A-DE031	07A	07/22/1998	CLR	---	N	N	
F01.050.105	3-13-DE002	13	07/22/1998	CLR	---	N	N	
F01.050.106	3-53B-SR31	53B	08/06/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.107	3-50-RCPM-3A1-SS1	50	10/14/1998	CLR	---	N	N	
F01.050.108	3-50-RCPM-3A1-SS2	50	10/14/1998	CLR	---	N	N	
F01.050.109	3-50-RCPM-3A1-SS3	50	10/14/1998	CLR	---	N	N	
F01.050.110	3-50-RCPM-3A2-SS1	50	10/25/1998	CLR	---	N	N	
F01.050.111	3-50-RCPM-3A2-SS2	50	10/14/1998	CLR	---	N	N	
F01.050.112	3-50-RCPM-3A2-SS3	50	10/14/1998	CLR	---	N	N	
F01.050.113	3-50-RCPM-3B1-SS1	50	10/13/1998	CLR	---	N	N	
F01.050.114	3-50-RCPM-3B1-SS2	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.115	3-50-RCPM-3B1-SS3	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.116	3-50-RCPM-3B2-SS1	50	10/13/1998	CLR	---	N	N	
F01.050.117	3-50-RCPM-3B2-SS2	50	10/13/1998	CLR	---	N	N	
F01.050.118	3-50-RCPM-3B2-SS3	50	10/13/1998	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
G01.001.001	3-RCP-3A1	50	11/12/1998	CLR	---	N	N	
G01.001.002	3-RCP-3A2	50	11/12/1998	CLR	---	N	N	
G01.001.003	3-RCP-3B1	50	11/19/1998	CLR	---	N	N	
G01.001.004	3-RCP-3B2	50	10/23/1998	CLR	---	N	N	
G02.001.005A	3-PDA1-46	51A	10/25/1998	REC	---	N	N	Sizing was performed on indication # 3 from previous inspection reports. This was an area that showed up as a PT indication on

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G02.001.005B	3-PDA2-46	51A	10/25/1998	CLR	---	N	N	the nozzle bore. There was no change on the thru-wall depth reported on the previous inspection.
G02.001.005C	3-PDB1-46	51A	10/25/1998	CLR	---	N	N	
G02.001.005D	3-PDB2-46	51A	10/25/1998	CLR	---	N	N	
G02.001.006A	3-PDA1-11	51A	10/23/1998	CLR	---	N	N	
G02.001.006B	3-PDA2-11	51A	10/23/1998	CLR	---	N	N	
G02.001.006C	3-PDB1-11	51A	10/23/1998	CLR	---	N	N	
G02.001.006D	3-PDB2-11	51A	10/23/1998	CLR	---	N	N	
G02.001.007A	3-PDA1-47	51A	10/23/1998	CLR	---	N	N	
G02.001.007B	3-PDA2-47	51A	10/23/1998	CLR	---	N	N	
G02.001.007C	3-PDB1-47	51A	10/23/1998	CLR	---	N	N	
G02.001.007D	3-PDB2-47	51A	10/23/1998	CLR	---	N	N	
G02.001.008A	3RC-211-56	51A	10/24/1998	CLR	---	N	N	
G02.001.008B	3RC-210-24A	51A	10/24/1998	CLR	---	N	N	
G02.001.008C	3RC-212-44A	51A	10/23/1998	CLR	---	N	N	
G02.001.008D	3RC-213-26	51A	10/23/1998	CLR	---	N	N	
G02.001.009B	3RC-212-43C	51A	10/23/1998	CLR	---	N	N	
G02.001.010A	3RC-211-54	51A	10/24/1998	CLR	---	N	N	
G02.001.010B	3RC-210-31	51A	10/24/1998	CLR	---	N	N	
G02.001.010C	3RC-212-45	51A	10/23/1998	CLR	---	N	N	
G02.001.010D	3RC-213-27	51A	10/23/1998	CLR	---	N	N	
G02.001.011A	3A1-THERM SLEEVE	51A	10/25/1998	CLR	---	N	N	Film ID with permanent markers. "0" placed at 0 degrees, "1" placed at 90 degrees. 0 interval shot with (2) Fuji 50.
G02.001.011B	3A2-THERM SLEEVE	51A	10/25/1998	CLR	---	N	N	Film ID with permanent markers. "0" placed at 0 degrees, "1" placed at 90 degrees.
G02.001.011C	3B1-THERM SLEEVE	51A	10/24/1998	REC	---	N	N	ID's marked with permanent marker. Top view has 1/4" gap on nozzle side. Side view has 3/4" gap on nozzle side. The # 1 is at 270 degrees on the pipe side. The # 0 is at 0 degrees on the pipe side. PIP# 3-0-98-5073
G02.001.011D	3B2-THERM SLEEVE	51A	10/24/1998	REC	---	N	N	ID's marked with permanent marker. Top view has 9/16" gap on nozzle side. Side view has 1/4" gap on nozzle side. The # 1 is at 90 degrees. The # 0 is at 0 degrees. PIP # 3-0-98-5073
G09.001.002	3-51A-50-61	51A	09/24/1998	CLR	---	N	N	
G09.001.012	3-53B-38-25	53B	10/01/1998	CLR	---	N	N	

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G09.001.017	3-53B-LPB-2	53B	10/01/1998	CLR	---	N	N	
G09.001.033	3-56-14-61	56	09/23/1998	CLR	---	N	N	
G10.001.001	3-PHA-13	50	11/03/1998	CLR	---	N	N	Area next to weld ground out where pipe experienced boric acid attack as per W/O # 98098108.
G10.001.002	3-PHA-14	50	10/31/1998	CLR	---	N	N	
G10.001.003	3-PHA-15	50	10/31/1998	CLR	---	N	N	
G11.001.001	3RCP-3A2	50	10/20/1998	CLR	---	N	N	
G11.001.002	3RCP-3B1	50	10/29/1998	CLR	---	N	N	
G12.001.003	3-51B-30-28	51B	11/02/1998	CLR	---	N	N	
G12.001.008	3-51B-32-52	51B	11/02/1998	CLR	---	N	N	
G12.001.009	3-51B-32-77	51B	11/02/1998	CLR	---	N	N	
G12.001.015	3-51B-57-14	51B	09/24/1998	CLR	---	N	N	

- 5.2 Limited examinations (i.e., less than or equal to 90% of the required examination coverage obtained) identified during Outage 17 are shown below. A copy of the Requests for Relief are contained in Section 9.0 of this report

<u>Item Number</u>	<u>Request for Relief Serial Number</u>
B03.110.001	98-01
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
B03.130.003	99-01
B03.130.004	99-01
B03.140.003	99-01
B03.140.004	99-01
B03.150.001	98-01
B03.150.002	98-01
B03.160.001	ONS-009
B03.160.002	ONS-009

**6.0 Reportable Indications**

Outage 17 had no reportable indications.

## **7.0 Personnel, Equipment and Material Certifications**

All personnel who performed or evaluated the results of inservice inspections from March 15, 1997 to December 19, 1998 at Oconee Nuclear Station, Unit 3, 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 3-O98-5073 was written to document recordable indications identified during RT examination of item numbers G02.001.011C and G02.001.011D. A copy of PIP 3-O98-5073 is located in Section 9 of this report.

PIP 3-O98-5083 was written to document a problem found with weld locations identified on isometric 3RC-211. The problem was identified during the ISI preparation and inspection of a couple of welds that are on isometric 3RC-211. A copy of PIP 3-O98-5083 is located in Section 9 of this report.

## 9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 17 at Oconee 3.

Letter dated February 11, 1999 to inform the NRC of our intent to use Code Case N-481

Code Case N-481

Evaluation of Reactor Coolant Pump 3B1 performed by Structural Integrity Associates, Inc.

Duke Power Company Request for Relief # 99-01

Duke Power Company Request for Relief # 98-01

Duke Power Company Request for Relief # 98-03

Duke Power Company Request for Relief # ONS-009

Duke Power Company Problem Investigation Process Report 3-O98-5073

Duke Power Company Problem Investigation Process Report 3-O98-5083



W. R. McCollum, Jr.  
Vice President

February 11, 1999

U.S. Nuclear Regulatory Commission  
Document Control Desk  
Washington, DC 20555

Subject: Duke Power Company  
Oconee Nuclear Station, Unit 3  
Docket No. 50-287  
Third Ten-Year Inservice Inspection Interval  
Unit 3 EOC 17 Inservice Inspection  
Use of NRC Approved Code Case

This is to inform you that Duke Energy Corporation has elected to apply ASME Code Case N-481 to Reactor Coolant Pump 3B1 during Oconee Unit 3 End of Cycle 17 Refueling Outage, in lieu of inservice inspection requirements of pressure retaining welds of pump casings (Category B-L-1) as delineated in Table IWB-2500-1 of ASME Boiler and Pressure Vessel Code, Section XI.

ASME Code Case N-481 has been listed in Regulatory Guide 1.147, "Inservice Inspection Code Case Acceptability ASME Section XI Division 1" as being approved by the NRC for use in Inservice Inspections.

This code case was previously used during the Unit 2 End of Cycle 16 Refueling Outage, as reported in a letter dated June 1, 1998, and in the Inservice Inspection Report, dated August 19, 1998, for that outage.

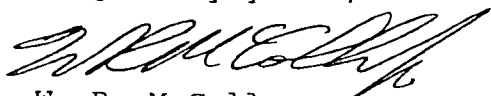
It is our expectation that this code case may be invoked in future outages on any of our Oconee Units. In accordance with the provisions of ASME Code Case N-481, an evaluation to demonstrate the safety and serviceability of the pump casing must be performed whenever this code case is used. The details of such evaluations for future outages will be included in the applicable Refueling Outage Inservice Inspection Report, when it is submitted to the NRC.

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February 11, 1999  
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A report containing the details of the latest inspection and evaluation will be included in the Oconee Unit 3, End of Cycle 17 Refueling Outage, Inservice Inspection Report when it is submitted to the NRC.

If there are any questions or further information is needed you may contact R. P. Todd at (864) 885-3418.

Very truly yours,



W. R. McCollum, Jr.  
Site Vice President

xc:

Mr. D. E. LaBarge, Project Manager  
Office of Nuclear Reactor Regulation  
U. S. Nuclear Regulatory Commission  
Washington, DC 20555

Mr. L. A. Reyes  
Regional Administrator, Region II  
U. S. Nuclear Regulatory Commission

Mr. M. A. Scott  
Senior NRC Resident Inspector  
Oconee Nuclear Station

Virgil R. Autry, Director  
Division of Radioactive Waste Management  
Bureau of Land and Waste Management  
Department of Health & Environmental Control  
2600 Bull Street  
Columbia, SC 29201

U. S. Nuclear Regulatory Commission

February 11, 1999

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bxc:

T. J. Coleman  
R. G. Rouse  
L. C. Keith  
T. D. Brown  
R. P. Todd  
D. E. DeMart  
J. S. Warren  
J. O. Barbour  
R. L. Gill EC12R  
ELL ECO50  
M. B. Chapman  
J. C. Shropshire

CASES OF ASME BOILER AND PRESSURE VESSEL CODE

Approval Date: March 5, 1990

See Numerical Index for expiration  
and any reaffirmation dates.

Case N-481

Alternative Examination Requirements for Cast  
Austenitic Pump Casings  
Section XI, Division 1

*Inquiry:* When conducting examination of cast austenitic pump casings in accordance with Section XI, Division 1, what examinations may be performed in lieu of the volumetric examinations specified in Table IWB-2500-1, Examination Category B-L-1, Item B12.10?

*Reply:* It is the opinion of the Committee that the following requirements shall be met in lieu of performing the volumetric examination specified in Table IWB-2500-1, Examination Category B-L-1, Item B12.10:

(a) Perform a VT-2 visual examination of the exterior of all pumps during the hydrostatic pressure test required by Table IWB-2500-1, Category B-P.

(b) Perform a VT-1 visual examination of the external surfaces of the weld of one pump casing.

(c) Perform a VT-3 visual examination of the internal surfaces whenever a pump is disassembled for maintenance.

(d) Perform an evaluation to demonstrate the safety and serviceability of the pump casing. The evaluation shall include the following:

(1) evaluating material properties, including fracture toughness values;

(2) performing a stress analysis of the pump casing;

(3) reviewing the operating history of the pump;

(4) selecting locations for postulating flaws;

(5) postulating one-quarter thickness reference flaw with a length six times its depth;

(6) establishing the stability of the selected flaw under the governing stress conditions;

(7) considering thermal aging embrittlement and any other processes that may degrade the properties of the pump casing during service.

(e) A report of this evaluation shall be submitted to the regulatory and enforcement authorities having jurisdiction at the plant site for review.

December 1, 1998

Subject: ISI Item Number B12.010.003 and Code Case N-481

In lieu of conducting the volumetric examination specified by Section XI in Table IWB-2500-1, Examination Category B-L-1, Item B12.10, Oconee Nuclear Station choose to invoke Code Case N-481 for 3B1 Reactor Coolant Pump. This letter is to document using the evaluation furnished by Structural Integrity Associates, Inc. as a means to clear Item Number B12.010.003, I.D. Number 3-RCP-3B1, from the Unit #3 EOC 17 refueling outage.

Reviewed by: T. J. Porman Date: 12, 1, 1998

ANII Review: YABC Date: 12-9-98

Report No.: SIR-98-077  
Revision No.: 0  
Project No.: DUKE-20Q  
File No.: DUKE-20Q-402  
November 1998

**ASME Code Case N-481  
Evaluation of Oconee Unit 3  
Reactor Coolant Pump 3B1**

*Prepared for:*  
Duke Energy


*Prepared by:*  
Structural Integrity Associates, Inc.  
San Jose, California

*Prepared by:*   
N. G. Cofie

Date: 11/24/98

*Reviewed by:*   
R. L. Bax

Date: 11/24/98

*Reviewed by:*   
A. J. Giannuzzi

Date: 11/24/98

*Approved by:*   
N. G. Cofie

Date: 11/24/98



**Structural Integrity Associates, Inc.**

## REVISION CONTROL SHEET

Document Number: SIR-98-077

Title: ASME Code Case N-481 Evaluation of Oconee Unit 3 Reactor Coolant Pump 3B1

Client: Duke Energy

SI Project Number: DUKE-20Q

Section	Pages	Revision	Date	Comments
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## **1.0 INTRODUCTION**

### **1.1 Background**

ASME Boiler and Pressure Vessel Code, Section XI requires periodic inservice inspection of various nuclear power plant components. Specifically, inservice inspection requirements of pressure retaining welds of pump casings (Category B-L-1) are delineated in Table IWB-2500-1 of the Code. The requirements call for periodic visual and volumetric examinations of the weldments using radiography or ultrasonic inspection (UT). However, inservice inspection of cast stainless steel pump casings using radiography or UT has proved to be a very difficult challenge in the nuclear industry. In recognition of this difficulty, alternate examination requirements have been provided in Code Case N-481 [1], shown in Appendix A of this document. These alternate requirements consist of visual inspections and an analytical evaluation to demonstrate the safety and serviceability of the pump casings in the presence of an assumed flaw. Duke Energy has opted to use Code Case N-481 in application to the reactor coolant pump (RCP) 3B1 at Oconee Unit 3. This document addresses the analytical aspects of Code Case N-481 as it applies to the RCP 3B1 at Oconee Unit 3.

### **1.2 Description of Reactor Coolant Pump Casing 3B1 at Oconee Unit 3**

The four reactor coolant pumps at Oconee Unit 3, including RCP 3B1, were manufactured by Bingham Pump Company. All four pumps are identical and consists of vertical, single-stage bottom suction, horizontal-discharge centrifugal-diffuser casing units currently classified as Type F in ASME Code Section III, Subarticle NB-3400. As shown in Figure 1-1, the pump casing is a shell with a suction nozzle at the bottom and a bolted flange at the other end. The axis of symmetry of the suction nozzle is aligned with the axis of rotation of the pump shaft. All four pump casings were fabricated from ASTM A351, Grades CF8 and CF8M cast austenitic stainless steel and consisted of several components which were cast separately and welded together. The main components of the pump casing are

- a) lower case half
- b) upper case half



- c) suction piece
- d) quad volute and the lower case half. The upper case half are Grade CF8M while the suction piece and the quad volute are Grade CF8.

### **1.3 Objective and Organization**

The objective of this document is to address the safety and serviceability requirements of ASME Code Case N-481 for RCP 3B1 at Oconee Unit 3 to assure that postulated flaws in the pump casing at critical locations will be stable, considering the operating stresses and material properties of the pump casings. Section 2 of this report discusses previous inspections that have been performed on the pump casing, and the inspection results. Section 3 discusses the background of Code Case N-481, the items covered by the ASME Code Case, and the safety factors used with this Code Case. Section 4 provides the specific evaluation performed using this Code Case. Section 5 presents the conclusions of the evaluation, and Section 6 provides the references used in the evaluation.



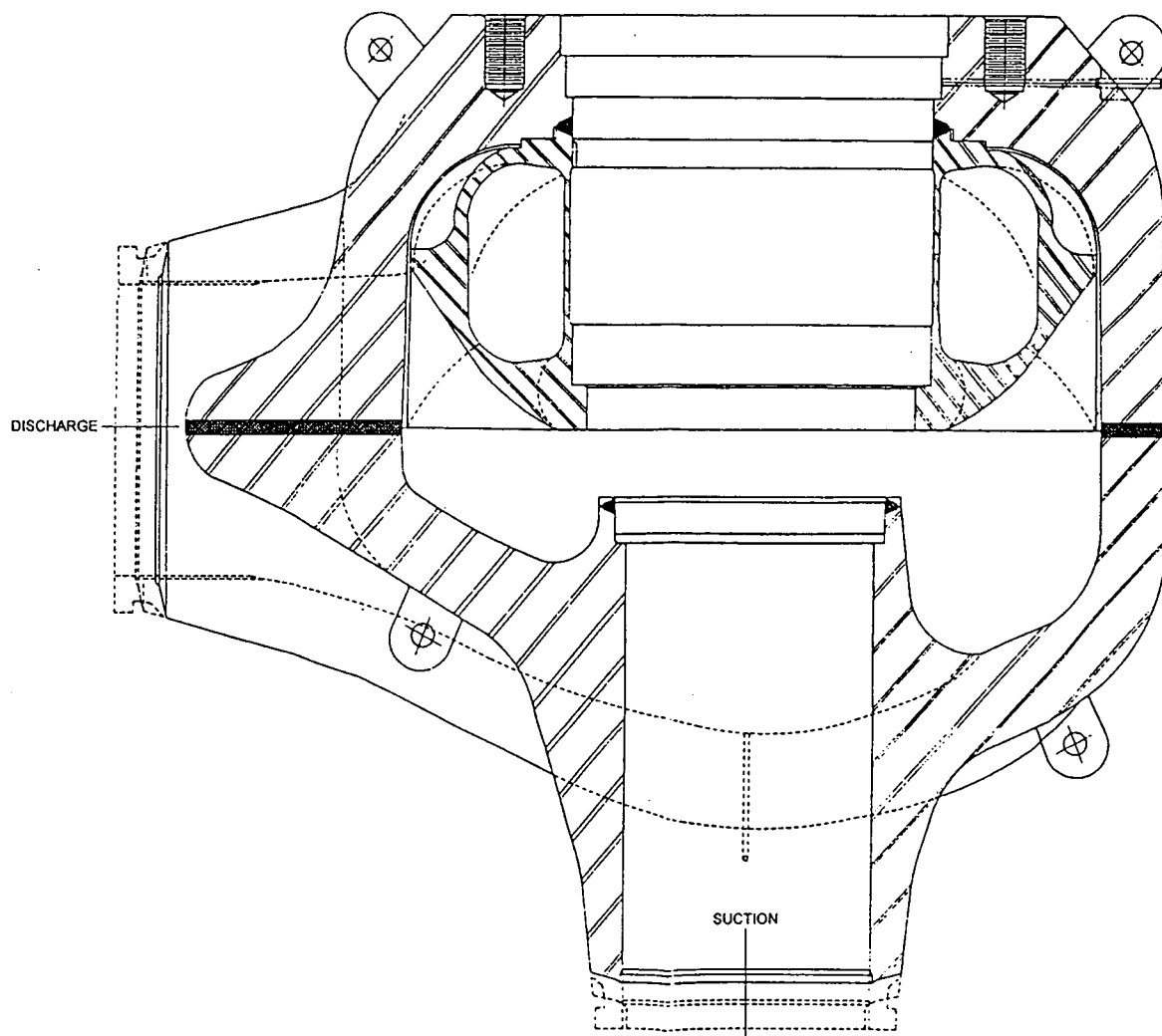


Figure 1-1. Oconee Unit 3 Reactor Coolant Pump Assembly

## 2.0 PREVIOUS INSPECTIONS

Pre-service inspections were performed on RC Pump 3B1 casing after fabrication. All relevant indications identified during the inspections which exceeded the acceptance standards were repaired. The pump casing was solution heat treated after the repairs to ensure that local weld residual stresses resulting from the repairs were minimized.

The casing was for RCP 3B1 inspected during end-of-cycle 9 (EOC-9) at Oconee Unit 3. The inspections were performed using radiographic techniques (RT). In addition, the internal surfaces received a visual examination. No indications were observed during these inspections.



### 3.0 BACKGROUND ON ASME CODE CASE N-481

A review of data collected in EPRI's "Cast Austenitic Stainless Steel Sourcebook" [2] shows that fabrication-related defects, such as slag inclusions and porosity, are not uncommon during the manufacturing process of stainless steel castings. However, whenever such defects are identified by surface or volumetric inspection during fabrication, they are usually excavated and weld repaired. Examinations and repairs during the fabrication process are accomplished with relative ease, since they are performed in a shop environment.

Ultrasonic examination and radiography of pump casings, once in service, are very difficult and time consuming. As noted by the NRR in response to a previous Relief Request, and the subsequent Safety Evaluation [3], the disassembly of a reactor coolant pump for the sole purpose of performing a volumetric examination of the pump casing welds is not practical. There is considerable personnel radiation exposure and significant outage time associated with removal of the pump shaft. Industry operating experience with cast stainless steel pressure components has been good. Furthermore, no detrimental service induced degradation of pump casing welds, detected with various inspection techniques, has been reported.

Because of the difficulties associated with the examination of pump casing welds after being placed in service, ASME Code Case N-481 (shown in Appendix A) addresses alternate examinations and evaluations that may be performed in lieu of the volumetric examinations specified in Table IWB-2500-1 of Section XI, Division 1 of the ASME Code for Examination Category B-L-1. Examination Category B-L-1 relates to pressure retaining welds in pump casings; hence, the application of this code case is limited to the pump casing welds, and the adjacent base metal. The internal diffuser vanes, their attachment welds, and other attachment welds, which are not pressure retaining, are, therefore, excluded from this evaluation.



In addition to performing visual examinations (VT-1, VT-2 and VT-3), the code case outlines a seven-step evaluation procedure to demonstrate the safety and serviceability of the pump casings. Key to this procedure is the demonstration that an assumed quarter-thickness flaw, with length six times its depth, will remain stable, considering the stresses and material properties (base and weld materials) of the pump casings.

The ASME Code Case N-481 evaluation procedure is very similar to that in Appendix G of Sections III and XI of the ASME Code, which provides fracture toughness criteria for protection against failure of reactor pressure vessels, in that a similar postulated flaw is assumed for the analysis in both cases. The Code Case does not provide any guidance on safety factors to be used in the evaluation. Therefore, for the evaluation presented herein, safety factors consistent with Appendix G for similar evaluations of pressure vessels have been used.

Although Code Case N-481 does not require that a fatigue crack growth evaluation be performed, and such analyses are not part of an Appendix G evaluation of the stability of a quarter-thickness deep flaw, calculations are done in this study to demonstrate that a small initial assumed flaw will not reach the quarter-thickness flaw during plant life.



## 4.0 ASME CODE CASE N-481 EVALUATION

In this section, the seven items listed in the Code Case are addressed in relation to Oconee Unit 3 in order to demonstrate the safety and serviceability of the pump casing 3B1.

### 4.1 Evaluation of Material Properties, Including Fracture Toughness

The pump casing material conforms to ASTM A351, Grades CF8 and CF8M, which is an austenitic stainless steel casting specification. A review of the fabrication records [18] indicates that during the fabrication process, the pump casing welds were made using either the shielded metal arc welding (SMAW) or submerged arc welding (SAW) process. The records also show that several weld repairs were performed during fabrication. After welding, the casings were solution heat treated at 1900-2050°F for ten hours, followed by rapid cooling (agitated quenching in water to a temperature at or below 700°F within five minutes).

The most important material property pertinent to this evaluation is the fracture toughness. The fracture toughness of the base material and the weld metal are addressed separately since they are affected by different mechanisms.

#### 4.1.1 *Fracture Toughness of ASTM A351, Grades CF8 and CF8M*

The fracture toughness of cast austenitic stainless steels has been the subject of significant research in the U.S. and elsewhere in recent years. Three grades of cast austenitic stainless steel frequently used in nuclear power plant applications (CF3, CF8 and CF8M) have all been studied extensively to determine the kinetics and material parameters that control the toughness of these materials. The major conclusion drawn from most of the work done on these castings is that unaged cast austenitic stainless steels have relatively high toughness values. However, during service at LWR operating temperatures, they become embrittled with time, which results in a loss of toughness as shown in Figure 4-1.

The microstructure of stainless steel castings is significantly different from that of wrought products. Wrought products consist of a single phase, austenite ( $\gamma$ ), as shown in Figure 4-2.



Castings, on the other hand, exhibit a two-phase, or "duplex," microstructure of austenite ( $\gamma$ ) and delta ferrite ( $\delta$ ), as shown in Figure 4-3. The ferrite phase in the duplex structure in these castings increases the tensile strength, improves the weldability and soundness of the casting, and increases the resistance to stress corrosion cracking. However, various carbide phases, intermetallic compounds such as sigma and chi phases, and a chromium rich bcc phase ( $\alpha'$ ) can precipitate in the ferrite phase during service and lead to substantial degradation in toughness properties. Research performed at the Argonne National Laboratory (ANL) and elsewhere [4 through 15] has shown that thermal embrittlement of cast stainless steel components will occur during the reactor design lifetime of 40 years.

As a result of such thermal aging embrittlement, the Charpy transition curve shifts to higher temperatures as shown in Figure 4-4. For cast stainless steel of all grades, the extent of thermal embrittlement increases with an increase in ferrite content. The low-carbon CF3 grades are the most resistant and the molybdenum-bearing high carbon CF8M grades are the least resistant to thermal embrittlement.

The embrittlement of cast stainless steels results in brittle fracture associated with either the cleavage of the ferrite or separation of the ferrite/austenite phase boundaries. The degree of embrittlement is controlled by the amount of delta ferrite and the extent of ferrite/austenite phase boundaries. Brittle failure occurs either when the ferrite phase is continuous, as is the case with high-ferrite cast material, or when the ferrite/austenite phase boundaries provide an easy path for crack propagation. Hence, the amount, size and distribution of the ferrite phase in the duplex microstructure and the presence of phase boundary carbides are important parameters in controlling the extent of thermal embrittlement.

The kinetics of thermal embrittlement have been explained in detail by Chopra, et al, [4 through 8]. The kinetics are controlled by several mechanisms that depend on material parameters and aging temperatures. During long term exposure at elevated temperature, additional phases are



precipitated in the ferrite matrix. These include the formation of a chromium (Cr) - rich  $\alpha'$  phase by spinodal decomposition; nucleation and growth of  $\alpha'$ ; precipitation of nickel (Ni) - and silicon (Si) -rich G phase,  $M_{23}C_6$  carbide and  $\gamma_2$  (austenite); and additional precipitation and/or growth of existing carbides at the ferrite/austenite phase boundaries.

The chemical composition of the casting and the ferrite morphology are important parameters that influence embrittlement. A procedure and correlations for predicting the fracture toughness of aged, cast stainless steels from known material information is provided by Chopra [16]. The methodology for determining the fracture toughness of cast stainless steels, considering embrittlement, is summarized in the flow chart of Figure 4-5 (from Reference 16). The approach consists of determining the ferrite content of the cast stainless steel from known chemical composition as stated on CMTRs. From the ferrite content, the minimum impact energy is calculated, and the material resistance J-R curve is determined. An estimate of the fracture toughness,  $J_{Ic}$ , is then obtained from the J-R curve.

The only information required in these correlations is the chemical composition from the certified material test report (CMTR). A correlation for the extent of thermal embrittlement at "saturation" (the minimum impact energy that would be achieved for the material after long term aging at a given operating temperature) is given in terms of the chemical composition. The extent of thermal embrittlement as a function of time and temperature of reactor service is then estimated from the extent of embrittlement at saturation and from the correlations describing the kinetics of embrittlement, which are also given in terms of the chemical composition. In this evaluation, the fracture toughness associated with the minimum impact energy assuming aging at LWR operating temperature (524 - 608°F) will be conservatively used.

Using the methodology of Reference 16, the chromium equivalent ( $Cr_{eq}$ ) and nickel equivalent ( $Ni_{eq}$ ) are determined from the chemical composition, based on Hull's equivalent factors [17]:

$$Cr_{eq} = (Cr) + 1.21 (Mo) + 0.48 (Si) - 4.99 \quad (4-1)$$

$$Ni_{eq} = (Ni) + 0.11 (Mn) - 0.0086 (Mn)^2 + 18.4 (N) + 24.5 (C) + 2.77 \quad (4-2)$$



where the chemical composition is in wt%. Per Reference 16, the value of N is assumed to be 0.04 if it is not available on the CMTR.

The ferrite content ( $\delta_c$ ) is then estimated from the relationship:

$$\delta_c = 100.3 (Cr_{eq}/Ni_{eq})^2 - 170.72 (Cr_{eq}/Ni_{eq}) + 74.22 \quad (4-3)$$

For CF8M cast stainless steel, the saturation (minimum) impact energy ( $Cv_{sat}$ ) considering thermal embrittlement can be determined by two methods:

In the first method, the material parameter  $\Phi$  is calculated from which  $Cv_{sat}$  is determined as follows:

$$\Phi = \delta_c (Ni + Si + Mn)^2 (C + 0.4N) / 5. \quad (4-4)$$

The saturation value of RT impact energy,  $Cv_{sat}$ , for steels with < 10% Ni is given by

$$\text{Log}_{10} Cv_{sat} = 1.10 + 2.12 \exp(-0.041 \Phi). \quad (4-5)$$

And for steels with >10% Ni by

$$\text{Log}_{10} Cv_{sat} = 1.10 + 2.64 \exp(-0.064 \Phi). \quad (4-6)$$

In the second method,  $Cv_{sat}$  is estimated directly from the chemical compositions of the steel and is given by:

$$\begin{aligned} \text{Log}_{10} Cv_{sat} = & 7.28 - 0.011 (\delta_c) - 0.185 (Cr) - 0.369 (Mo) - 0.451 (Si) \\ & - 0.007 (Ni) - 4.71 (C + 0.4N) \end{aligned} \quad (4-7)$$



The saturation impact energy is determined using both methods given in Equations 4-5/4-6 and 4-7 and the lower value is used for estimating the fracture toughness.

The material resistance J-R curve can be estimated from  $C_{v_{sat}}$  using a power law relationship:

$$J_d = C [C_{v_{sat}}]^m [\Delta a]^n \quad (4-8)$$

where:  $J_d$  is the deformation J-Integral (kJ/m<sup>2</sup>) per ASTM Specification E813-85  
 $\Delta a$  is the crack extension (mm)  
 $C$  is a constant  
 $m, n$  are power law exponents

The saturation fracture toughness J-R curve at room temperature for static-cast CF8M stainless steel is given by [16]:

$$J_d = 16 [C_{v_{sat}}]^{0.67} [\Delta a]^n \quad (4-9)$$

In English units, the J-R curve (units of  $J$  in in-kips/in<sup>2</sup> and  $\Delta a$  in inches) is given by:

$$J_d = 91 [25.4]^n [C_{v_{sat}}]^{0.67} [\Delta a]^n \quad (4-10)$$

The value of  $n$  at room temperature is given by:

$$n = 0.25 + 0.077 \log_{10} C_{v_{sat}} \quad (4-11)$$

Corresponding equations for the J-R curve at temperatures between 290°C and 320°C (554°F and 608°F) are given by:

$$J_d = 49 [C_{v_{sat}}]^{0.41} [\Delta a]^n \text{ (SI units)} \quad (4-12)$$



$$J_d = 280[25.4]^n [Cv_{sat}]^{0.41} [\Delta a]^n \text{ (English units)} \quad (4-13)$$

$$n = 0.23 + 0.057 \log_{10} Cv_{sat} \quad (4-14)$$

The corresponding equations for CF8 cast stainless steel is given by

$$\Phi = \delta_c (Cr + Si)(C + 0.4N). \quad (4-4a)$$

$$\log_{10} Cv_{sat} = 1.15 + 1.36 \exp(-0.035 \Phi). \quad (4-5a)$$

$$\log_{10} Cv_{sat} = 1.15 + 1.36 \exp(-0.035 \Phi). \quad (4-6a)$$

$$\begin{aligned} \log_{10} Cv_{sat} = & 5.64 - 0.006 (\delta_c) - 0.185 (Cr) + 0.273 (Mo) - 0.204 (Si) \\ & + 0.044 (Ni) - 2.12 (C + 0.4N) \end{aligned} \quad (4-7a)$$

$$J_d = C [Cv_{sat}]^m [\Delta a]^n \quad (4-8a)$$

$$J_d = 49[Cv_{sat}]^{0.52} [\Delta a]^n \quad (4-9a)$$

$$J_d = 280[25.4]^n [Cv_{sat}]^{0.52} [\Delta a]^n \quad (4-10a)$$

$$n = 0.22 + 0.139 \log_{10} Cv_{sat} \quad (4-11a)$$

$$J_d = 102[Cv_{sat}]^{0.28} [\Delta a]^n \text{ (SI units)} \quad (4-12a)$$

$$J_d = 582[25.4]^n [Cv_{sat}]^{0.28} [\Delta a]^n \text{ (English units)} \quad (4-13a)$$

Equations for 4-13 and 4-13a the J-R curve can be expressed in simple terms as:



$$J_d = C [\Delta a]^n \quad (4-15)$$

The calculation of all the above parameters, including C and n for the RCP casing 3B1 at Oconee Unit 3, are shown in Tables 4-1. The calculation was performed using information contained in the certified material test reports (CMTRs) for the various components of the pump casing [18].

The above correlations (Equations 4-1 through 4-15) account for degradation of toughness due to thermal aging, but do not explicitly consider the initial fracture properties of the original unaged material. Fracture toughness data in Reference 16 indicate that the J-R curve for some heats of unaged cast stainless steel may be lower than those for wrought stainless steel. To take into account the possibility of a relatively low initial unaged toughness, the methodology outlined in Figure 4-5 requires that the saturation J-R curves be compared to the lower bound J-R curve for the unaged cast stainless steel. The lower of the two curves is then used. For static cast stainless steel, the lower bound unaged J-R curve is given by:

$$J_d = 400 [\Delta a]^{0.40} \text{ (SI units)} \quad (4-16)$$

$$J_d = 8330 [\Delta a]^{0.40} \text{ (English units)} \quad (4-17)$$

The value of the fracture toughness,  $J_{Ic}$ , can be estimated from the J-R curve using the method outlined in ASTM Specification E813-85 [18]. This ASTM methodology is illustrated in Figure 4-6. In this figure, the line emanating from the origin, or the blunting line, is given by  $J = 2\sigma_f \Delta a$ , where  $\sigma_f$  is the flow stress (the average of the 0.2% offset yield strength and the ultimate tensile strength). Two exclusion lines are constructed parallel to the blunting line but offset by 0.15mm (0.006 in.) and 1.5 mm (0.06 in.). In the ASTM method where the J-R curve is determined by test, a straight line is fit to the test data between the 0.15mm and 1.5mm exclusion lines. This line is extrapolated back to the blunting line and the intersection is termed  $J_Q$ .  $J_{Ic}$  equals  $J_Q$  if various validity criteria are satisfied. In this study, where the J-R curve is established based on material properties and not on test data, a modified form of the ASTM E813 method

suggested by Hiser [9] for thermally-aged cast stainless steels is used. In this modified procedure,  $J_{Ic}$  is defined as the intersection of the power law J-R curve with the 0.15mm exclusion line. Comparison of this methodology with the ASTM E813 methodology in [9] for aged cast stainless steels has shown that both methods yield nearly identical  $J_{Ic}$  values.

Determination of  $J_{Ic}$  values for Pump 3B1 is shown in Figures 4-7. In constructing the blunting lines in Figures 4-7, the values of the yield and ultimate tensile strengths are required in order to determine the flow stress. The yield and ultimate tensile strength values are provided at room temperature in the CMTRs and shown in Tables 4-1. The yield and ultimate tensile strength values at 550°F were estimated by ratioing the room temperature CMTR values to the same ratio found in the ASME Code [20] for the decrease in strength between room temperature and operating temperature taken approximately at 550°F. Furthermore, it has been shown that thermal aging leads to an increase in yield and ultimate tensile strength, and a slight decrease in ductility [16], which results in an increased flow stress. For CF8M cast stainless steels, this increase in flow stress at room temperature and 550°F is 19% and 24%, respectively, as shown in Figures 4-8 and 4-9. The corresponding increase in flow stress for CF8 are 16% and 14%, respectively, as shown in Figures 4-8 and 4-9. To accurately determine the blunting line for  $J_{Ic}$  determination, the flow stress values were, therefore, increased accordingly.

The lower bound value of  $K_{Ic}$  used for linear elastic fracture mechanics analysis is determined from  $J_{Ic}$  using the relationship:

$$K_{Ic} = \sqrt{\frac{E J_{Ic}}{(1 - \nu^2)}} \quad (4-18)$$

where  $E$  is the elastic modulus (equals  $25.5 \times 10^6$  psi [20]), and  $\nu$  is Poisson's ratio (equals 0.3).

A summary of the results presented in Table 4-1 shows that for the cast stainless steel pump casing 3B1 at Oconee Unit 3, the range of  $J_{Ic}$  (including long-term aging effects (embrittlement)) is 1592.7 – 1043.4 in-lb/in<sup>2</sup>. This minimum value of 1043.4 in-lb/in<sup>2</sup> translates into a  $K_{Ic}$  value of 171.0 ksi  $\sqrt{\text{in}}$  at operating conditions.

#### **4.1.2 Fracture Toughness of Pump Casing Weldments**

As indicated earlier, the fabrication records indicate that the pump casing weldments were made using flux welding, either by submerged arc welding (SAW) or shielded metal arc welding (SMAW). Extensive work done in References 21 and 22 on the toughness of austenitic stainless steel weldments has shown that the toughness for SAW and SMAW weldments in the unaged condition is lower than for the base material. On the other hand, tungsten inert gas (TIG or GTAW) weldments have toughness more typical of the base metal. The lower toughness of SAW and SMAW weldments is due to nonmetallic inclusions in the weld metal that result from the flux welding process. Because of the low initial values, the fracture toughness of SMAW and SAW weld metals are only slightly affected by long-term aging. Limited data from Reference 21 suggests that  $J_{Ic}$  values of 1168 and 973 in-lb/in<sup>2</sup> may be used for SMAW and SAW weldment fracture assessments, respectively, in the as-welded condition. Corresponding values for solution-annealed weldments are 963 and 1260 in-lb/in<sup>2</sup>. Values of 990 and 650 in-lb/in<sup>2</sup> are suggested in Reference 23 for SMAW and SAW, respectively, based on the work done in Reference 22.

The methodology used to determine the lower bound fracture toughness for the base metal was also employed for the weld metal and the results presented in Table 4-2. As can be seen from this table, the saturation fracture toughness values for the weld metals is in the range of values discussed above. The minimum fracture toughness of the welds considering embrittlement is 140.7 ksi  $\sqrt{\text{in}}$ . This value is conservatively used in this evaluation.



## 4.2 Stresses and Stress Evaluation

In performing the evaluations, the possibility of using previous stress analyses in the existing Stress Report [24,25] for the pump casing was explored. It was observed that detailed through-wall stress information was not available to perform flow evaluation of critical locations for all load cases. As such, an axisymmetric finite element model was developed for the purpose of determining the operating stresses in the pump casing.

The finite element model of the pump casing was developed using the ANSYS computer software [26]. The dimensions used for the model obtained from Reference 27 are shown in Figure 4-10. The finite element model is shown in Figure 4-11. It was generated using isoparametric finite elements for the casing. Three stress cases were run using this model to determine the stress response.

### 4.2.1 Pressure

A pressure of 2500 psig was applied to the inside surface of the model. This pressure corresponds to the design pressure but the stresses due to operating pressure can be determined by ratio of the pressures. The resulting stress intensity distribution for the design pressure case is shown in Figure 4-12. Summary of the axial and hoop pressure stresses for the six critical paths of the model are presented in Table 4-3.

### 4.2.2 Heatup Thermal Transient

The definition of the heatup transient for Oconee Unit 3 is taken from the Technical Specification Heatup Limitation [28]. The transient involves ramping the inside temperature from 70°F to 280°F in 4.2 hours followed by ramping the temperature to 555°F for the next 2.75 hours for a total duration of 6.95 hours. In the thermal analysis, the outside surface was initially kept at 70°F. A film coefficient of 1000 Btu/hr-ft<sup>2</sup>-°F was used on the inside surface consistent with the reactor coolant flow inside the pump. The outside surface was assumed to be insulated and therefore a conservative heat transfer coefficient of 1 Btu/hr-ft<sup>2</sup>-°F was used. The temperature distribution at the most critical time during heatup is shown in Figure 4-13. The



resulting temperature distribution was used to perform a stress analysis. The stress intensity plots at the most critical time is shown in Figure 4-14. Hoop and axial stresses for the six critical paths of the model are shown in Table 4-3.

#### **4.2.3 *Cooldown Thermal Transient***

For the cooldown transient, the definition provided in Reference 29 was used. It involves multiple ramps of RCS temperature from 557°F to 70°F consistent with an initial average cooldown rate of 60°F/hr., and pressurizer pressure from 2185 psi to 0 psi in 10 hours. Figure 4-15 shows the temperature distribution at the most critical time (9692 seconds into the transient). The resulting stress distribution is shown in Figure 4-16. Summary of the hoop and axial stresses for the cooldown transient are presented in Table 4-3.

### **4.3 Review of Operating History of the Pumps**

Oconee Unit 3 has been in commercial operation since July 19, 1974. The plant has undergone no more than eighty-two (82) heatups/cooldowns as of this date. At this point in time, these numbers are well below the expected number of heatup/cooldown cycles, based upon the design number of heatup/cooldown cycles (360 for a 40-year plant life). The normal operating pressure and temperature for the RCPs are 2185 psig and 550°F, respectively [29]. For this evaluation, a conservative operating pressure of 2250 psig is used.

### **4.4 Selection of Locations for Postulating Flaws**

The following selection criteria was used for the determination of locations for postulating flaws:

- Areas of low fracture toughness
- Highly stressed locations
- Areas of geometric discontinuity
- Locations where flaws have been identified in previous inspections.



Since the lower bound fracture toughness is used in the evaluation and no flaws have been found in previous inspections, the most highly stressed locations (which correspond to areas of geometric discontinuities) were chosen as the location for potential flaws. Six highly stressed locations shown in Figure 4-11 are used in the evaluation.

#### 4.5 Postulated Flaw

As required by the Code Case, the postulated flaw is a quarter-thickness semi-elliptical flaw with length six times the depth. The thickness of the pump casing at the six critical locations and the associated flaw sizes are shown in Table 4-4.

#### 4.6 Determination of Stability of Postulated Flaw

To determine the stability of the postulated flaw, fracture mechanics evaluations are performed at the critical weld location to address the following:

- 1) Determination of applied stress intensity factors
- 2) Allowable stress intensity factor
- 3) Fatigue crack growth
- 4) Stress corrosion crack growth.

##### 4.6.1 Determination of Applied Stress Intensity Factors

Even though austenitic stainless steels have been shown to be relatively ductile materials, linear elastic fracture mechanics (LEFM) techniques were conservatively used in lieu of elastic-plastic fracture mechanics (EPFM) techniques.

The stress intensity factors ( $K_I$ ) associated with the applied stresses were conservatively determined using the flat plate model of ASME Code, Section XI, Appendix A [30]. The expression for  $K_I$  is given by:

$$K_I = \sigma_m M_m \sqrt{\pi \sqrt{a/Q}} + \sigma_b M_b \sqrt{\pi \sqrt{a/Q}}$$

where:

$\sigma_m, \sigma_b$	=	membrane and bending stresses, respectively
$a$	=	minor half-diameter of embedded flaw; flaw depth for surface flaw
$Q$	=	flaw shape parameter
$M_m$	=	correction factor for membrane stress
$M_b$	=	correction factor for bending stress

The above model is contained in the library of Structural Integrity Associates' computer software **pc-CRACK** [31]. This software was, therefore, used to determine the stress intensity factors at the various locations, using the stress information contained in Table 4-3.

#### 4.6.2 Allowable Stress Intensity Factor

Stress intensity factors, for comparison to an allowable value, were calculated consistent with the safety factors provided in Appendix G of Section XI of the ASME Code. Paragraph G-2222 requires a safety factor of 2.0 on primary stresses and a safety factor of 1.0 on secondary stresses for Service Levels A and B.

The evaluation is performed for normal operating and upset conditions (Service Levels A and B) since no specific requirements are required for emergency and faulted conditions (Levels C and D) in Appendix G of ASME Section XI. The terms whose sum must be less than the allowable reference stress intensity factor ( $K_{IR}$ ) for Service Levels A and B are:

- 1)  $2K_{Im}$  for primary membrane stress
- 2)  $2K_{Ib}$  for primary bending stress
- 3)  $K_{Im}$  for secondary membrane stress
- 4)  $K_{Ib}$  for secondary bending stress.

Table 4-5 presents the stress intensity factors with the appropriate safety factors at the critical location for normal/upset conditions, and their comparison to the allowable  $K_{IR}$  value of  $140.6 \text{ ksi} \sqrt{\text{in}}$ . In this evaluation, the conservative operating pressure of 2250 psig was used. The stress intensity factors associated with this pressure were conservatively added to either the heatup or cooldown transient stress intensity factors to determine the final value to compare with the



allowables. The analysis was performed using the postulated quarter-thickness flaw depth, assuming the flaw is either in the axial or hoop directions. It can be seen from Table 4-5 that at all locations, both in the axial and hoop directions, the stress intensity factors are below the allowable values.

#### 4.6.3 *Fatigue Crack Growth*

Fatigue crack growth analyses were performed to assure that crack growth for a small initial assumed flaw will not grow beyond the quarter-thickness flaw considered in the Code Case. Since the previous inspections performed during the second ISI interval did not identify any flaws in the pump casing welds, an initial flaw corresponding to the acceptance standards of ASME Code, Section XI, Subarticle IWB-3500 was assumed. For the pump casing welds, this corresponds to an initial depth of 10% of wall thickness. All six critical locations identified in Table 4-3 were considered in this evaluation assuming both axial and circumferential flaws. The flaws were conservatively postulated on the inside surface of the pump casing, which would require consideration of the PWR water environment at 550 F. A fatigue crack growth law for a water environment is not currently in the ASME Code Section XI; however, a crack growth law for austenitic stainless steel in an air environment is provided in ASME Code, Section XI, Appendix C [30]. Per the recommendation of ASME Code, Section XI Task Group for Piping Flaw Evaluation [32], a factor of 2 was applied to the air environment law to account for the PWR water environment. The ASME Code, Section XI fatigue crack growth law for air is given as:

$$\frac{da}{dN} = C_o (\Delta K_I)^n$$

where  $n$  equals 3.3, and

$$C_o = C(S)$$

where  $C$  is a scaling parameter to account for temperature, and is given by:



$$C = 10 [-10.009 + 8.12 \times 10^{-4} T - 1.13 \times 10^{-6} T^2 + 1.02 \times 10^{-9} T^3]$$

T is the metal temperature in °F ( $T \leq 800^\circ\text{F}$ ). S is a scaling parameter to account for the R ratio ( $K_{\min}/K_{\max}$ ), and is given by:

$$\begin{aligned} S &= 1.0 && \text{when } R \leq 0 \\ &= 1.0 + 1.8R && \text{when } 0 < R \leq 0.79 \\ &= -43.35 + 57.97R && \text{when } 0.79 < R \leq 1.0 \end{aligned}$$

At a temperature of 550°F, and for  $R \leq 0$  as in this case,  $C_0$  was calculated as  $1.84 \times 10^{-10}$  for an air environment. A value of  $C_0$  of  $3.68 \times 10^{-10}$  was, therefore, used for the PWR water environment to determine crack growth for flaws on the inside surface.

Fatigue crack growth analysis requires cyclic loading information. Cyclic information for Oconee Unit 3 RCP casing design transients provided in Reference 29 was reviewed to determine the transients to be considered in the fatigue analysis. The only significant transients determined from Reference 29 are heatup/cooldowns, since these are associated with very high pressure and temperature changes. The total number of cycles associated with these transients is 360. All other transients are judged to contribute insignificantly to crack growth. The analysis was performed using **pc-CRACK** for Windows and using the stress information shown in Table 4-3..

The results of the fatigue crack growth analysis are presented in Table 4-6. The results show that at all locations, fatigue crack growth is relatively small (maximum of 0.31 in. for an axial flaw at Path No. 6) during the 40-year plant life (360 cycles). In fact, it takes at least 1100 cycles for the initial assumed axial flaw at Path No. 6 to reach the quarter-thickness flaw, indicating that the quarter-thickness flaw bounds any flaw that may be identified during service. The crack growth that results for an axial flaw at Path No. 6 is shown in Figure 4-17. Considering the fact that Oconee Unit 3 has gone through no more than 82 heatups/cooldowns, it is predicted that the quarter-thickness flaw will not be reached during the lifetime of the plant.



#### **4.6.4 Stress Corrosion Crack Growth**

Stress corrosion cracking (SCC) in pressurized water reactor plants is not generally of concern, since the environment is not usually conducive to SCC due to its reducing nature. Moreover, stainless steel castings have been shown to have superior resistance to SCC when compared to wrought products. A wrought material consists of a single phase austenite ( $\gamma$ ). When such a material is welded, the thermal cycles cause chromium carbides to precipitate from solution preferentially at austenite-austenite ( $\gamma$ - $\gamma$ ) grain boundaries. The diffusion of chromium from the austenite matrix results in a chromium-depleted zone at the grain boundary, resulting in sensitization. On the other hand, when a stainless steel casting (a two-phase duplex microstructure) is exposed to the same thermal cycle, carbon and chromium also combine to form grain boundary carbides; however, these carbides form exclusively at the austenite-ferrite ( $\gamma$ - $\delta$ ) boundaries, with the majority of the chromium diffusing from the delta ferrite side of the boundary (diffusion of chromium in the ferrite is approximately 1000 times faster than that in austenite at a temperature of 1100°F). Thus, the chromium content of the austenite is not reduced significantly, and corrosion resistance, even near the  $\gamma$ - $\delta$  grain boundary, is maintained. Crack growth due to SCC will, therefore, not be considered in this evaluation.

#### **4.7 Effect of Thermal Embrittlement and Other Degradation Mechanisms that May Degrade Properties of the Pump Casing**

Structural material degradation mechanisms for various components in light water reactors have been discussed extensively in Reference 33. Of all the degradation mechanisms addressed in the Reference 33 EPRI report, only thermal and irradiation embrittlement could potentially degrade the fracture toughness properties of the cast stainless steel pump casings. Thermal embrittlement effects have been included in the consideration of crack growth and fracture toughness ( $K_{IR}$ ) properties in this study. Irradiation embrittlement is not of concern since the RCPs are far removed from the reactor core.



Table 4-1

Determination of Lower Bound Fracture Toughness of Casing for RCP 3B1  
at 290°C – 320°C Considering Thermal Embrittlement

	Lower Case Half, Ht# 21795-1	Upper Case Half, Ht# 24245-1	Suction Piece, Ht# 16728-3	Quad Volute Ht# 19801-1
<b>Material</b>	A351 Gr. CF8M	A351 Gr. CF8M	A351 Gr. CF8	A351 Gr. CF8
<b>Mechanical Properties</b>				
Yield Strength (psi)	37000	39600	37500	34400
Ultimate Tensile Str. (psi)	87500	83200	80000	76200
Elongation (%)	58	52	52	61
Reduction in Area (%)	73	71	67	71
<b>Chemical Properties</b>				
Cr	19.05	19.4	19.99	19.1
Si	1.41	1.21	1.48	1.25
Mo	2.16	2.36	0	0
Ni	9.57	9.96	9.36	9.3
C	0.05	0.04	0.06	0.06
Mn	0.85	0.64	0.85	0.85
N (assumed)	0.04	0.04	0.04	0.04
Cr <sub>eq</sub>	17.4	17.8	15.7	14.7
Ni <sub>eq</sub>	14.4	14.5	14.4	14.4
Ferrite ( $\delta_c$ )	14.2	16.0	7.3	4.6
$\Phi$	26.2	24.9	11.9	7.1
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [Polynomial]	61.5	58.3	70.3	118.1
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [ $\Phi$ ]	66.5	73.0	111.7	162.7
Minimum Cv <sub>sat</sub> (J/cm <sup>2</sup> )	61.5	58.3	70.3	118.1
C (J-R Curve Constant)	4434.9	4320.0	6069.9	7406.0
N (J-R Curve Exponent)	0.332	0.331	0.357	0.373
J <sub>1c</sub> (in-lb/in <sup>2</sup> )	1070.1	1043.4	1338.3	1592.7
K <sub>1c</sub> (ksi-in <sup>1/2</sup> )	173.2	171.0	193.7	211.3



Table 4-2

Determination of Lower Bound Fracture Toughness of Casing Welds  
for RCP 3B1 at 280°C – 320°C

	5/32; X-4979; Lot# 03003	3/16; X-4979; Lot# 03036	3/16; X-4979; Lot# 03036A	3/16; X-4979; Lot# 03027	1/8; 316; Lot# D9697F316	3/16; X-4979; Lot# 03036B
<b>Chemical Properties</b>						
Cr	19.11	19.01	18.69	18.54	19.35	20.43
Si	0.44	0.47	0.47	0.42	0.4	0.55
Mo	2.48	2.81	2.84	2.79	2.39	2.85
Ni	9.89	9.7	9.89	9.7	12.6	10.29
C	0.04	0.032	0.038	0.038	0.023	0.036
Mn	1.54	1.53	1.52	1.53	1.95	1.7
N (assumed)	0.04	0.04	0.04	0.04	0.04	0.04
C <sub>req</sub>	17.3	17.6	17.4	17.1	17.4	19.2
Ni <sub>eq</sub>	14.5	14.1	14.5	14.3	16.9	14.8
Ferrite ( $\delta_c$ )	13.3	17.4	13.8	13.7	5.0	21.0
$\Phi$	21.0	22.8	21.0	20.1	8.7	34.3
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [Polynomial]	141.8	106.9	122.3	143.9	204.8	45.0
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [ $\Phi$ ]	99.0	85.3	99.4	107.1	412.5	24.8
Minimum Cv <sub>sat</sub> (J/cm <sup>2</sup> )	99.0	85.3	99.4	107.1	204.8	24.8
C (J-R Curve Constant)	5600.2	5206.1	5613.3	5820.7	7998.2	2842.6
N (J-R Curve Exponent)	0.344	0.340	0.344	0.346	0.362	0.309
J <sub>1c</sub> (in-lb/in <sup>2</sup> )	1347.3	1252.3	1350.4	1401.0	1954.1	706.2
K <sub>1c</sub> (ksi-in <sup>1/2</sup> )	194.3	187.3	194.5	198.1	234.0	140.7



Table 4-2  
(Continued)

Determination of Lower Bound Fracture Toughness of Casing Welds  
for RCP 3B1 at 280°C – 320°C

	1/8; 316; Lot# D9525F316	3/32; 316- ELC, X-4997 Lot# 02914	3/32; X-4997; Lot# 02915	3/32; X-4997; Lot# 03052	3/32; 316; Lot# 03054	3/16; X-4979; Lot# 03063
<b>Chemical Properties</b>						
Cr	19.09	19.34	19.05	19.72	18.44	19.89
Si	0.36	0.48	0.43	0.41	0.46	0.53
Mo	2.33	2.44	2.87	2.88	2.38	2.81
Ni	12.42	12.42	9.39	9.45	13.35	10.29
C	0.02	0.023	0.02	0.02	0.036	0.036
Mn	1.97	1.59	1.67	1.7	1.52	1.7
N (assumed)	0.035	0.04	0.04	0.04	0.04	0.04
Cr <sub>eq</sub>	17.1	17.5	17.7	18.4	16.6	18.6
Ni <sub>eq</sub>	16.5	16.6	13.5	13.6	17.9	14.8
Ferrite ( $\delta_c$ )	5.0	5.7	22.7	26.8	2.1	17.6
$\Phi$	7.4	9.3	21.5	25.8	5.2	28.6
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [Polynomial]	265.7	178.7	104.3	71.3	263.7	65.2
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [ $\Phi$ ]	558.2	358.8	94.7	68.4	982.4	33.3
Minimum Cv <sub>sat</sub> (J/cm <sup>2</sup> )	265.7	178.7	94.7	68.4	263.7	33.3
C (J-R Curve Constant)	9085.9	7481.1	5481.7	4673.9	9053.3	3284.1
N (J-R Curve Exponent)	0.368	0.358	0.343	0.335	0.368	0.317
J <sub>1c</sub> (in-lb/in <sup>2</sup> )	2246.8	1818.7	1318.6	1126.1	2237.9	805.8
K <sub>1c</sub> (ksi-in <sup>1/2</sup> )	250.9	225.8	192.2	177.6	250.4	150.3

Table 4-2  
(Continued)

Determination of Lower Bound Fracture Toughness of Casing Welds  
for RCP 3B1 at 280°C – 320°C

	5/32; X-4979; Lot# 03063-A	3/16; X-4979; Lot# 02953	5/32; X-4979; Lot# 01830-B	5/32; X-4979; Lot# 01749-A	5/32; X-4979; Lot# 01734
<b>Chemical Properties</b>					
Cr	20.19	18.7	19.2	18.72	18.76
Si	0.54	0.47	0.44	0.44	0.52
Mo	2.79	2.84	2.87	2.84	3
Ni	9.92	9.78	10	9.85	9.66
C	0.038	0.038	0.052	0.062	0.071
Mn	1.64	1.5	1.5	1.45	1.57
N (assumed)	0.04	0.04	0.04	0.04	0.04
Cr <sub>eq</sub>	18.8	17.4	17.9	17.4	17.6
Ni <sub>eq</sub>	14.5	14.4	14.9	15.0	15.1
Ferrite ( $\delta_c$ )	21.6	14.5	13.7	11.0	11.9
$\Phi$	34.1	21.6	26.6	23.6	28.6
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [Polynomial]	51.4	119.9	85.0	103.1	72.3
Cv <sub>sat</sub> (J/cm <sup>2</sup> ) [ $\Phi$ ]	42.0	94.5	38.2	80.4	56.9
Minimum Cv <sub>sat</sub> (J/cm <sup>2</sup> )	42.0	94.5	38.2	80.4	56.9
C (J-R Curve Constant)	3679.1	5476.1	3511.1	5059.2	4271.2
N (J-R Curve Exponent)	0.323	0.343	0.320	0.339	0.330
J <sub>Ic</sub> (in-lb/in <sup>2</sup> )	895.7	1317.2	857.3	1217.2	1032.0
K <sub>Ic</sub> (ksi-in <sup>1/2</sup> )	158.4	192.1	155.0	184.7	170.1



Table 4-3

## Summary of Stresses

Path Number	Axial Stress (ksi)						Hoop Stress (ksi)					
	Pressure		Heatup		Cooldown		Pressure		Heatup		Cooldown	
	Membrane	Bending	Membrane	Bending	Membrane	Bending	Membrane	Bending	Membrane	Bending	Membrane	Bending
1	3.857	0.69	-0.437	10.44	0.342	8.176	8.794	1.426	0.456	10.19	-0.17	8.039
2	1.727	7.443	-1.005	13.87	0.173	8.455	13.57	0.157	0.079	21.89	0.779	14.17
3	5.623	4.929	-0.076	22.23	-0.699	11.98	5.88	4.638	2.732	29.83	-1.43	17.85
4	7.397	13.16	-1.234	30.19	0.725	18.99	2.456	3.555	1.579	28.31	-0.323	17.21
5	6.127	6.467	-0.862	31.26	0.54	19.56	7.936	1.217	1.614	26.7	-1.033	16.97
6	4.626	8.507	1.417	18.13	-1.256	10.15	3.939	2.835	-1.189	32.47	1.859	18.03

Table 4-4

Thickness and Postulated Flaw Dimensions at Postulated Flaw Locations

Path Number	Wall Thickness	Flaw Depth (in)	Flaw Length (in)
1	4.0000	1.0000	6.0000
2	6.9120	1.7280	10.3680
3	8.4280	2.1070	12.6420
4	7.1307	1.7827	10.6961
5	7.0000	1.7500	10.5000
6	9.2343	2.3086	13.8515

Table 4-5

## Comparison of Calculated and Allowable Stress Intensity Factors

Pressure + Heatup Axial Stress Case						
Path Number	Stress Intensity Factor (ksi $\sqrt{\text{in}}$ )					
	2 x Pressure		Heatup		Total	Allowable
	Membrane	Bending	Membrane <sup>(1)</sup>	Bending		
1	15.05	1.78	0.00	13.49	30.32	140.7
2	8.86	25.28	0.00	23.56	57.70	140.7
3	31.84	18.49	0.00	41.70	92.03	140.7
4	38.53	45.41	0.00	52.09	136.03	140.7
5	31.62	22.11	0.00	53.44	107.17	140.7
6	27.42	33.40	4.20	35.60	100.62	140.7

Pressure + Heatup Hoop Stress Case						
Path Number	Stress Intensity Factor (ksi $\sqrt{\text{in}}$ )					
	2 x Pressure		Heatup		Total	Allowable
	Membrane	Bending	Membrane <sup>(1)</sup>	Bending		
1	34.31	3.69	0.89	13.17	52.05	140.7
2	69.59	0.53	0.20	37.18	107.51	140.7
3	33.30	17.40	7.74	55.95	114.39	140.7
4	12.79	12.27	4.11	48.84	78.02	140.7
5	40.96	4.16	4.16	45.64	94.93	140.7
6	23.35	11.13	0.00	63.75	98.23	140.7

Pressure + Cooldown Axial Stress Case						
Path Number	Stress Intensity Factor (ksi $\sqrt{\text{in}}$ )					
	2 x Pressure		Cooldown		Total	Allowable
	Membrane	Bending	Membrane <sup>(1)</sup>	Bending		
1	15.05	1.78	0.67	10.57	28.06	140.7
2	8.86	25.28	0.44	14.36	48.95	140.7
3	31.84	18.49	0.00	22.47	72.81	140.7
4	38.53	45.41	1.89	32.76	118.59	140.7
5	31.62	22.11	1.39	33.44	88.56	140.7
6	27.42	33.40	0.00	19.93	80.75	140.7

Pressure + Cooldown Hoop Stress Case						
Path Number	Stress Intensity Factor (ksi $\sqrt{\text{in}}$ )					
	2 x Pressure		Cooldown		Total	Allowable
	Membrane	Bending	Membrane <sup>(1)</sup>	Bending		
1	34.31	3.69	0.00	10.39	48.38	140.7
2	69.59	0.53	2.00	24.07	96.19	140.7
3	33.30	17.40	0.00	33.48	84.18	140.7
4	12.79	12.27	0.00	29.69	54.75	140.7
5	40.96	4.16	0.00	29.01	74.13	140.7
6	23.35	11.13	5.51	35.40	75.39	140.7

<sup>(1)</sup>Negative membrane stress intensity factors are conservatively assumed to be zero.



Table 4-6  
Fatigue Crack Growth Evaluation Results

Path No.	Axial Flaw				Circumferential Flaw			
	Initial Flaw Size		Final Flaw Size		Initial Flaw Size		Final Flaw Size	
	Depth (a) (in)	a/t	Depth (a) (in)	a/t	Depth (a) (in)	a/t	Depth (a) (in)	a/t
1	0.4000	0.1000	0.4016	0.1004	0.4000	0.1000	0.4023	0.1006
2	0.6912	0.1000	0.7383	0.1068	0.6912	0.1000	0.7028	0.1017
3	0.8428	0.1000	0.9531	0.1131	0.8428	0.1000	0.8899	0.1056
4	0.7131	0.1000	0.7998	0.1122	0.7131	0.1000	0.8756	0.1228
5	0.7000	0.1000	0.7668	0.1095	0.7000	0.1000	0.8691	0.1242
6	0.9234	0.1000	1.2330	0.1335	0.9234	0.1000	0.9444	0.1023

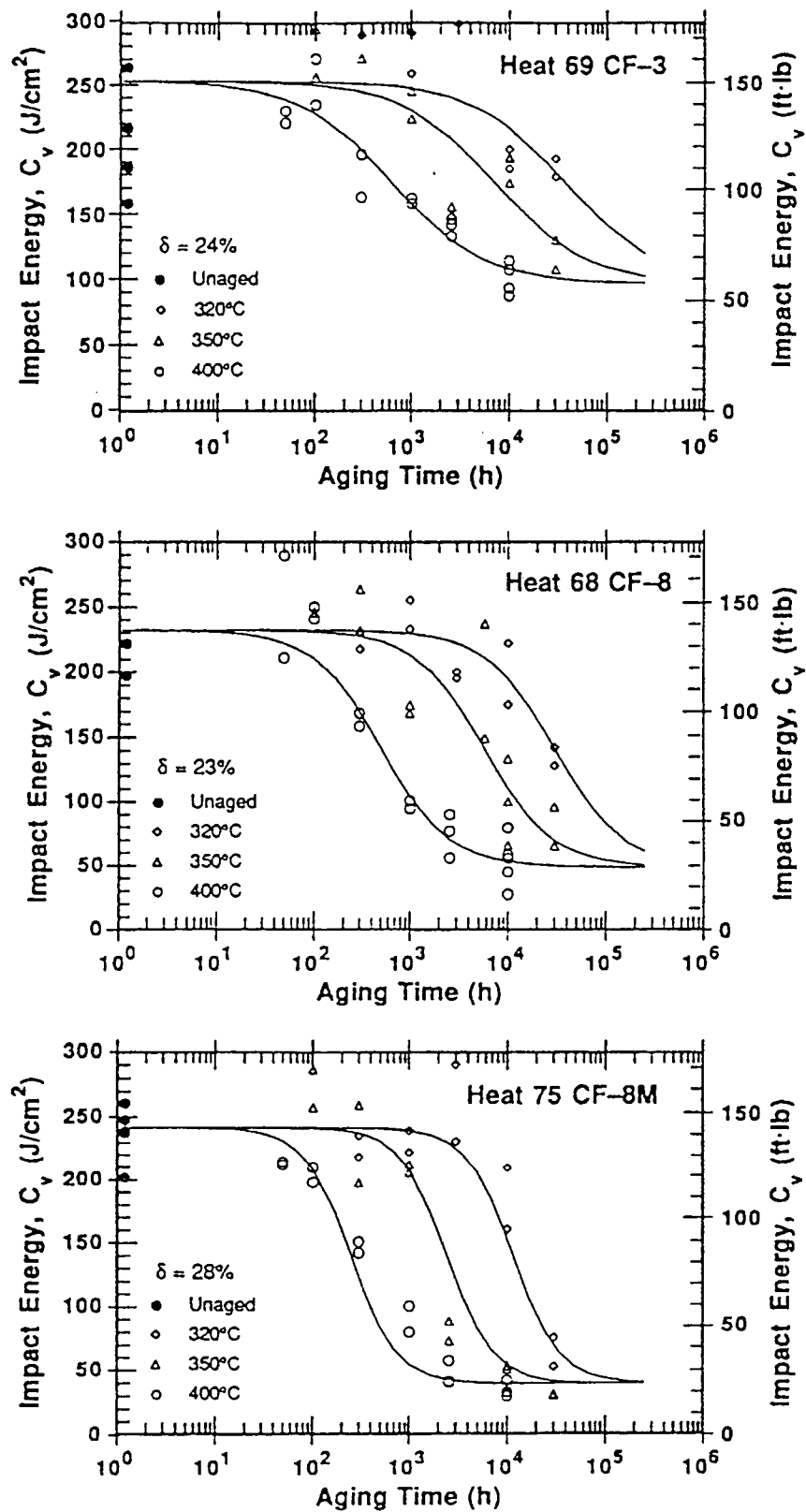


Figure 4-1. Effect of Thermal Aging on Room Temperature Impact Energy of CF3, CF8 and CF8M Cast Stainless Steel [10]

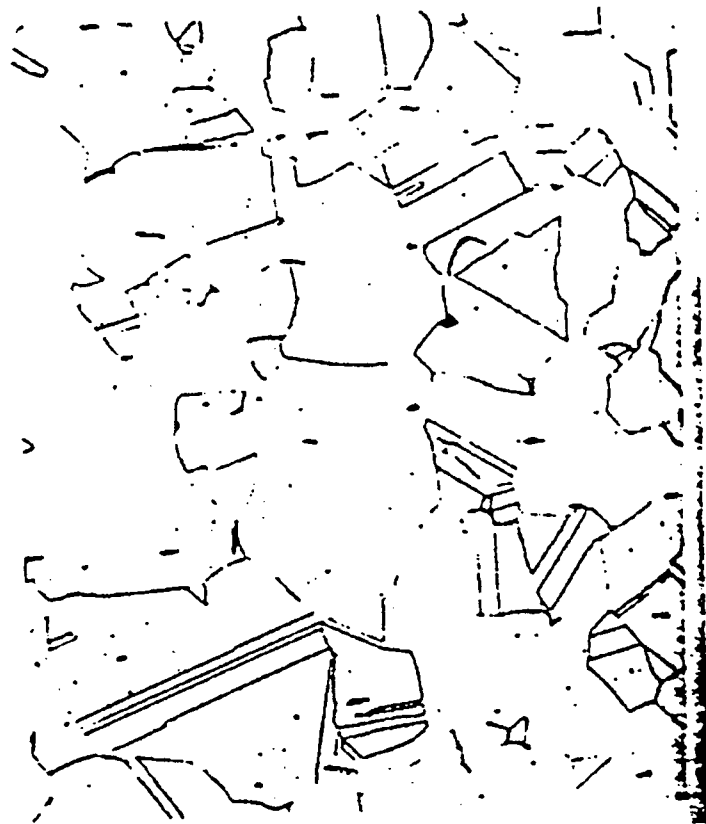


Figure 4-2. Microstructure of Solution Heat Treated Wrought Type 316 Stainless Steel

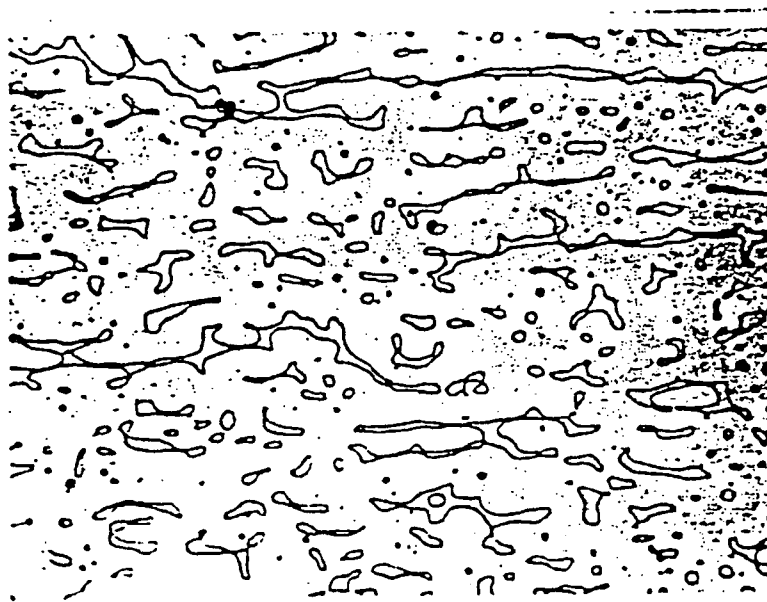


Figure 4-3. Microstructure of Solution Heat Treated Grade CF8 Stainless Steel Casting (Showing Ferrite Phase in Austenitic Matrix)

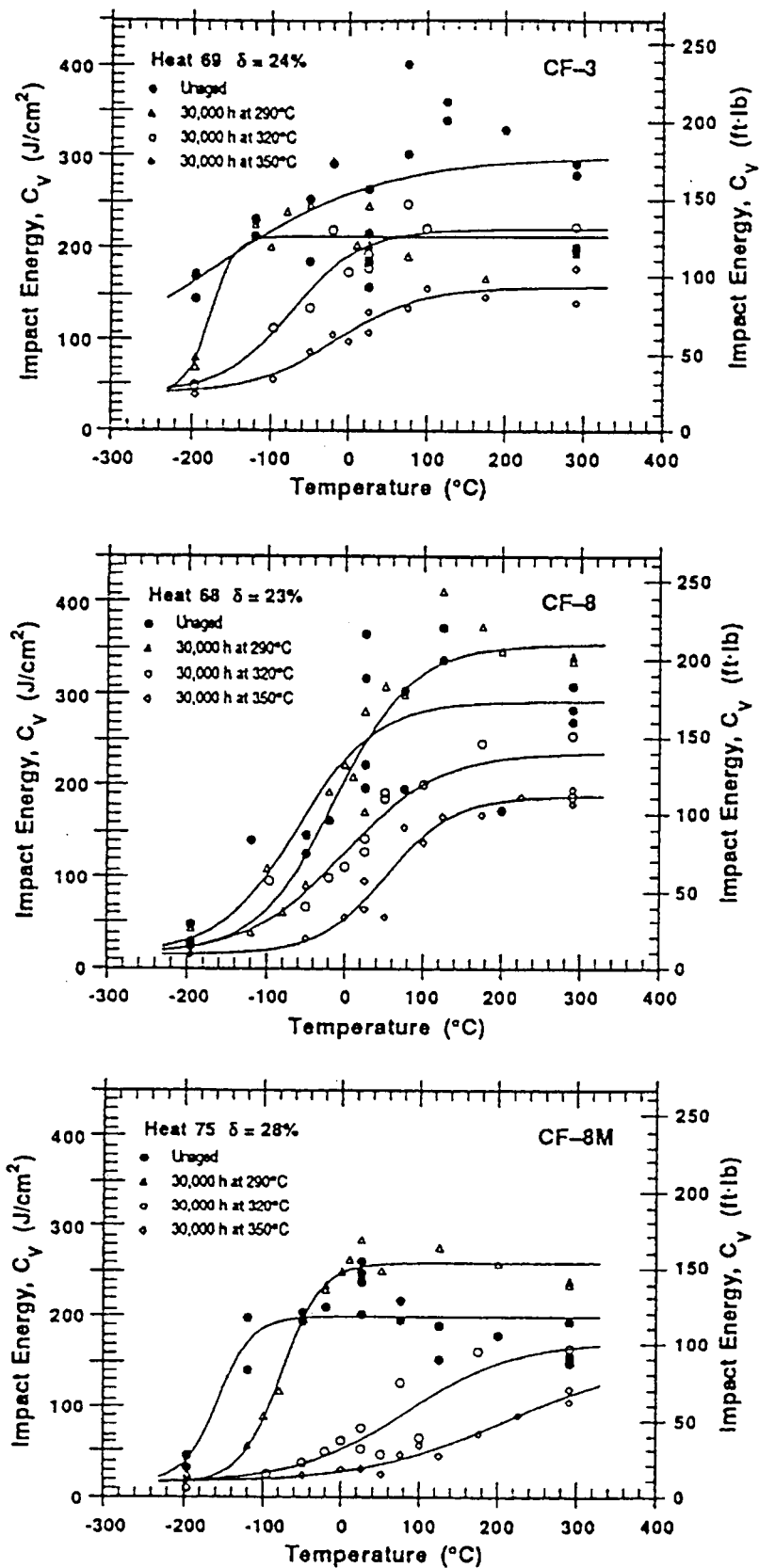


Figure 4-4. Effect of Temperature on Charpy Transition Curves of CF3, CF8 and CF8M Steels Aged for 30,000 hours [10]

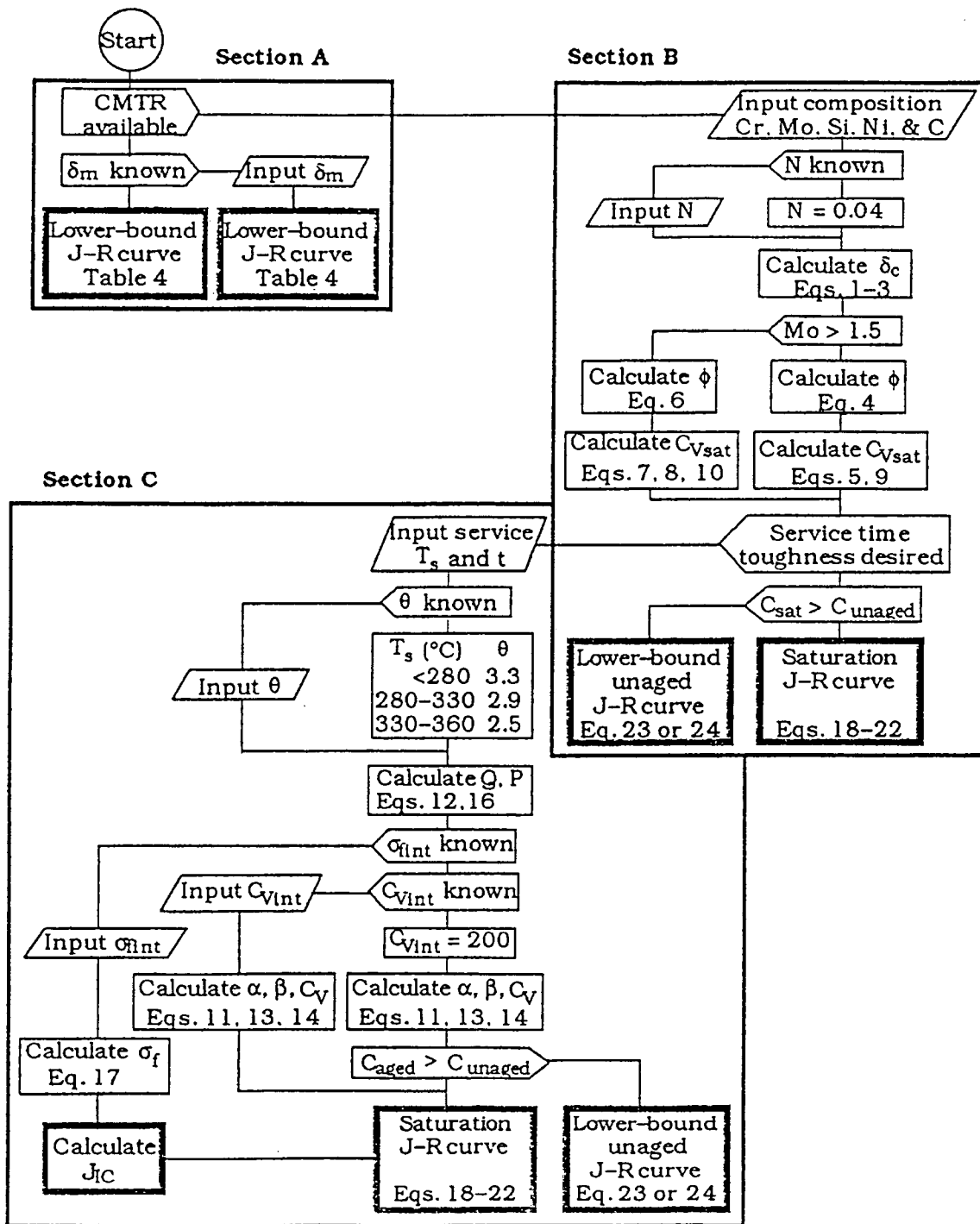


Figure 4-5. Flow Diagram for Estimating Mechanical Properties of Aged Cast Stainless Steels in LWR Systems [16]



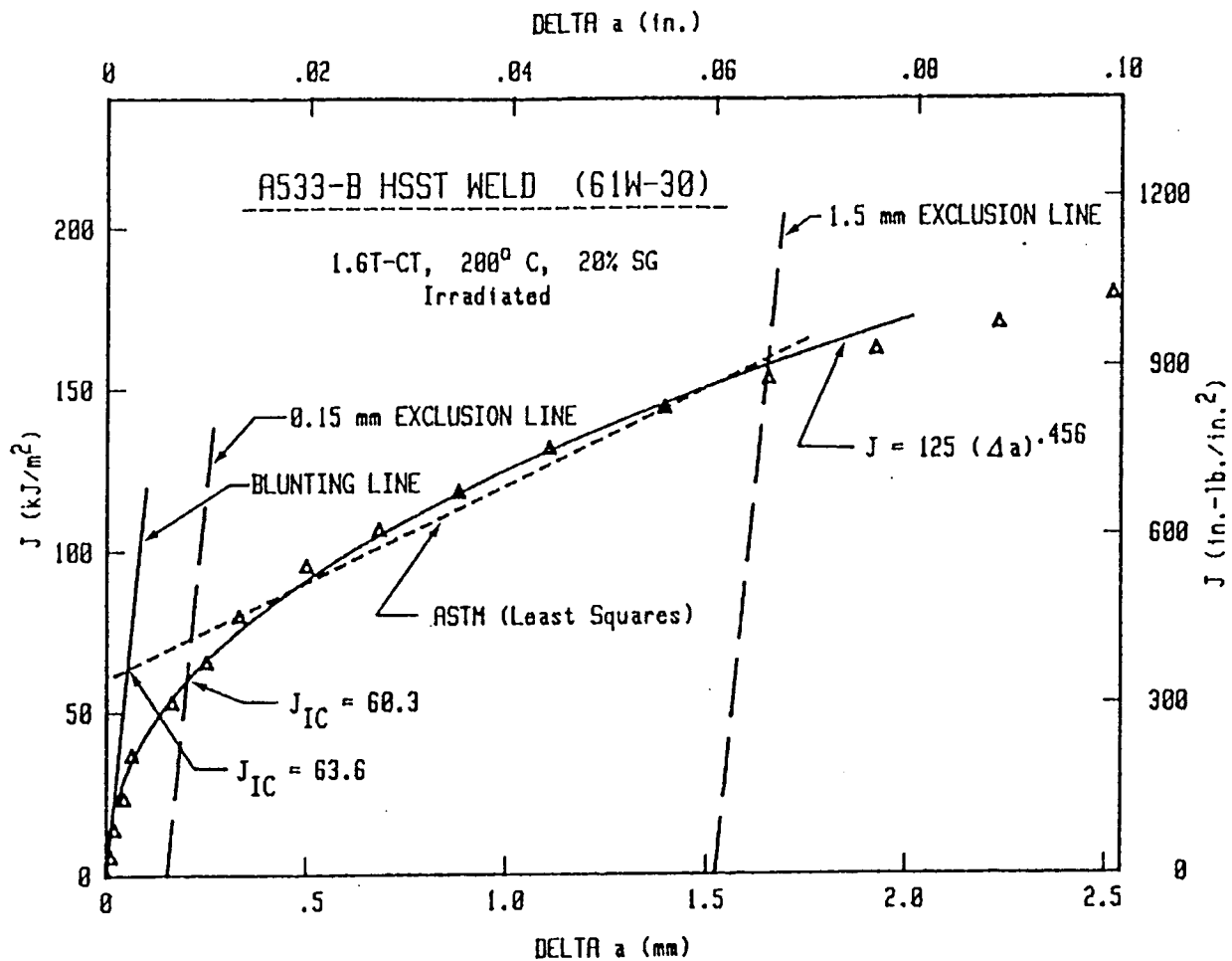


Figure 4-6. Example of a Typical J-R Curve and Determination of  $J_{IC}$  Using the ASTM E 813-81 Methodology [9]



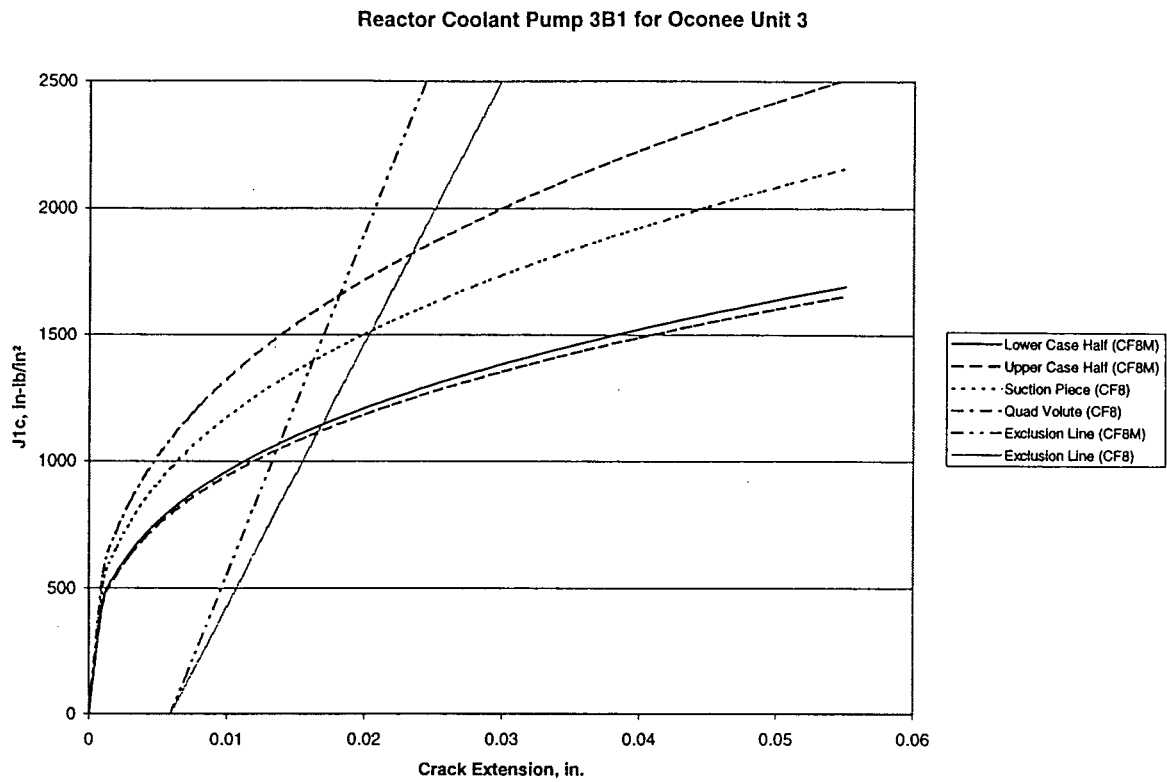


Figure 4-7. Determination of  $J_{Ic}$  for Oconee Unit 3 Reactor Coolant Pump 3B1 Casing

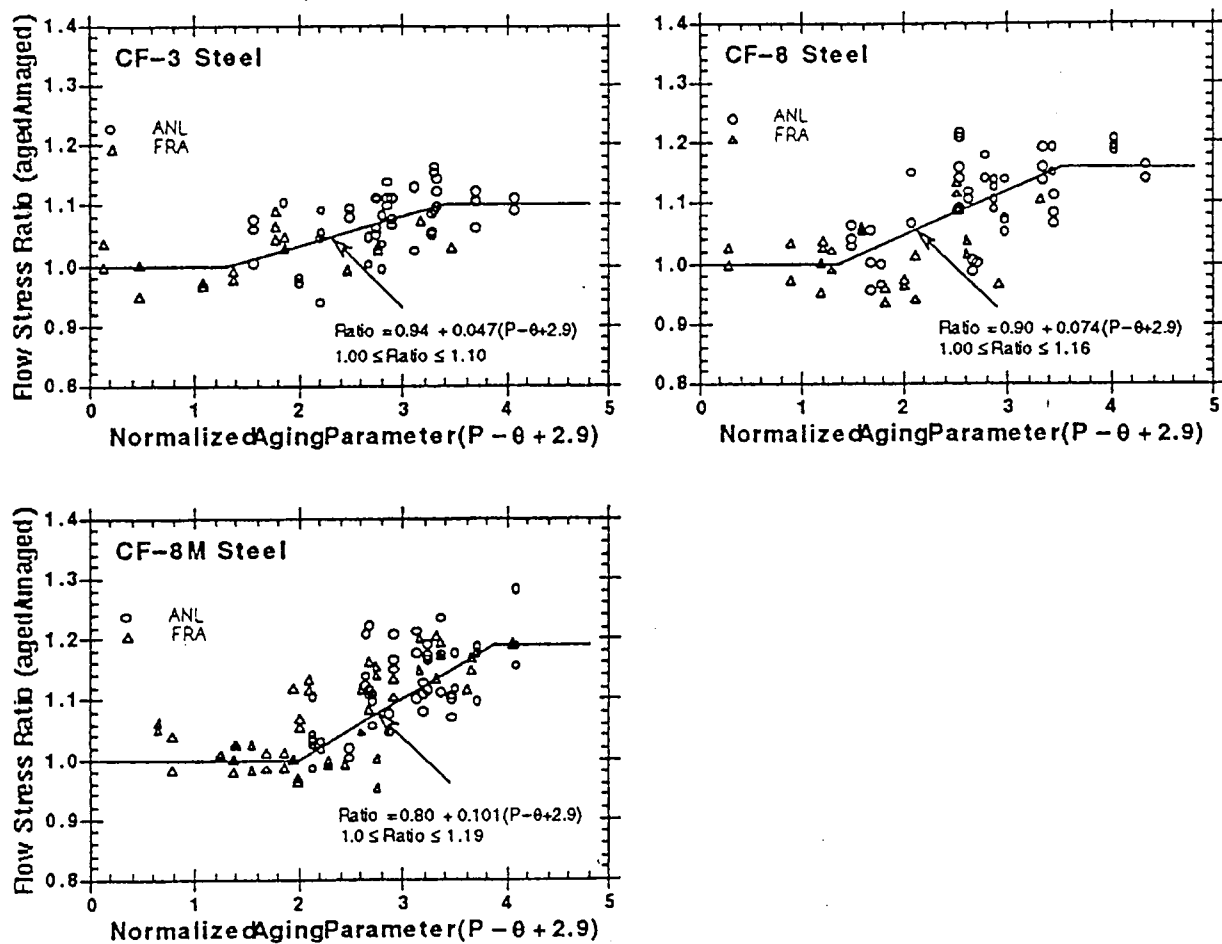


Figure 4-8. Flow Stress Ratio of Aged Cast Stainless Steels at Room Temperature as a Function of Normalized Aging Parameter [16]

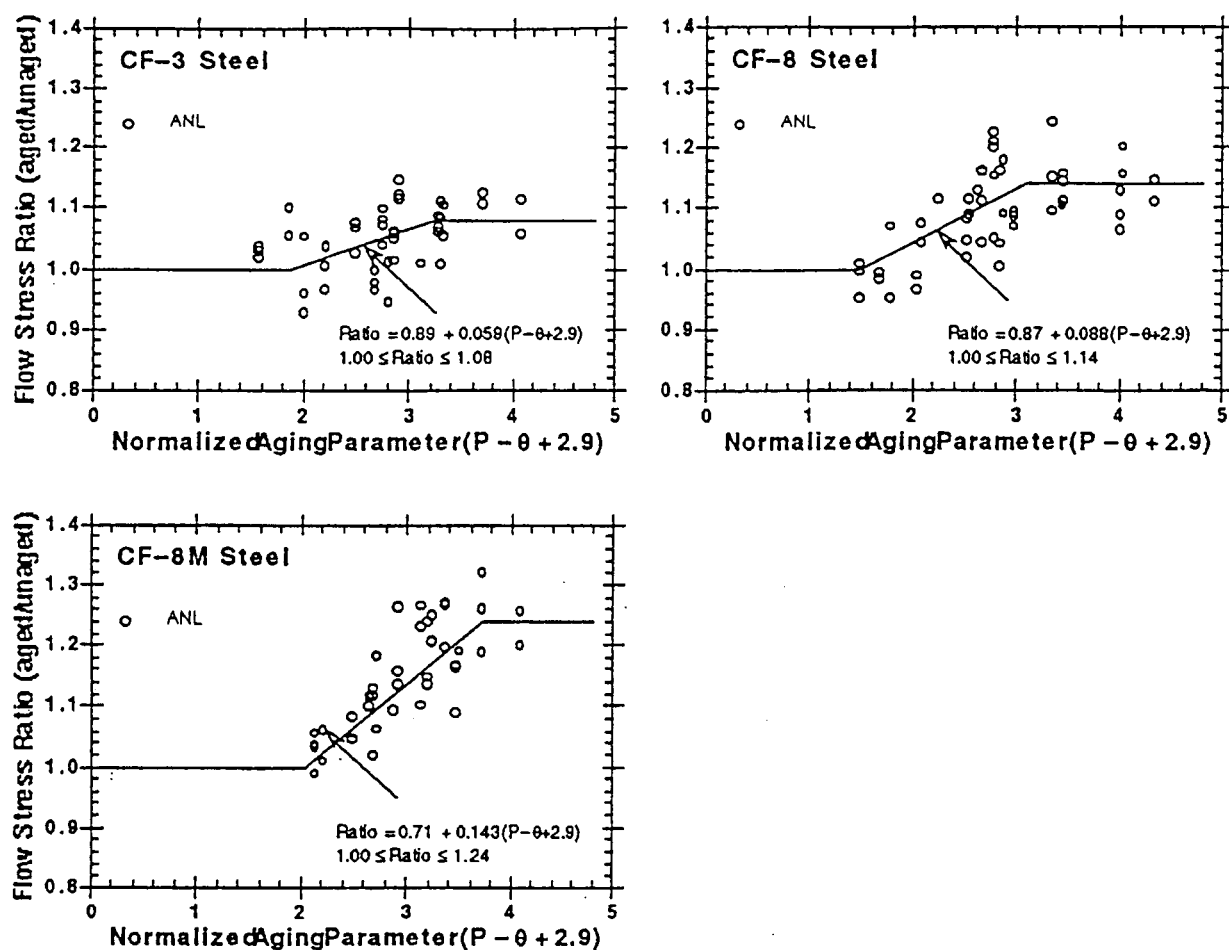


Figure 4-9. Flow Stress Ratio of Aged Cast Stainless Steels at 290°C as a Function of Normalized Aging Parameter [16]

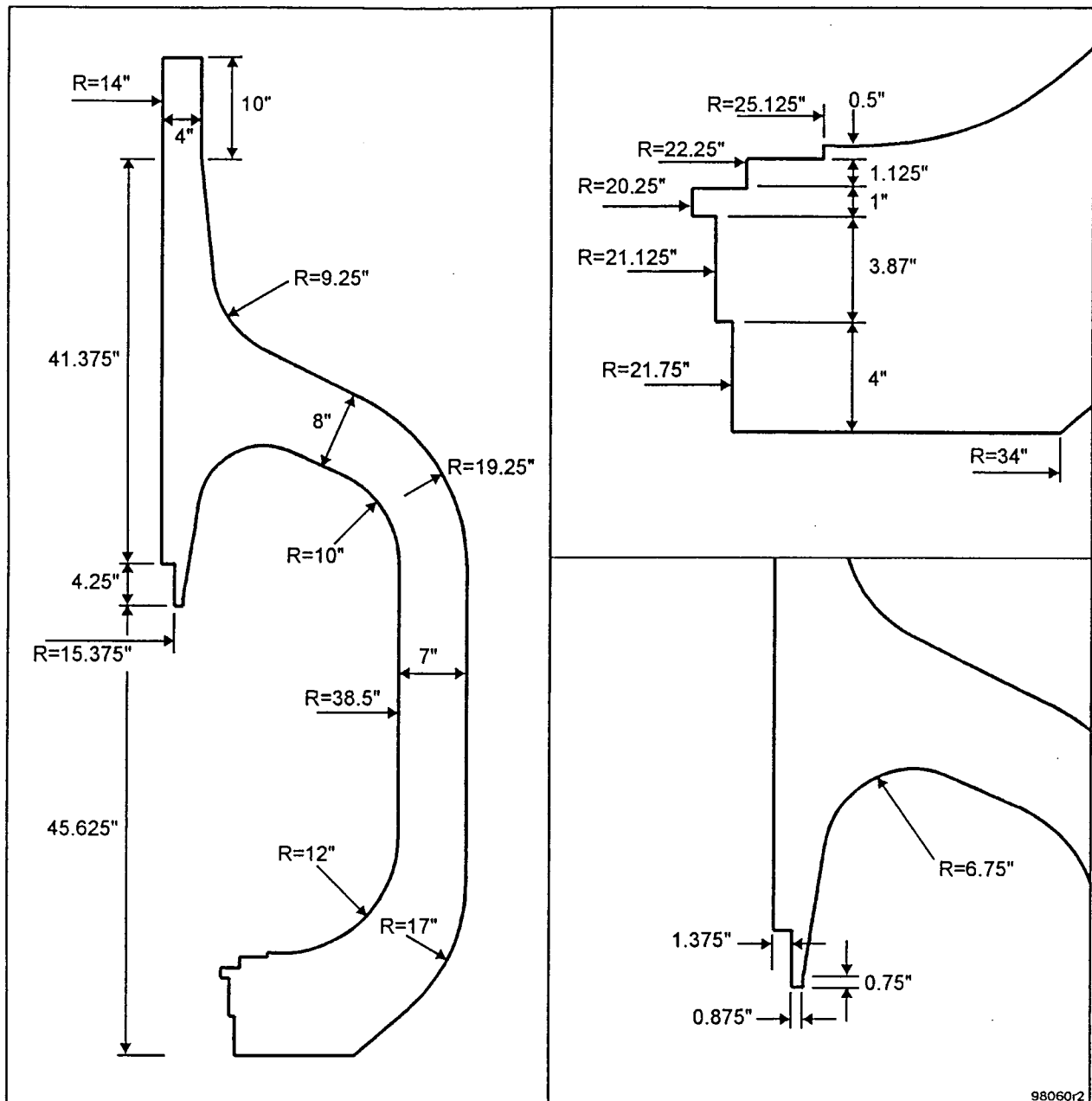


Figure 4-10. Dimensions Used for Finite Element Model for Oconee Unit 3 Pump Casing 3B1

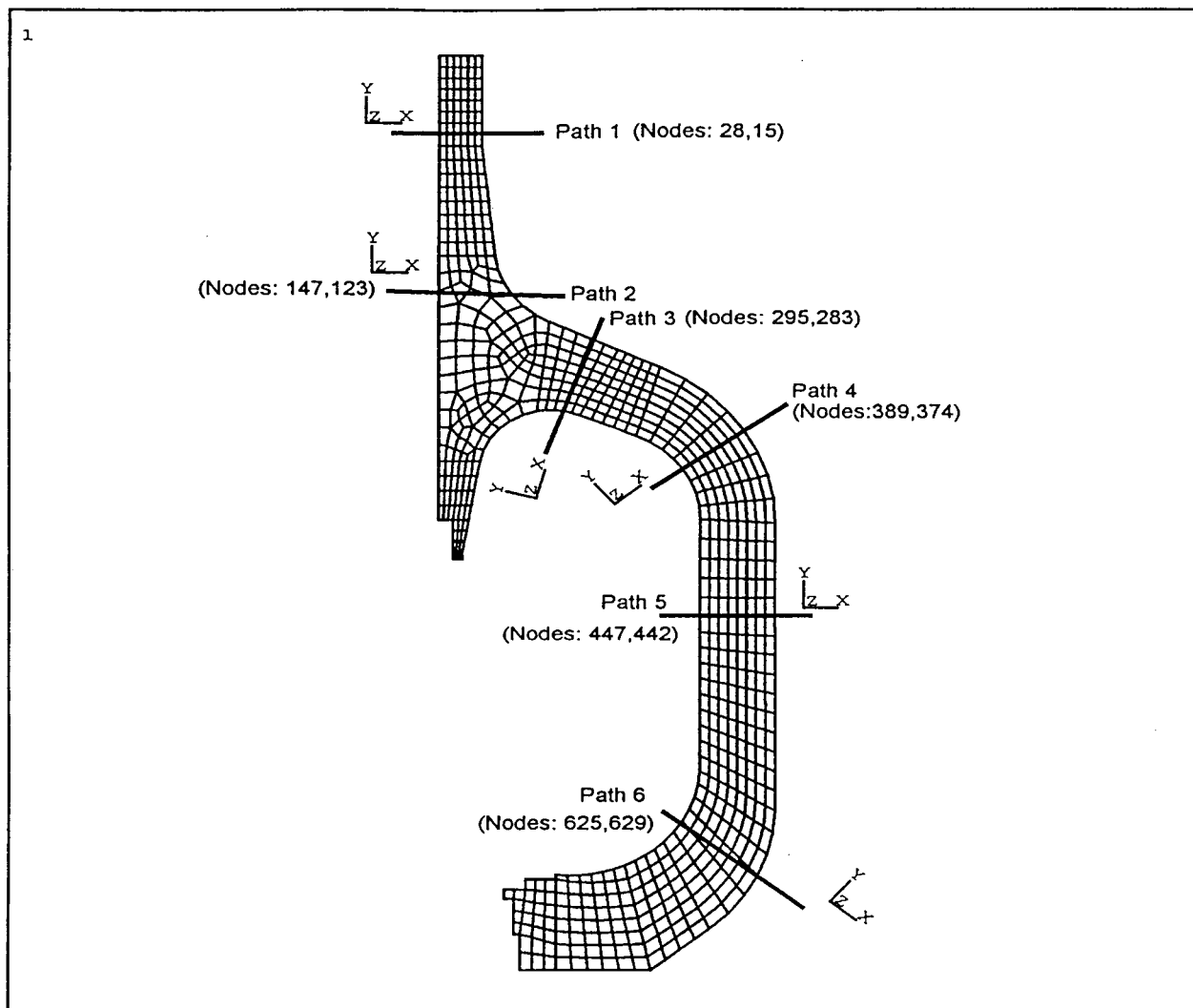


Figure 4-11. Overall Finite Element Model for Oconee Unit 3 Pump Casing 3B1

ANSYS 5.3  
 MAR 25 1998  
 14:31:29  
 PLOT NO. 2  
 NODAL SOLUTION  
 STEP=1  
 SUB =1  
 TIME=1  
 SINT (AVG)  
 DMX =.038287  
 SMN =479.987  
 SMNB=40.916  
 SMX =25975  
 SMXB=27943  
 479.987  
 3313  
 6146  
 8978  
 11811  
 14644  
 17477  
 20310  
 23142  
 25975

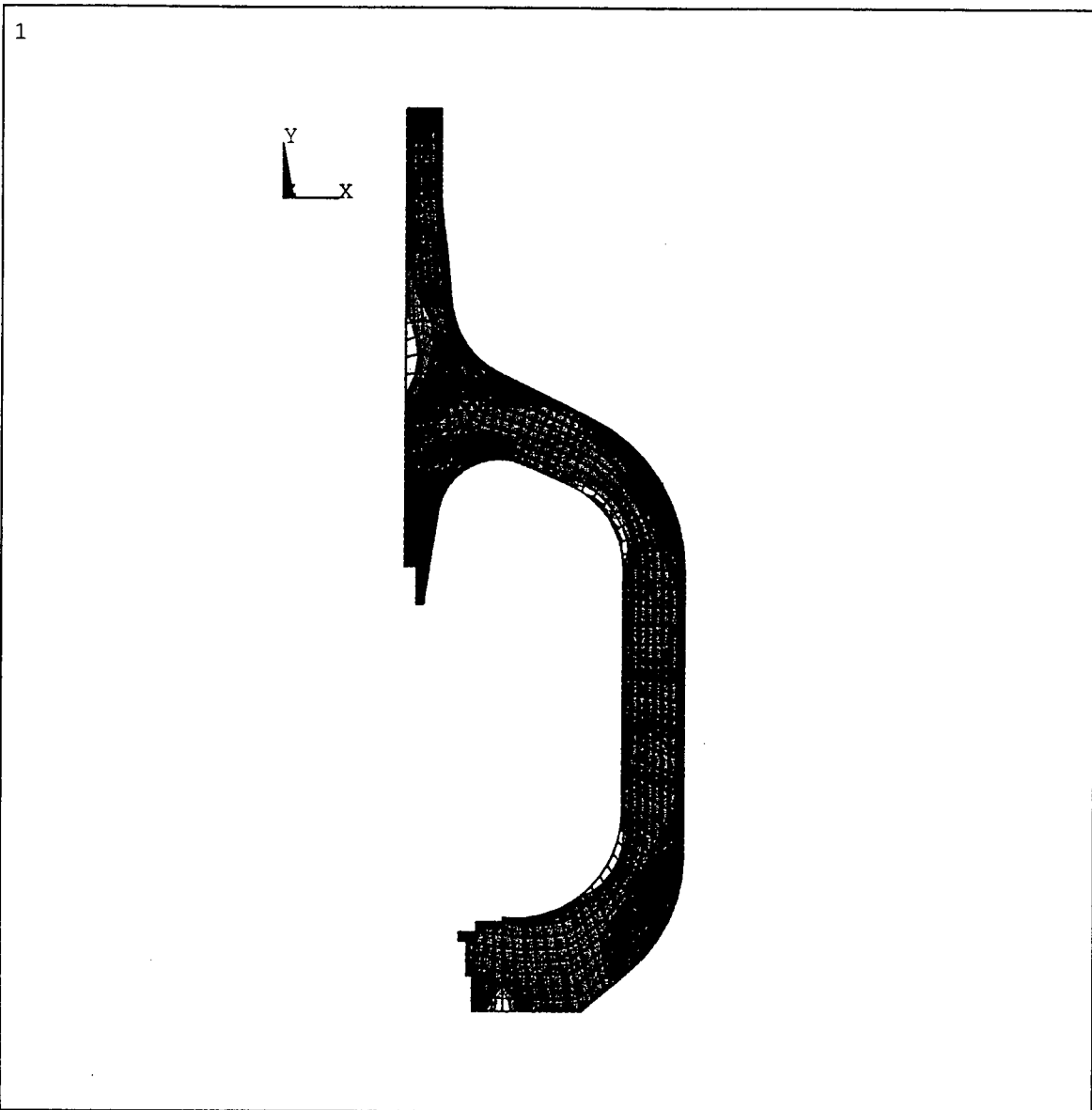
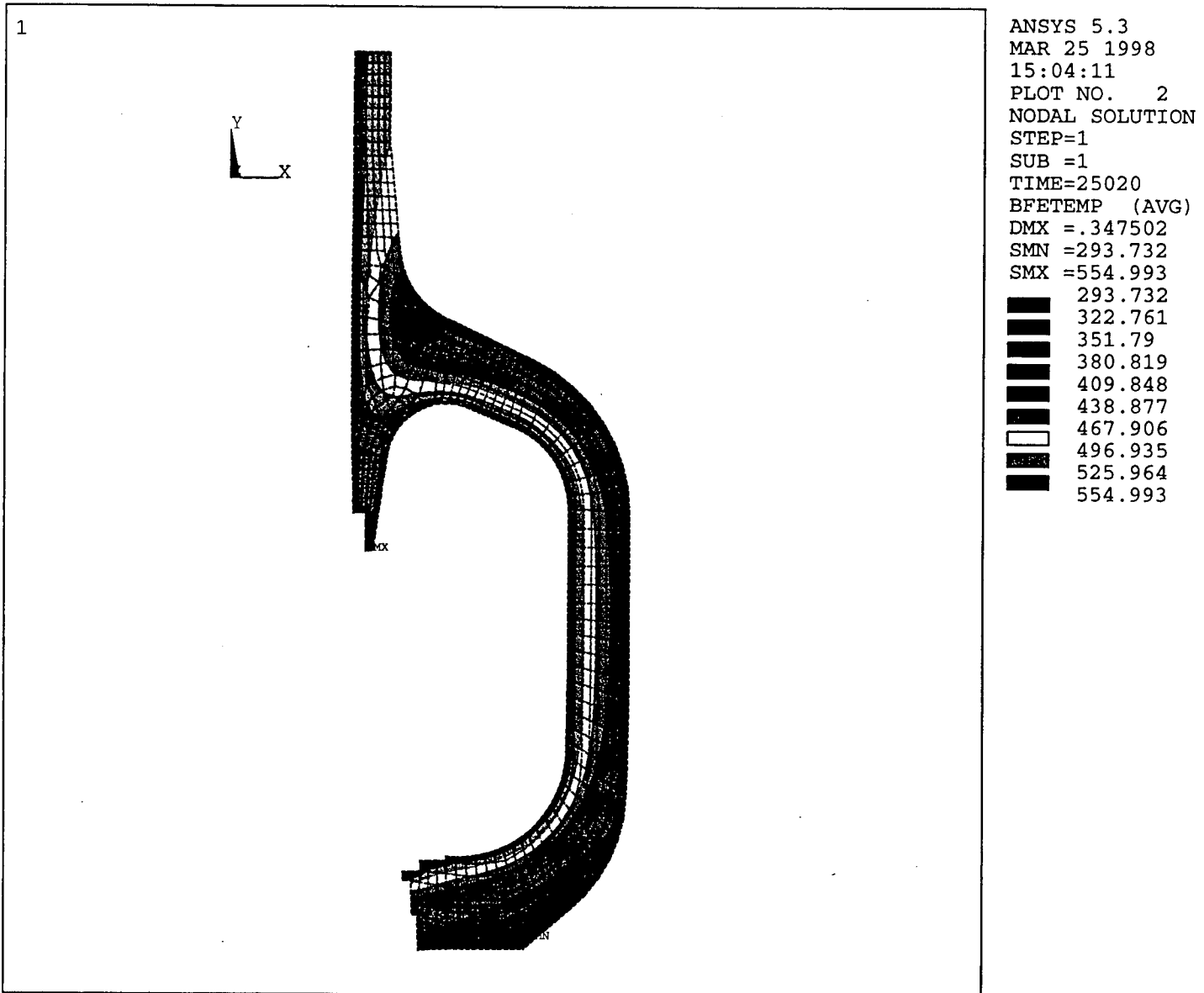


Figure 4-12. Stress Distribution Due to Internal Pressure of 2500 psig

Figure 4-13. Temperature Distribution at End of Heatup



ANSYS 5.3  
 MAR 25 1998  
 15:03:59  
 PLOT NO. 1  
 NODAL SOLUTION  
 STEP=1  
 SUB =1  
 TIME=25020  
 SINT (AVG)  
 DMX =.347502  
 SMN =660.564  
 SMX =63479  
 SMXB=69218  
 660.564  
 7640  
 14620  
 21600  
 28580  
 35560  
 42539  
 49519  
 56499  
 63479

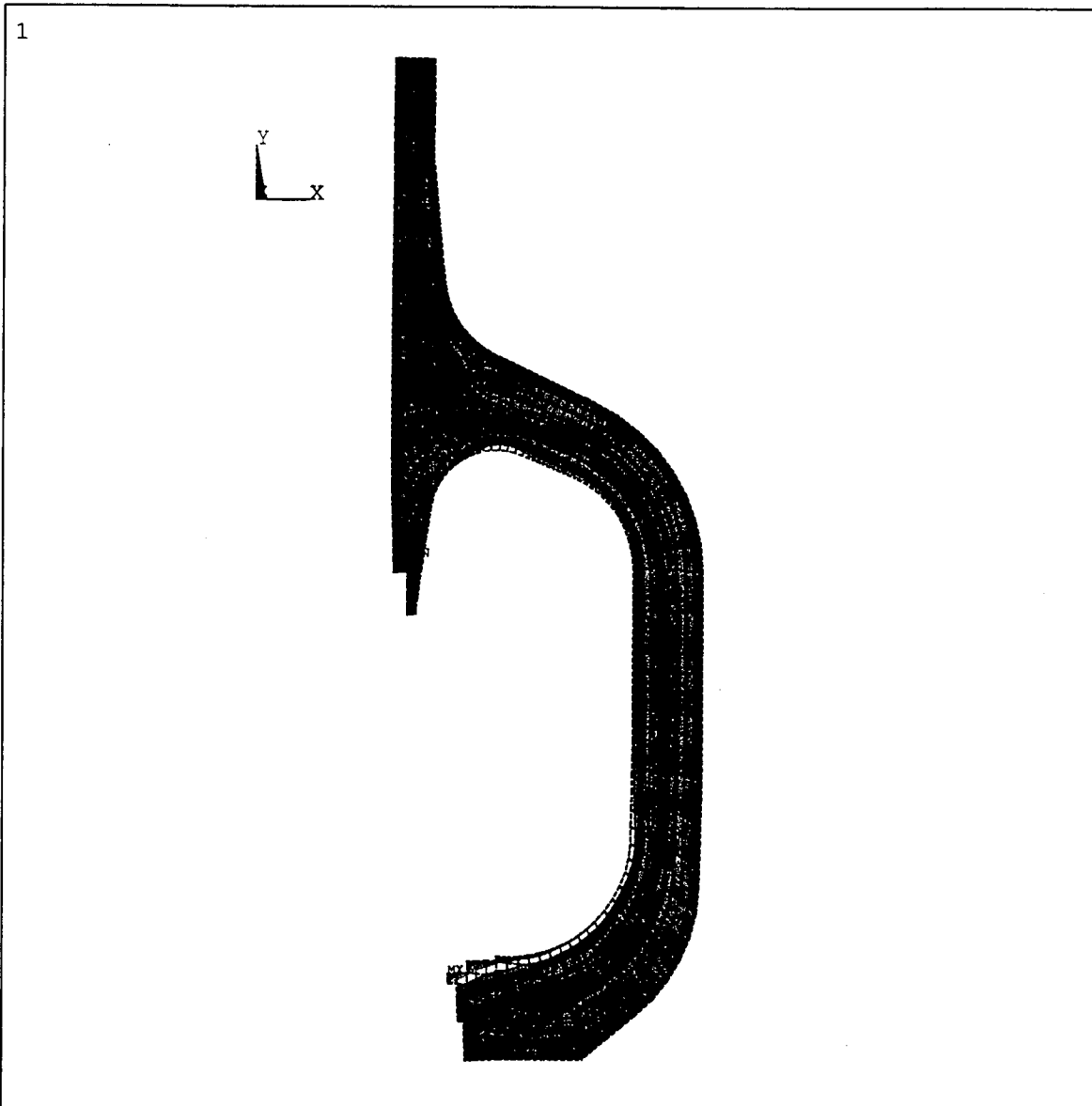


Figure 4-14. Stress Distribution at the End of Heatup

ANSYS 5.3  
 MAR 25 1998  
 15:08:12  
 PLOT NO. 2  
 NODAL SOLUTION  
 STEP=13  
 SUB =1  
 TIME=9692  
 BFTEMP (AVG)  
 DMX =.289329  
 SMN =280.051  
 SMX =454.819  
 280.051  
 299.47  
 318.888  
 338.307  
 357.726  
 377.144  
 396.563  
 415.982  
 435.4  
 454.819

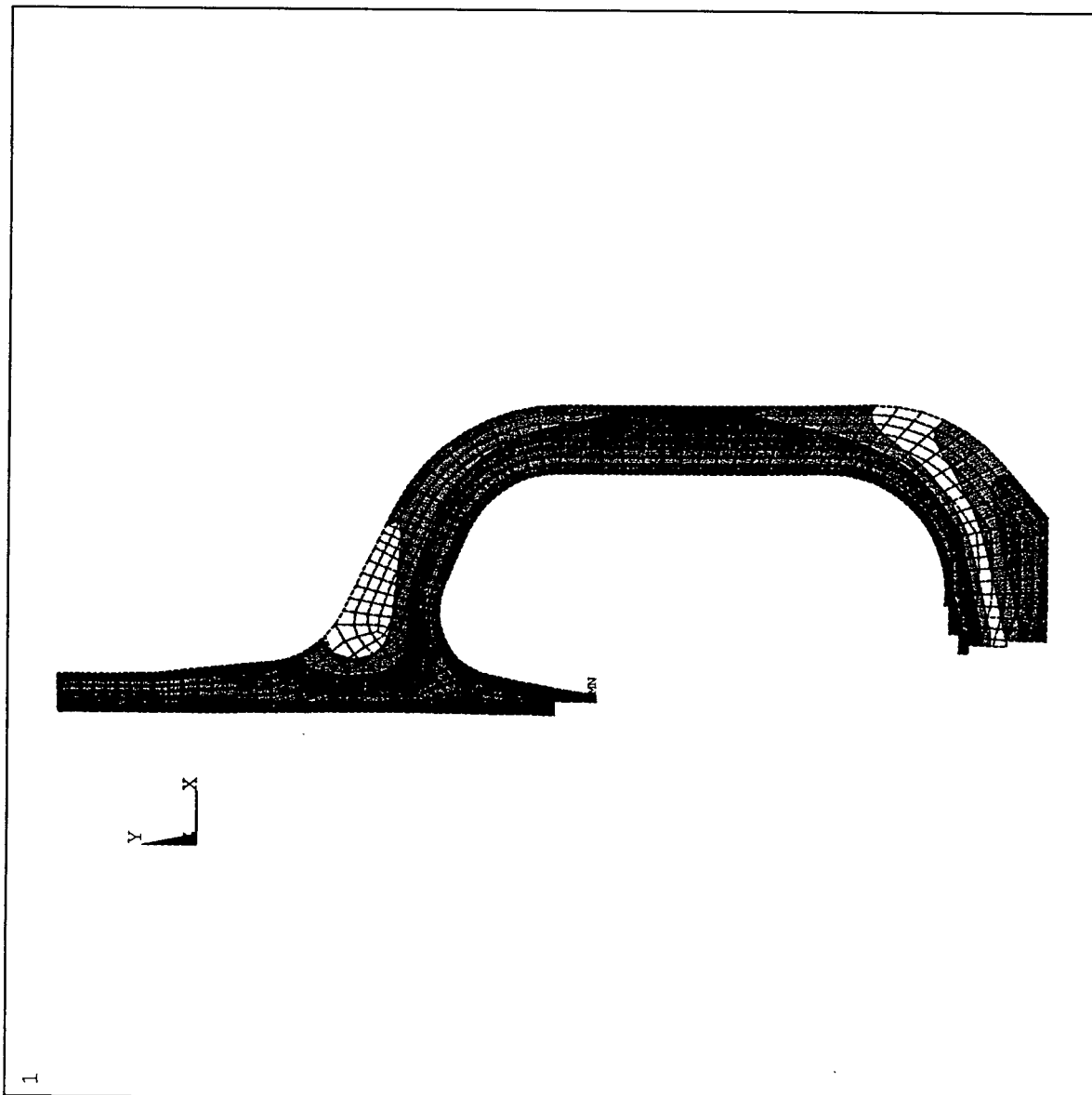


Figure 4-15. Temperature Distribution at Time = 9692 Seconds of Cooldown

ANSYS 5.3  
 MAR 25 1998  
 15:07:58  
 PLOT NO. 1  
 NODAL SOLUTION  
 STEP=13  
 SUB =1  
 TIME=9692  
 SINT (AVG)  
 DMX =.289329  
 SMN =595.078  
 SMX =46004  
 SMXB=50764  
 595.078  
 5640  
 10686  
 15731  
 20777  
 25822  
 30868  
 35913  
 40958  
 46004

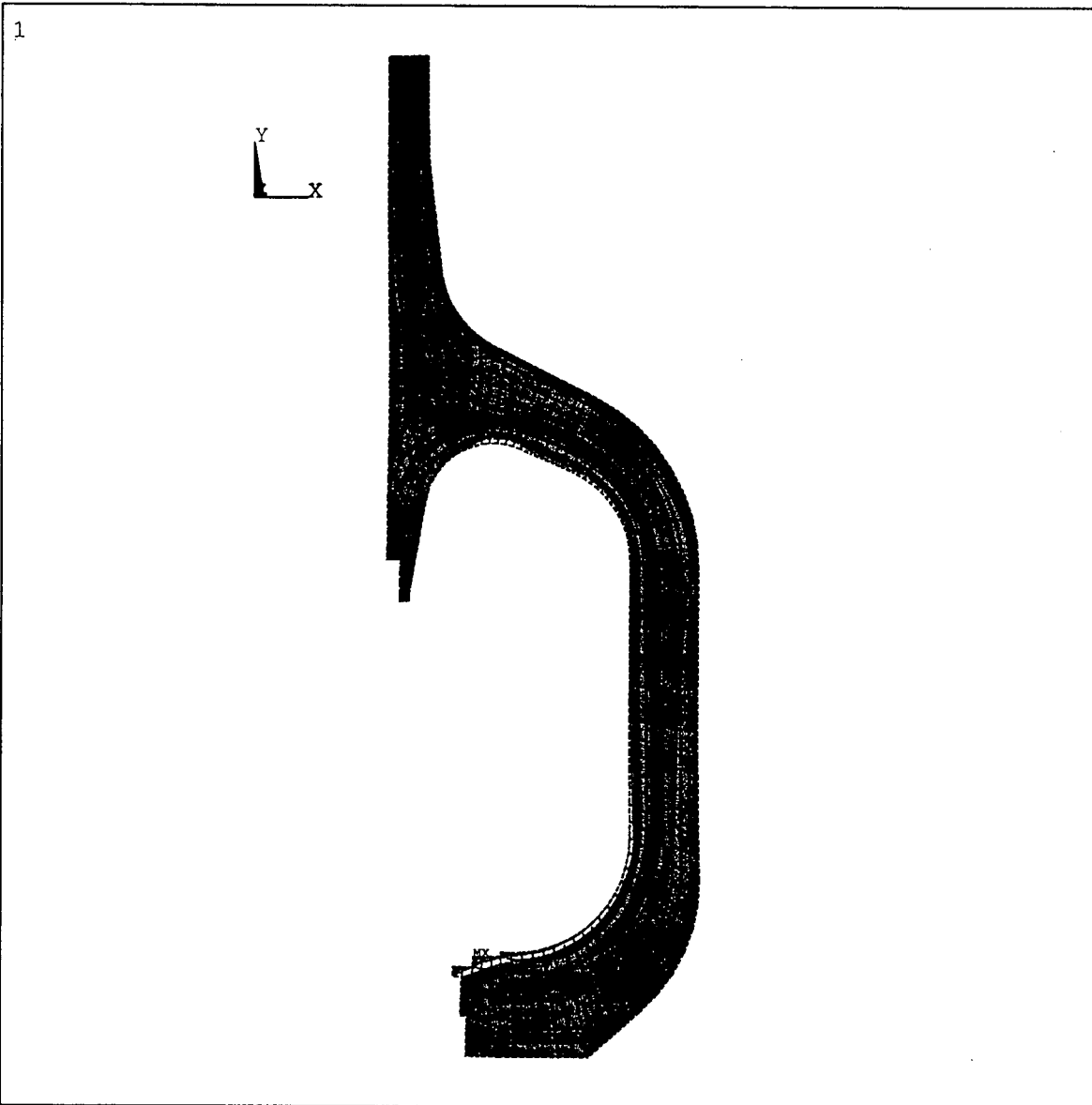
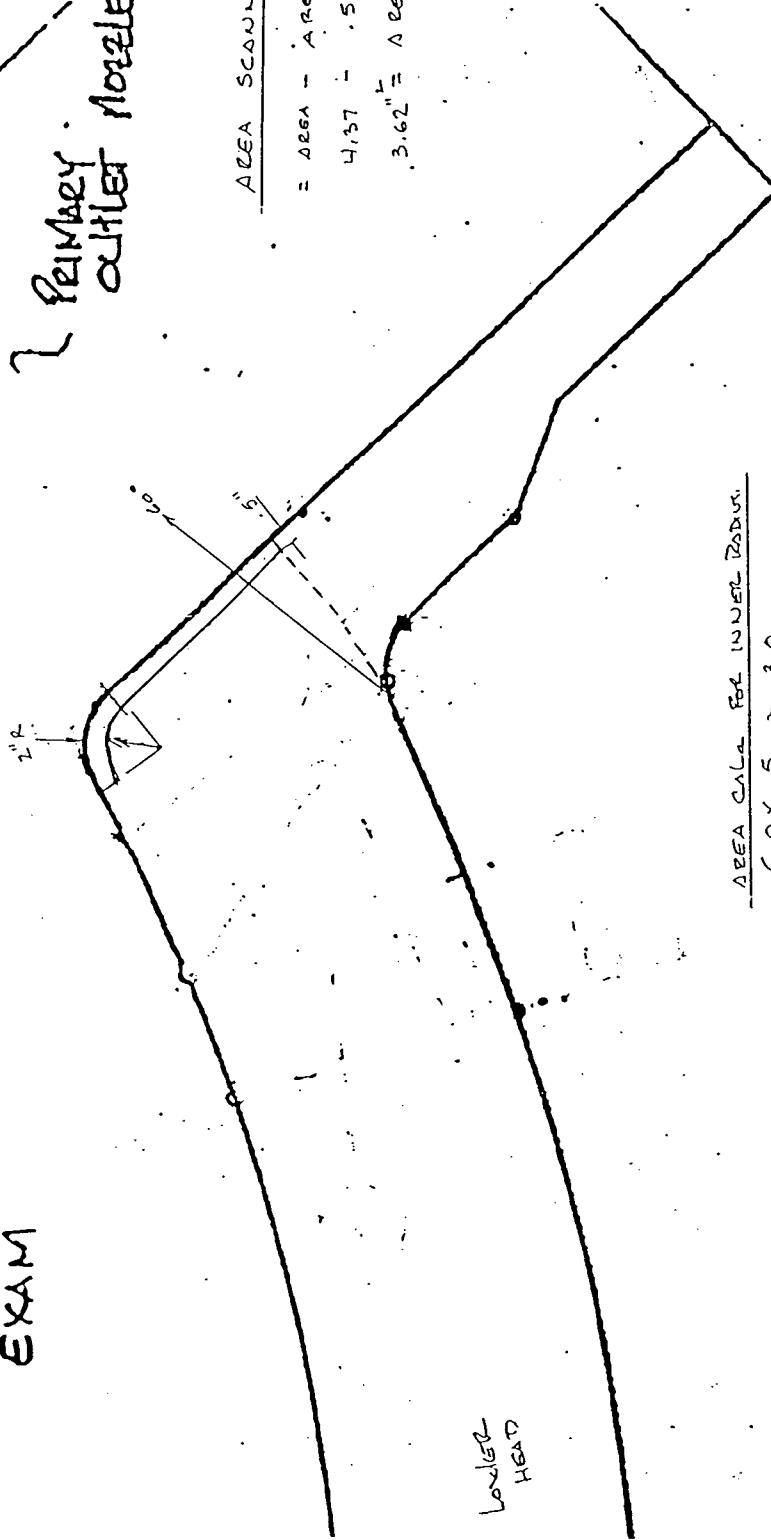


Figure 4-16. Stress Distribution Time = 9692 Seconds of Cooldown

INNER RADIUS  
EXAM

2 Primary  
OUTLET NOZZLE



LOWER  
HEAD

AREA SCANNED.

= AREA - AREA MISSED.

4.37 - .5 x 1.5

3.62" = AREA SCANNED.

AREA CALC FOR INNER RADIUS

$6.0 \times 1.5 = 3.0$

$\frac{\pi \times 2^2}{4} - \frac{\pi \times 1.5^2}{4} = 1.57 \text{ sq in}$

total = 4.57 sq in

TITLE: INNER RADIUS AREA CALC.

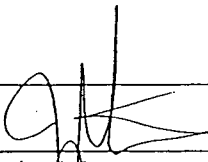
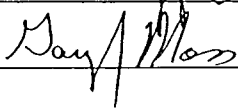
ITEM #: B03.140.003

PAGE 4 of 4

BY: ~~James W. Sledge~~ Lavel III

DATE: 11-21-95

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						NDE-91-1	
						Revision 0	
<b>Examination Volume/Area Defined</b>							
<input type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input checked="" type="checkbox"/> Inner Radius							
Area Calculation				Volume Calculation			
Area = 4.37" sq. in.				Volume = 124" x 4.37 sq. in. = 542 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60°	cw & ccw	3.62	66	239	542	44.10

		Item No:	B03.140.003
Prepared By: Jay A Eaton		Level:	II
Reviewed By: Gary Moss		Level:	II
		Date:	11/16/98
		Date:	11-16-98

SHEET 3 OF 4

DUKE POWER COMPANY ISI LIMITATION REPORT				FORM NDE-UT-4
Component/Weld ID: 3-SGB-WG50-2				Revision 1
Item No: B03.140.003				Remarks:
<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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 INCHES FROM WO _____ C/L _____ to _____ Beyond _____	BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	Due to Nozzle Configuration	5
<input type="checkbox"/> NO SCAN <input checked="" type="checkbox"/> LIMITED SCAN FROM L _____ 96" _____ to L _____ 24" _____ 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 _____ C/L _____ to _____ 11" _____	BEAM DIRECTION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	Due to Support Skirt	
<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 _____ C/L _____ to _____	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 _____ C/L _____ to _____	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 _____ C/L _____ to _____	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
Prepared By: Larry Mauldin Reviewed By: Jay A Eaton Date: 11/16/98 Level: III Date: 11/16/98 Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Authorized Inspector: <i>YMB</i> Date: 11-23-98				Sheet 2 of 4

DUKE POWER COMPANY										Exam Start: 0943		Form NDE-UT-2A	
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1022		Revision 4	
Station: Ocone			Unit: 3		Component/Weld ID: 3-SGB-WG50-2					Date: 11/7/98			
Weld Length (in.): N/A			Surface Condition: As Ground			Lo: 9.2.3		Surface Temperature: 75 ° F					
Examiner: Winfred C. Leeper			Level: II		Scans: 45 <input type="checkbox"/> _____ dB    70 <input type="checkbox"/> _____ dB 45T <input type="checkbox"/> _____ dB    70T <input checked="" type="checkbox"/> 82 dB 60 <input type="checkbox"/> _____ dB 60T <input checked="" type="checkbox"/> 69 dB Other: _____ dB				Pyrometer S/N: MCNDE 27017				
Examiner: Larry Mauldin			Level: III						Cal Due: 2/12/99				
Procedure: NDE-680			Rev: 1		FC: N/A		Configuration: Inner Radius						
							N/A Flow N/A						
Calibration Sheet No: 9803092, 9803093							N/A to N/A						
							Scan Surface: OD						
							Applies to NDE-680 only						
							Skew Angle: 20.5°						

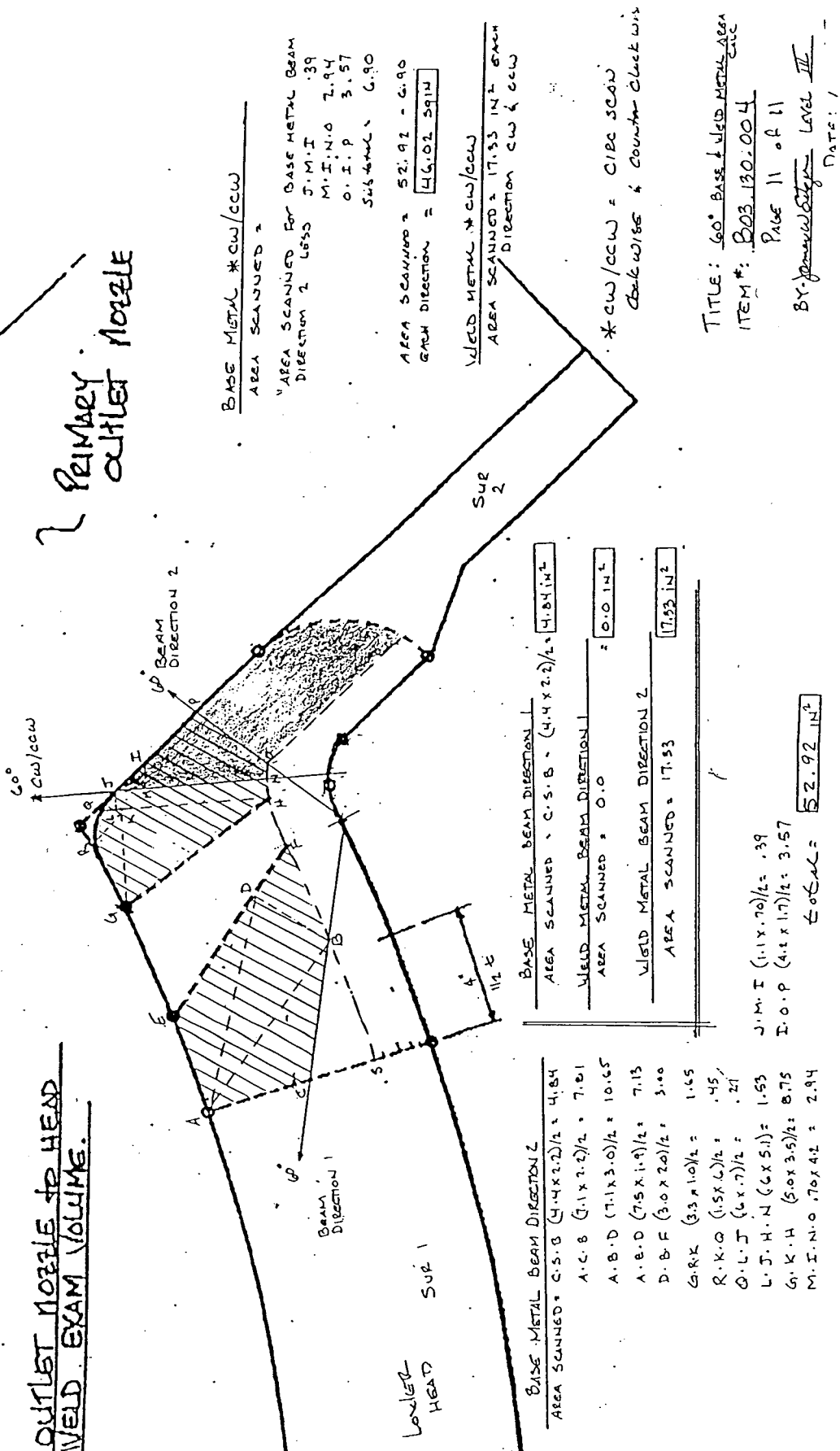
  

IND #	4	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT WRITE IN THIS SPACE		
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac				
						100%dac	100%dac	100%dac	100%dac	100%dac	100%dac				
NRI	60°														
NRI	70°														

Remarks:			
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/>		90% or greater coverage obtained: yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>	
Reviewed By: Jay A Eaton	Level: II	Date: 11/16/98	Authorized Inspector: <i>MBC</i> Date: 11-25-98
		Sheet 1 of 4	Item No: B03.140.003

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

PRIMARY  
OUTLET NOZZLE



BASE METAL BEAM DIRECTION 2

AREA SCANNED = C.S.B (4.4 x 2.2)/2 =	4.84
A.C.B (7.1 x 2.2)/2 =	7.81
A.B.D (7.1 x 3.0)/2 =	10.65
A.B.D (7.5 x 1.9)/2 =	7.13
D.B.F (3.0 x 2.0)/2 =	3.00
G.R.K (3.3 x 1.0)/2 =	1.65
R.K.O (1.5 x 6)/2 =	.45
O.L.J (6 x .7)/2 =	.21
L.J.H.N (6 x 5.1)/2 =	1.53
G.K.H (3.0 x 3.5)/2 =	8.75
M.I.N.O (7.0 x 4.2)/2 =	2.94

BASE METAL BEAM DIRECTION 1

AREA SCANNED = C.S.B = (4.4 x 2.2)/2 =	4.84 in <sup>2</sup>
WELD METAL BEAM DIRECTION 1	
AREA SCANNED = 0.0	0.0 in <sup>2</sup>
WELD METAL BEAM DIRECTION 2	
AREA SCANNED = 17.53	17.53 in <sup>2</sup>

J.M.I (1.1 x .70)/2 = .39  
I.O.P (4.2 x 1.7)/2 = 3.57  
TOTAL = 52.92 in<sup>2</sup>

BASE METAL \* CW/CCW  
AREA SCANNED =

AREA SCANNED FOR BASE METAL BEAM  
DIRECTION 2 LOSS

J.M.I	.39
M.I.N.O	2.94
O.I.P	3.57
SUB TOTAL	6.90

AREA SCANNED = 52.92 - 6.90  
EACH DIRECTION = 46.02 sq in

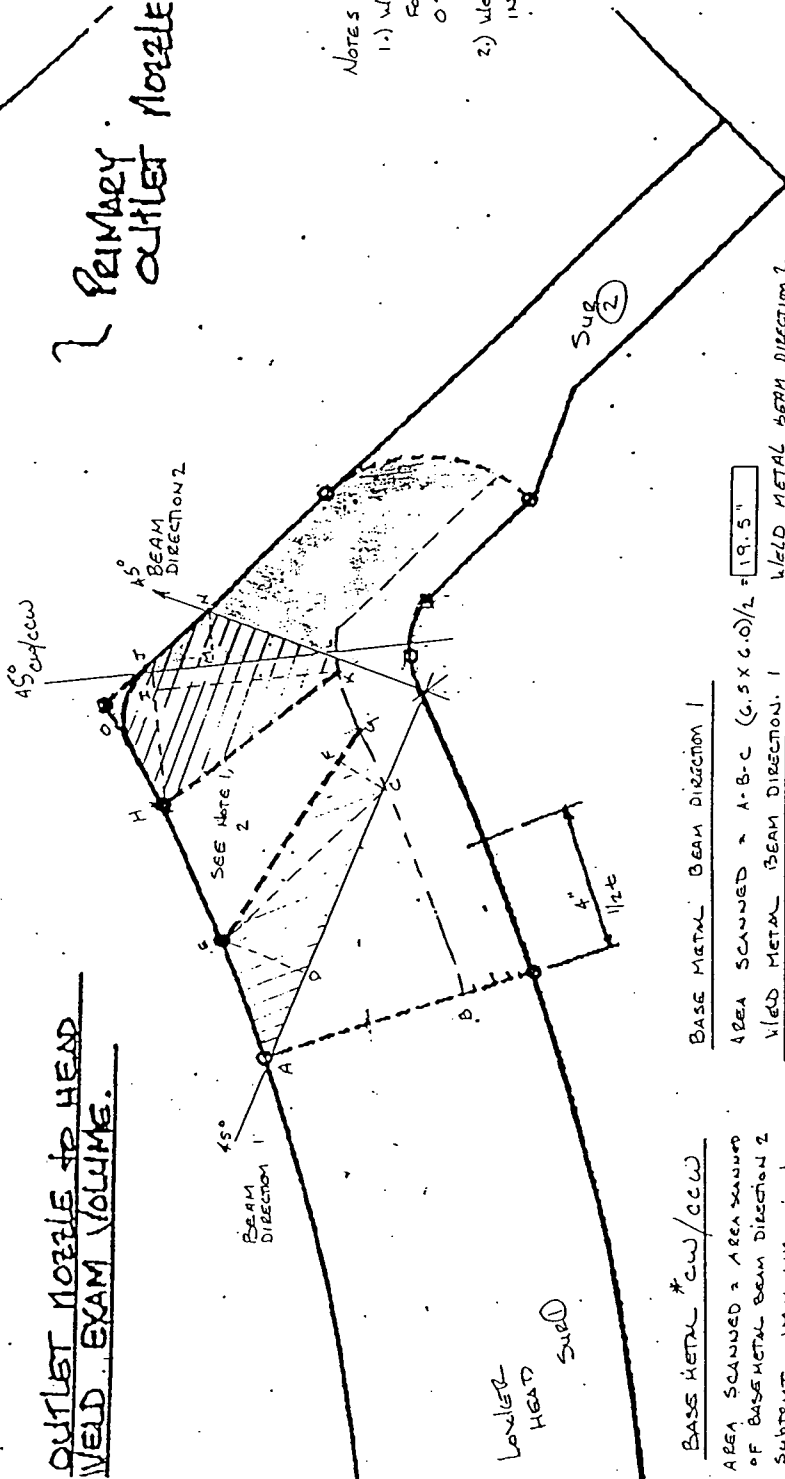
WELD METAL \* CW/CCW  
AREA SCANNED = 17.53 in<sup>2</sup> EACH  
DIRECTION CW & CCW

\* CW/CCW = CIRC SCAN  
Clockwise & Counter Clockwise

TITLE: 60° BASE & WELD METAL AREA  
ITEM #: B03.130.004  
Page 11 of 11  
BY: James W. Styer Level III  
Date: / /

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

Primary  
outlet nozzle



NOTES:  
1.) WELD AREA RECEIVED 100%  
FOR BEAM DIRECTION 2 &  
0% FOR BEAM DIRECTION 1.  
2.) WELD ALSO RECEIVED 100%  
IN CW & CCW DIRECTION

BASE METAL BEAM DIRECTION 1  
AREA SCANNED = A-B-C (6.5 X 6.0)/2 = 19.5"  
WELD METAL BEAM DIRECTION 1  
AREA SCANNED = 0.0"  
BASE METAL BEAM DIRECTION 2  
AREA SCANNED = 17.33 IN SQ.

BASE METAL # CW/CCW  
AREA SCANNED = AREA SCANNED  
OF BASE METAL BEAM DIRECTION 2  
SUBTRACT MIN 142 sq in &  
MIN 12.5 sq in

TITLE: 45° WELD & BASE AREA  
ITEM #: B03.130.004  
PAGE 10 of 11  
BY: [Signature]  
DATE: 11.21.95

WELD: 52.20 SHIN-  
WELD: 52.20 SHIN-

AREA SCANNED =  
A-B-C (6.5 X 6.0)/2 = 19.5  
A-D-E (2.5 X 3.0)/2 = 3.75  
D-E-F (3.0 X 5.0)/2 = 7.5  
E-F-G (4.0 X 1.5)/2 = 3.0  
G-H-I (1.5 X 1.0)/2 = .75  
H-I-J (3.3 X 5.2)/2 = 8.58  
I-J-K-L (5.2 X .5)/2 = 1.30  
K-L-M (1 X 3.5)/2 = 1.75  
M-N-O (1.8 X 1.5)/2 = 1.35  
N-O-P (1.5 X 3.0)/2 = 2.25

AREA SCANNED = 52.20 - 3.67  
EXAM DIRECTION = 48.53 sq in  
CW & CCW  
\* CIRC SCANS clockwise

Remedy.  
outlet nozzle

50 WELD METAL

---

AREA SCANNED

17.53 in<sup>2</sup>

0° BASE METAL  
AREA SCANNED

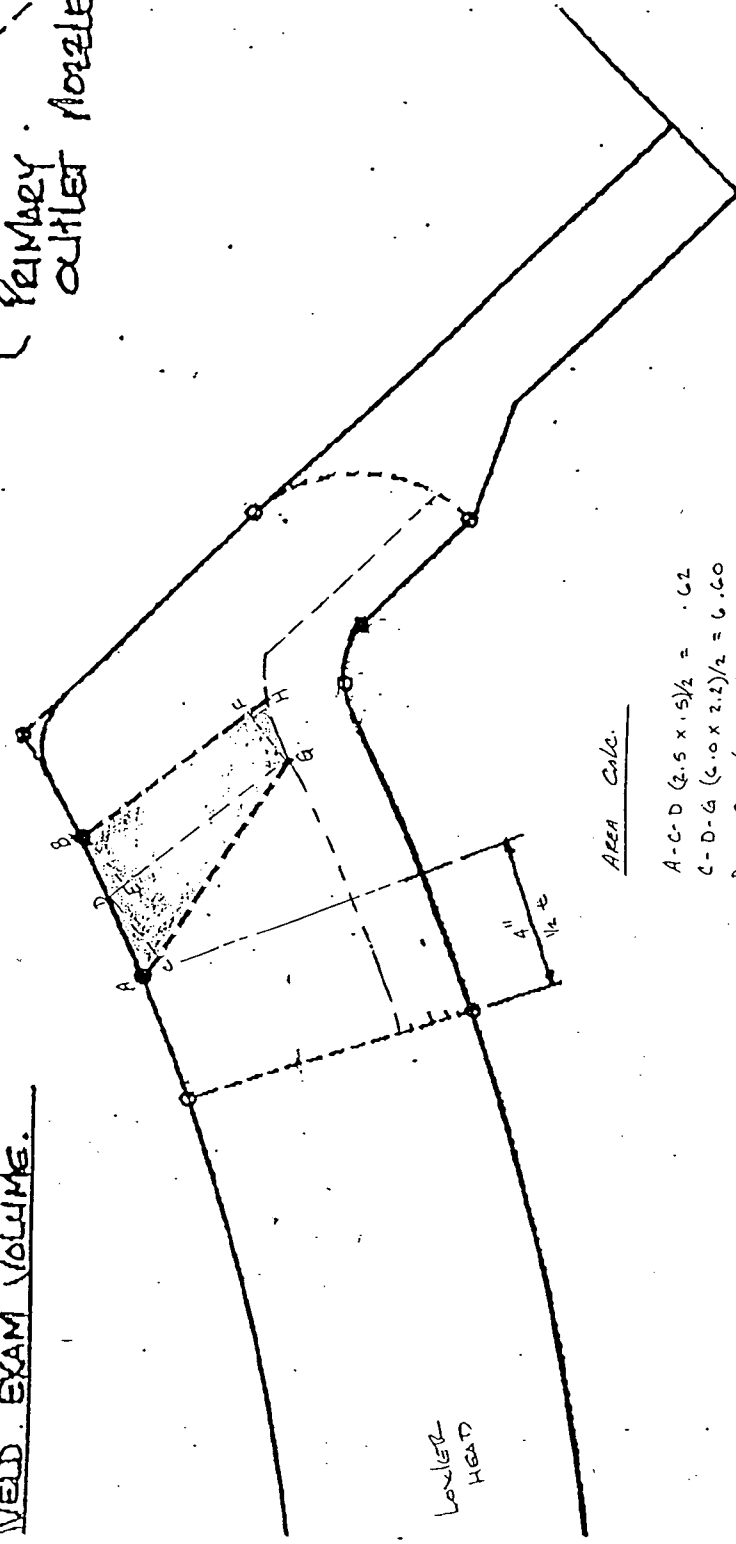
A.B.J.I	$6.0 \times 4.0$	$=$	24.0
B.I.H	$(6.0 \times 3.7)/2$	$=$	11.1
C.G.D	$(6.0 \times 2.8)/2$	$=$	8.4
G.F.D.E	$(5.9 \times .40)/2$	$=$	1.18

total:  $44.68 \text{ m}^2$

Low/ER  
HIGH

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

PRIMARY  
OUTLET NOZZLE



LOWER  
HEAD

AREA Calc.

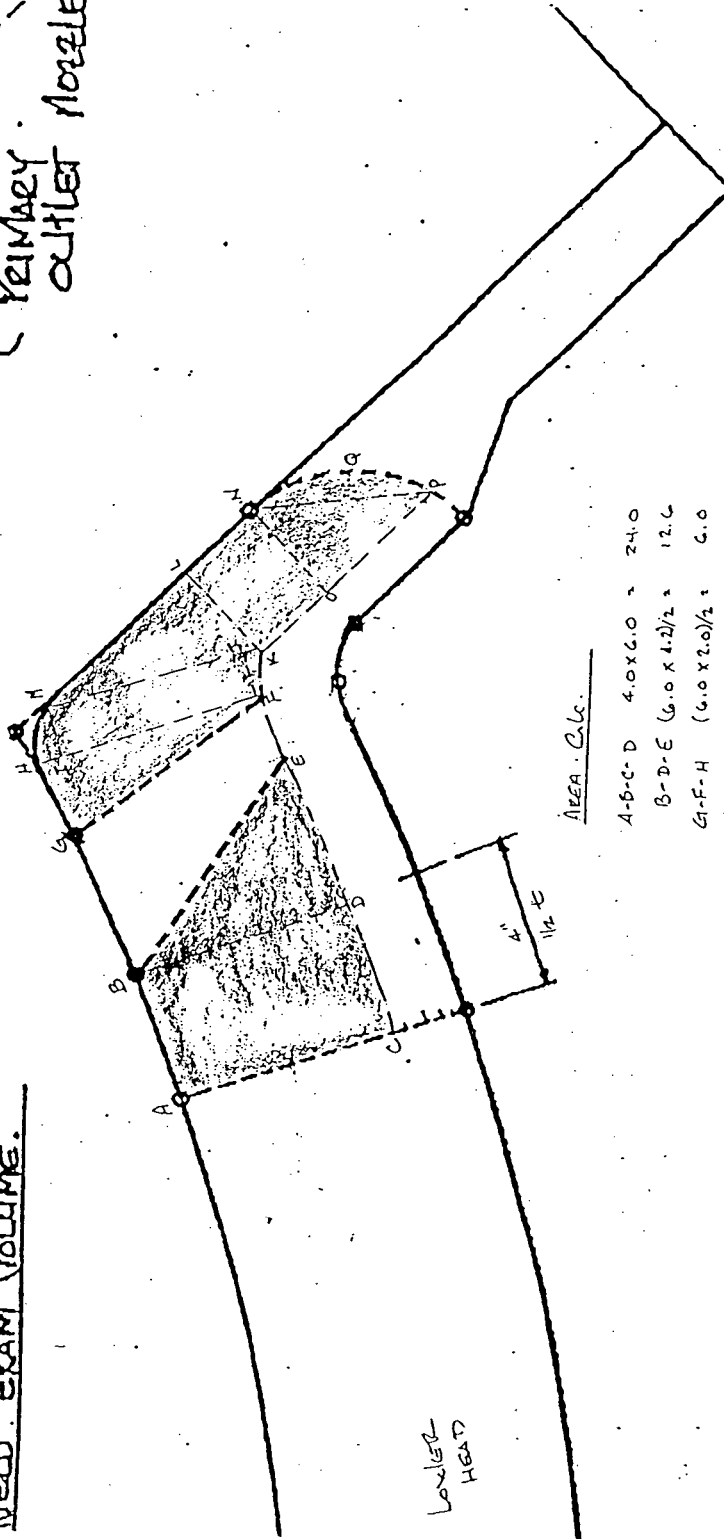
$$\begin{aligned} A-C-D &= (2.5 \times .5)/2 = .62 \\ C-D-G &= (2.0 \times 2.2)/2 = 2.20 \\ D-E-B &= (1.7 \times .5)/2 = .42 \\ E-B-G-F &= 5.4 \times 1.7 = 9.18 \\ F-G-H &= (1.7 \times .6)/2 = .51 \end{aligned}$$

$$\text{TOTAL} = 17.33 \text{ sq. in.}$$

TITLE: WELD METAL AREA CALC.  
ITEM #: B03.130.004  
PAGE 8 OF 11  
BY: JAMES W. STILES LEVEL III  
DATE: 11.21.95

OUTLET NOZZLE TO HEAD  
VELD. EXAM VOLUME.

Primary  
OUTLET NOZZLE



AREA. Calc.

A-B-C-D	$4.0 \times 6.0 = 24.0$
B-D-E	$(6.0 \times 4.2)/2 = 12.6$
G-F-H	$(6.0 \times 2.0)/2 = 6.0$
H-I-M	$(1.4 \times 1.0)/2 = .70$
I-M-F-J	$1.4 \times 5.3 = 7.42$
M-K-L	$(3.0 \times 5.0)/2 = 7.50$
K-L-O-N	$2.4 \times 3.0 = 7.20$
O-N-P	$(3.0 \times 3.9)/2 = 5.85$
N-P-Q	$(.80 \times 5.0)/2 = 2.00$

total

73.27 sq. in.

TITLE: BASE METAL AREA CALC.

ITEM #: B03.130.00.4

PAGE 7 of 11

BY: JAMES W. STILES, Level III  
DATE: 11-21-95

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						<b>NDE-91-1</b>	
						<b>Revision 0</b>	
<b>Examination Volume/Area Defined</b>							
<input checked="" type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius							
<b>Area Calculation</b>				<b>Volume Calculation</b>			
Area = 73.27 sq. in.				Volume = 124" x 73.27 = 9085 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
N/A	0	N/A	44.68	94	4199	9085	46.22
AXIAL	45	S1	19.5	94	1833	9085	20.18
AXIAL	45	S2	52.20	94	4906	9085	54.00
AXIAL	60	S1	4.84	66	319	9085	3.51
AXIAL	60	S2	52.92	66	3492	9085	38.44
CIRC	45	CW	48.53	94	4561	9085	50.20
CIRC	45	CCW	48.53	94	4561	9085	50.20
CIRC	60	CW	46.02	66	3037	9085	33.43
CIRC	60	CCW	46.02	66	3037	9085	33.43

Prepared By: Jay A Eaton		Level: II	Date: 11/16/98
Reviewed By: Gary Moss		Level: II	Date: 11-17-98

SHEET 6 OF 11

<b>DUKE POWER COMPANY</b>						NDE-91-1	
<b>Limited Examination Coverage Worksheet</b>						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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			
Area = 17.33 sq. in.				Volume = 124" x 17.33 = 2149 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
N/A	0	N/A	17.33	94	1629.02	2149	75.80
AXIAL	45	S1	0.0	66	0	2149	0.00
AXIAL	45	S2	17.33	66	1629.02	2149	75.80
AXIAL	60	S1	0.0	66	0	2149	0.00
AXIAL	60	S2	17.33	66	1143.78	2149	53.22
CIRC	60	S1	17.33	66	1143.78	2149	53.22
CIRC	60	S2	17.33	66	1143.78	2149	53.22
CIRC	45	S1	17.33	94	1629.02	2149	75.80
CIRC	45	S2	17.33	94	1629.02	2149	75.80

Prepared By: Jay A Eaton			Level: II	Date: 11/16/98
Reviewed By: Gary Moss			Level: II	Date: 11-17-98

SHEET 5 OF 11

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						<b>NDE-91-1</b>	
						<b>Revision 0</b>	
<b>Examination Volume/Area Defined</b>							
<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							
<b>Area Calculation</b>				<b>Volume Calculation</b>			
SEE ATTACHED SHEET				SEE ATTACHED SHEET			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
					29945	81765	36.62
					9947.42	19341	51.43
		TOTAL	AGGREGATE	COVERAGE	39892.42	101106	39.46

			Item No:     B03.130.004
Prepared By: Jay A Eaton		Level:     II	Date: 11/16/98
Reviewed By: Gary Moss		Level:     II	Date: 11-17-98

SHEET 4 OF 11

# DUKE POWER COMPANY ISI LIMITATION REPORT

FORM NDE-UT-4

Revision 1

Component/Weld ID: 3-SGB-WG50-1

Item No: B03.130.004

Remarks:

☒ NO SCAN SURFACE BEAM DIRECTION  
☐ LIMITED SCAN ☐ 1 ☒ 2 ☒ 1 ☐ 2 ☒ cw ☒ ccw  
 FROM L \_\_\_\_\_ to L \_\_\_\_\_ INCHES FROM WO \_\_\_\_\_ C/L \_\_\_\_\_ to \_\_\_\_\_ Beyond \_\_\_\_\_  
 ANGLE: ☒ 0 ☒ 45 ☒ 60 ☐ Other \_\_\_\_\_ FROM \_\_\_\_\_ 0 \_\_\_\_\_ DEG to \_\_\_\_\_ 360 \_\_\_\_\_ DEG

Due to Nozzle Configuration

☐ NO SCAN SURFACE BEAM DIRECTION  
☒ LIMITED SCAN ☒ 1 ☐ 2 ☐ 1 ☒ 2 ☒ cw ☒ ccw  
 FROM L \_\_\_\_\_ 96" \_\_\_\_\_ to L \_\_\_\_\_ 24" \_\_\_\_\_ INCHES FROM WO \_\_\_\_\_ C/L \_\_\_\_\_ to \_\_\_\_\_ 11" \_\_\_\_\_  
 ANGLE: ☒ 0 ☒ 45 ☒ 60 ☐ Other \_\_\_\_\_ FROM \_\_\_\_\_ DEG to \_\_\_\_\_ DEG

Due to Support Skirt

☐ 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: Larry Mauldin

Level: III

Date: 11/7/98

Sketch(s) attached ☒ yes ☐ no

Sheet 3 of 11

Reviewed By: Jay A Eaton

Date: 11/17/98

Authorized Inspector: YMC

Date: 11-25-98

<b>DUKE POWER COMPANY</b>										Exam Start: 0943		Form NDE-UT-2A	
<b>ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS</b>										Exam Finish: 1016		Revision 4	
Station: Oconee			Unit: 3		Component/Weld ID: 3-SGB-WG50-1					Date: 11/7/98			
Weld Length (in.): 120.51			Surface Condition: As Ground			Lo: 9.2.3		Surface Temperature: 75 ° F					
Examiner: Winfred C. Leeper			Level: II		Scans: 45 <input type="checkbox"/> _____ dB    70 <input type="checkbox"/> _____ dB 45T <input type="checkbox"/> _____ dB    70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 69 dB 60T <input checked="" type="checkbox"/> 69 dB Other: _____ dB					Pyrometer S/N: MCNDE 27017			
Examiner: Larry Mauldin			Level: III							Cal Due: 2/12/99			
Procedure: NDE-620			Rev: 5							FC: N/A		Configuration: Nozzle to Head	
Calibration Sheet No: 9803091										S1 _____ Flow _____ S2 _____ Head _____ to _____ Nozzle _____ Scan Surface: OD Applies to NDE-680 only Skew Angle: N/A			

IND #	<input checked="" type="checkbox"/>	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	60°														

Remarks:			
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			Sheet <u>2</u> of <u>11</u>
Reviewed By: Jay A Eaton	Level: II	Date: 11/17/98	Authorized Inspector: <u>MBC</u> Date: <u>11-25-98</u> Item No: B03.130.004

<b>DUKE POWER COMPANY</b>						Exam Start: 0915		Form NDE-UT-2A	
<b>ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS</b>						Exam Finish: 0959		Revision 4	
Station: Oconee		Unit: 3	Component/Weld ID: 3-SGB-WG50-1				Date: 11/7/98		
Weld Length (in.): 120.51		Surface Condition: As Ground		Lo: 9.2.3		Surface Temperature: 75 ° F			
Examiner: Gayle E. Houser <i>GE Houser</i>		Level: II	Scans: 45 <input checked="" type="checkbox"/> 56 dB    70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 56 dB    70T <input type="checkbox"/> _____ dB 60 <input type="checkbox"/> _____ dB 60T <input type="checkbox"/> _____ dB Other: 0°-20.5 dB			Pyrometer S/N: MCNDE 27017			
Examiner: David Zimmerman <i>David Zimmerman</i>		Level: II				Cal Due: 2/12/99			
Procedure: NDE-620    Rev: 5		FC: N/A	Configuration: Nozzle to Head S1                      Flow                      S2 Head                      to                      Nozzle Scan Surface: OD Applies to NDE-680 only Skew Angle: N/A						
NDE-640                      1									
Calibration Sheet No: 9803089, 9803090		95-18&19							

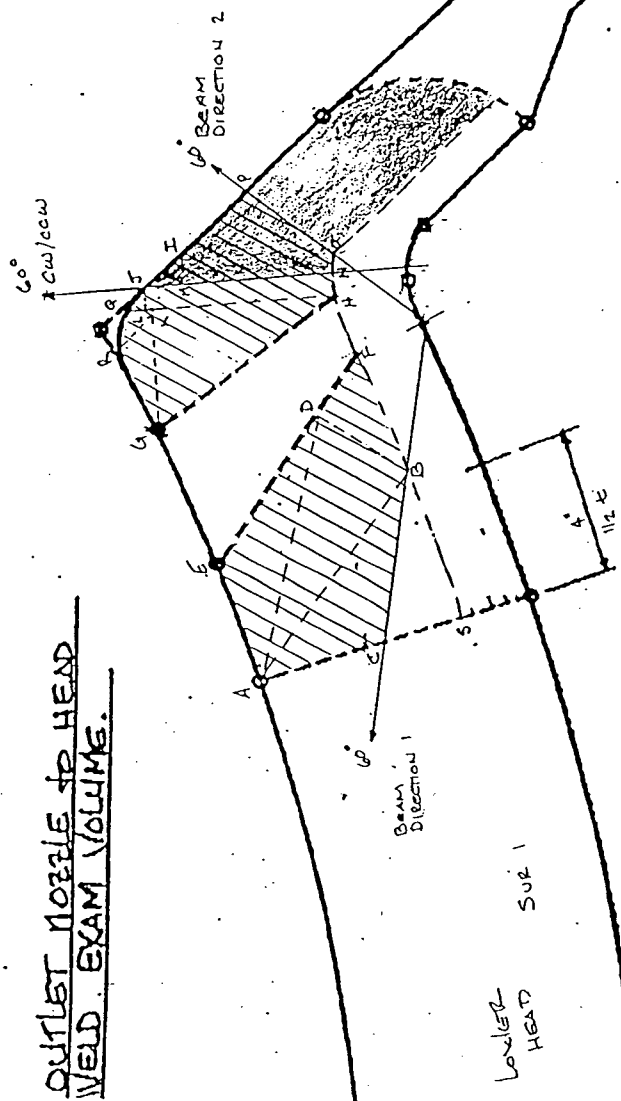
IND #	<input checked="" type="checkbox"/>	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT WRITE IN THIS SPACE		
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac		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

Remarks:	
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Reviewed By: <i>JAE</i>	Level: II    Date: 11/17/98
Jay A Eaton	Authorized Inspector: <i>MBC</i> Date: 11-25-98
Item No: B03.130.004	

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME

PRIMARY  
OUTLET NOZZLE



BASE METAL BEAM DIRECTION 2

AREA SCANNED = C.S.B	$(4.1 \times 2.2)/2 = 4.84$
A.C.B	$(3.1 \times 2.2)/2 = 3.41$
A.B.D	$(7.1 \times 3.0)/2 = 10.65$
A.B.D	$(7.5 \times 1.4)/2 = 5.25$
D.B.F	$(3.0 \times 2.0)/2 = 3.00$
G.R.K	$(3.3 \times 1.0)/2 = 1.65$
R.K.O	$(1.5 \times 6)/2 = 4.5$
O.L.J	$(6 \times 7)/2 = 21$
L.J.H.N	$(6 \times 5.1)/2 = 15.3$
G.K.H	$(5.0 \times 3.5)/2 = 8.75$
M.I.N.O	$(7.0 \times 4.2)/2 = 14.7$

BASE METAL BEAM DIRECTION 1

AREA SCANNED = C.S.B	$(4.4 \times 2.2)/2 = 4.84 \text{ in}^2$
WELD METAL BEAM DIRECTION 1	
AREA SCANNED = 0.0	$0.0 \text{ in}^2$
WELD METAL BEAM DIRECTION 2	
AREA SCANNED = 17.53	$17.53 \text{ in}^2$

J.M.I  $(1.1 \times 7.0)/2 = .39$   
I.O.P  $(4.2 \times 1.7)/2 = 3.57$   
TOTAL =  $52.92 \text{ in}^2$

BASE METAL \*CW/CCW  
AREA SCANNED =

AREA SCANNED FOR BASE METAL BEAM  
DIRECTION 2 LESS  
J.M.I .39  
M.I.N.O 2.94  
O.I.P 3.57  
SUBTOTAL 6.90

AREA SCANNED = 52.92 - 6.90  
EXAM DIRECTION =  $46.02 \text{ sq in}$

WELD METAL \*CW/CCW

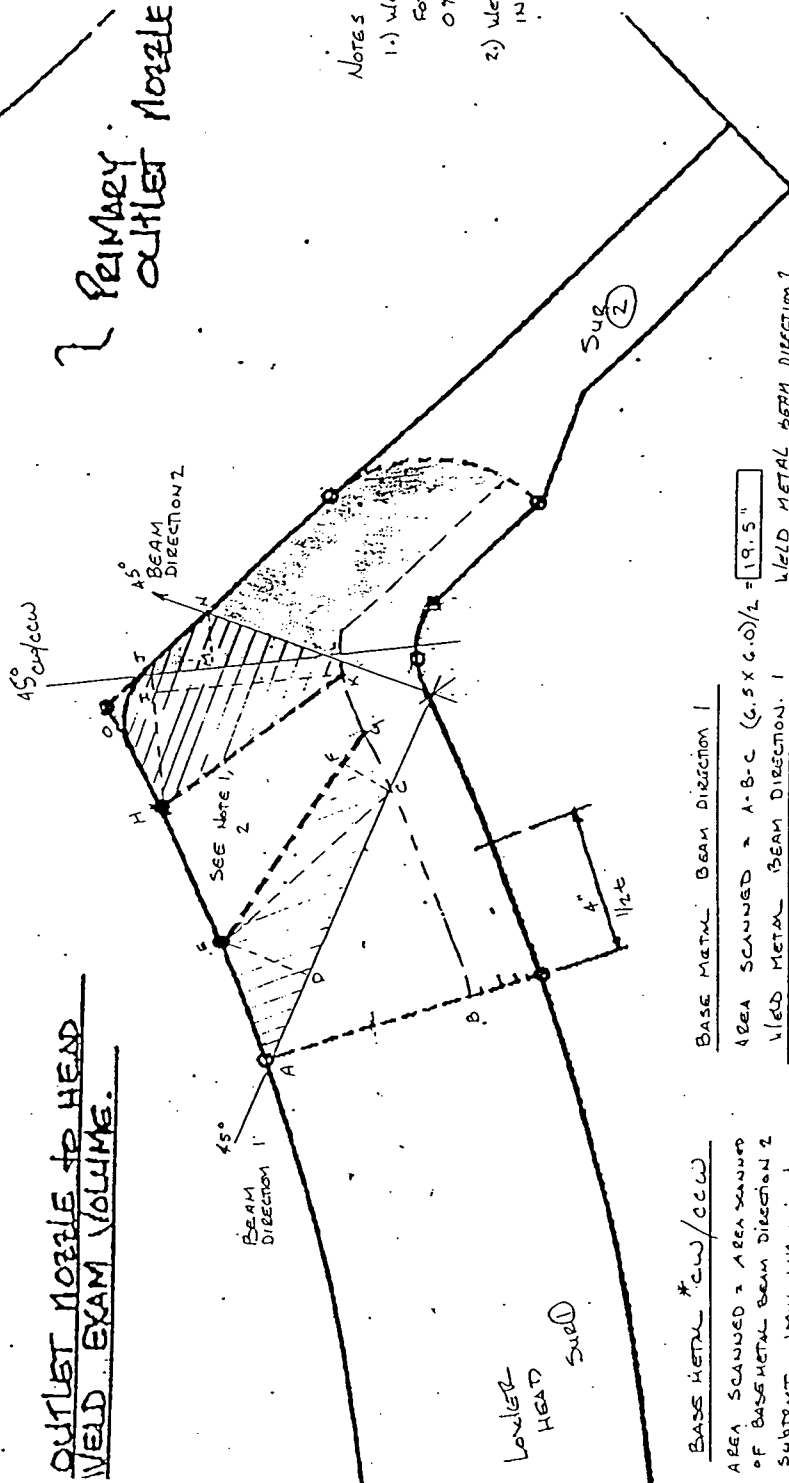
AREA SCANNED = 17.53 in<sup>2</sup> EXAM  
DIRECTION CW & CCW

\*CW/CCW = CIRC SCAN  
Clockwise & Counter Clockwise

TITLE: 60° BASE & WELD METAL AREA  
ITEM #: B03.130.003  
PAGE 11 of 11  
BY: James J. ... LEVEL III  
DATE: 11.21.95

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

PRIMARY  
OUTLET NOZZLE



NOTES:

- 1.) WELD AREA RECEIVED 100% FOR BEAM DIRECTION 1 & 0% FOR BEAM DIRECTION 2.
- 2.) WELD ALSO RECEIVED 100% IN CW & CCW DIRECTIONS.

BASE METAL \* CW/CCW

AREA SCANNED = AREA SCANNED OF BASE METAL BEAM DIRECTION 2  
SUBTRACT MIN 1.42 sq in & MIN 2.25 sq in

3.67 ±/52.20

AREA SCANNED = 52.20 - 3.67  
EXAM DIRECTION = 48.53 sq in  
CW & CCW

\* CIRC SCANS clockwise

BASE METAL BEAM DIRECTION 1

AREA SCANNED = A-B-C (6.5 X 6.0)/2 = 19.5"

WELD METAL BEAM DIRECTION 1

AREA SCANNED = 0.0"

BASE METAL BEAM DIRECTION 2

AREA SCANNED =

A-B-C (6.5 X 6.0)/2 = 19.5  
A-D-E (2.5 X 3.0)/2 = 3.75  
D-E-C (3.0 X 5.6)/2 = 8.40  
E-C-F (4.0 X 1.5)/2 = .75  
C-F-G (1.5 X 1.0)/2 = .75  
H-I-K-I (3.3 X 5.2)/2 = 8.58  
I-J-K-L (5.2 X .5)/2 = 1.30  
H-O-J (1 X 1.5)/2 = 1.75  
J-M-N (1.9 X 1.5)/2 = 1.42  
M-U-L (1.5 X 3.0)/2 = 2.25

WELD METAL BEAM DIRECTION 2

AREA SCANNED = 17.33 sq in

total: 52.20 sq in

TITLE: 45° WELD & BASE SCAN  
ITEM #: 203.130.003

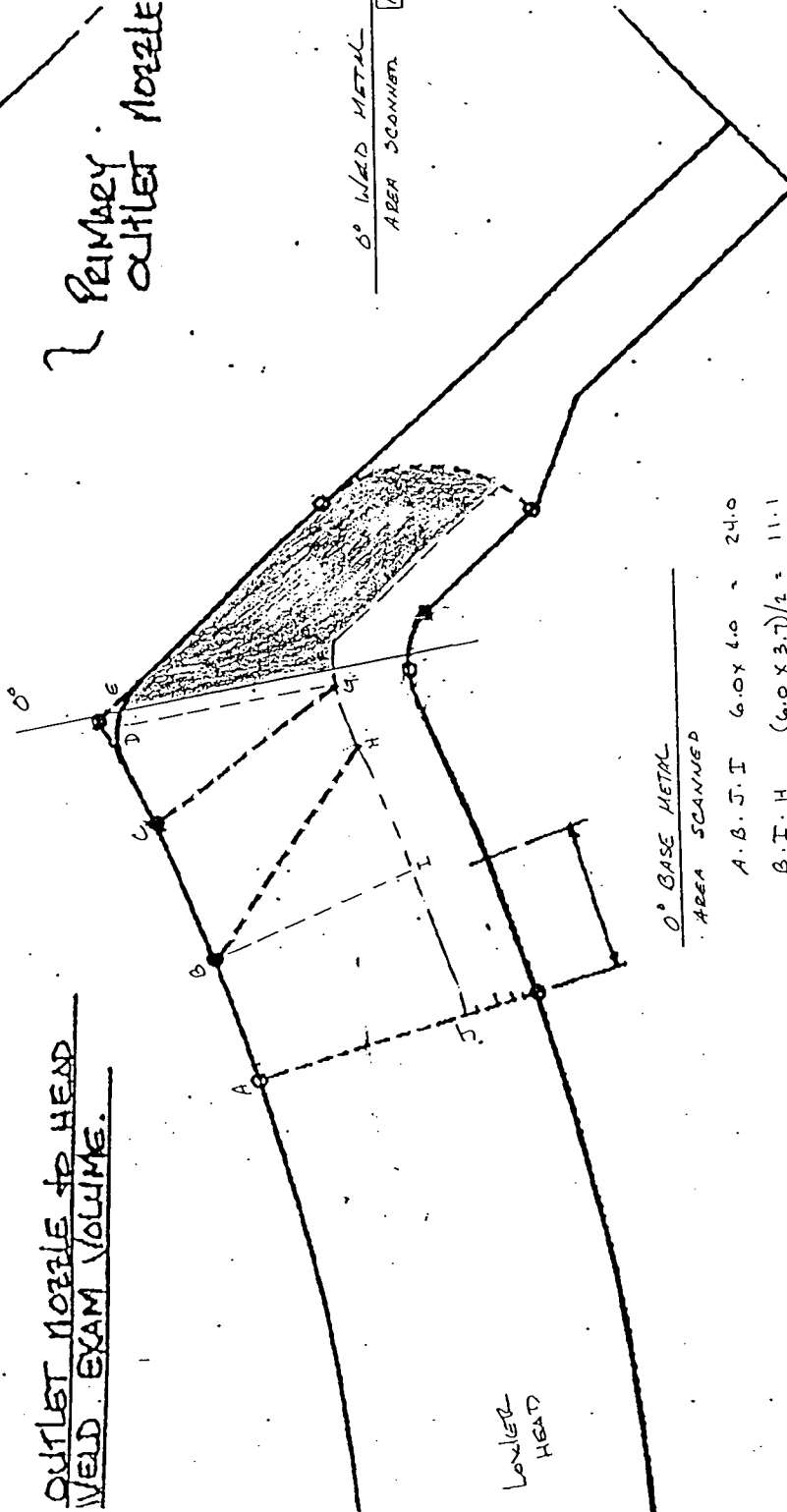
PAGE 10 of 11

BY: JAMES STEEL LEVEL III  
DATE: 11.21.95

TITLE: 0° BASE & WELD METAL  
ITEM #: B03.130.003  
PAGE 9 of 11  
BY: James W. Styles LEVEL III  
DATE: 11-21-95

PRIMARY  
OUTLET NOZZLE

0° WELD METAL  
AREA SCANNED 17.93 in<sup>2</sup>



0° BASE METAL  
AREA SCANNED

- A.B.J.I 6.0 x 4.0 = 24.0
- B.I.H (6.0 x 3.7)/2 = 11.1
- C.G.D (6.0 x 2.8)/2 = 8.4
- G.F.D.E (5.9 x .40)/2 = 1.18

TOTAL: 44.68 in<sup>2</sup>

LOWER  
HEAD

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

TITLE: WELD METAL AREA CALC.

ITEM #: B03.130.003

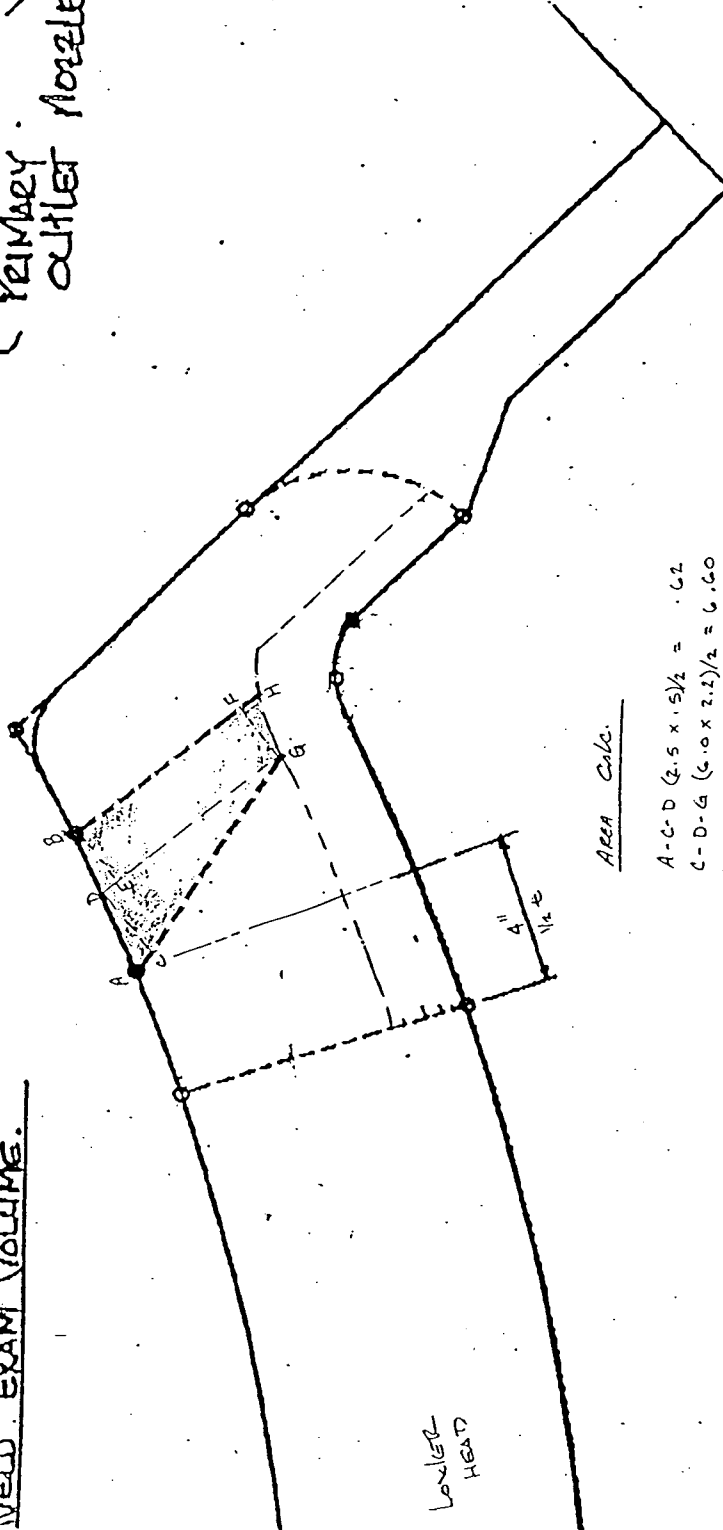
PAGE 8 OF 11

BY: JAMES W. STILES, LEVEL III

DATE: 11-21-95

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

PRIMARY  
OUTLET NOZZLE



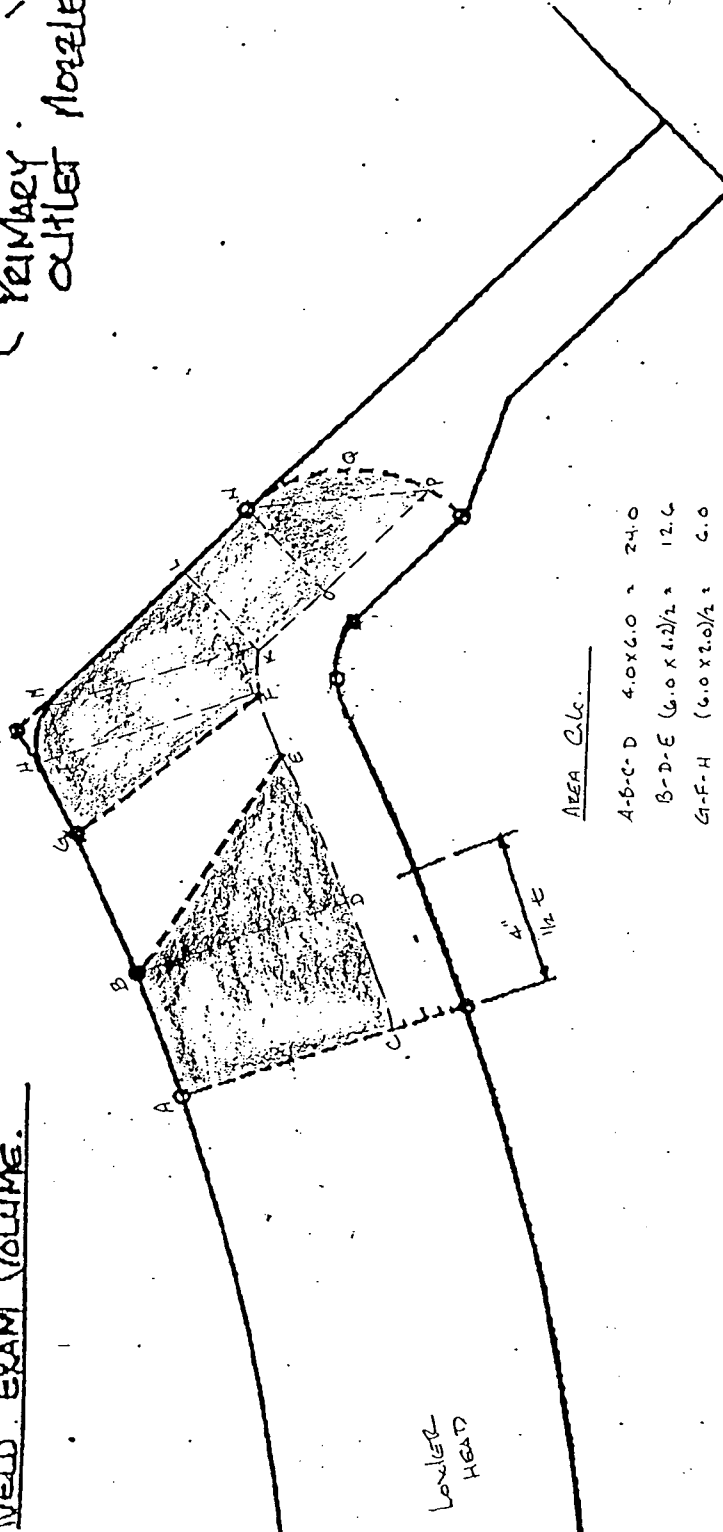
AREA CALC.

$$\begin{aligned} A-C-D &= (2.5 \times 1.5) / 2 = .62 \\ C-D-G &= (6.0 \times 2.2) / 2 = 6.60 \\ D-E-B &= (1.7 \times 1.5) / 2 = .42 \\ E-B-G-F &= 5.4 \times 1.7 = 9.18 \\ F-G-H &= (1.7 \times 1.6) / 2 = .51 \end{aligned}$$

$$\text{TOTAL} = 17.33 \text{ sq. in.}$$

OUTLET NOZZLE TO HEAD  
WELD EXAM VOLUME.

Primary  
outlet nozzle



AREA Calc.

A-B-C-D  $4.0 \times 6.0 = 24.0$   
 B-D-E  $(6.0 \times 4.2)/2 = 12.6$   
 G-F-H  $(6.0 \times 2.0)/2 = 6.0$   
 H-I-M  $(1.4 \times 1.0)/2 = .70$   
 J-M-F-J  $1.4 \times 5.3 = 7.42$   
 M-K-L  $(3.0 \times 5.0)/2 = 7.50$   
 K-L-O-N  $2.4 \times 3.0 = 7.20$   
 O-N-P  $(3.0 \times 3.9)/2 = 5.85$   
 N-P-Q  $(.80 \times 5.0)/2 = 2.00$

total

73.27 sq. in.

TITLE: BASE METAL AREA CALC.

ITEM #: B03.130.003

PAGE 7 of 11

BY: Jamawala


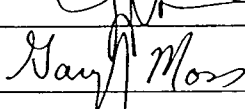
DATE: 11.21.95

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						<b>NDE-91-1</b>	
						<b>Revision 0</b>	
<b>Examination Volume/Area Defined</b>							
<input checked="" type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input type="checkbox"/> Inner Radius							
<b>Area Calculation</b>				<b>Volume Calculation</b>			
Area = 73.27 sq. in.				Volume = 124" x 73.27 = 9085 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
N/A	0	N/A	44.68	94	4199	9085	46.22
AXIAL	45	S1	19.5	94	1833	9085	20.18
AXIAL	45	S2	52.20	94	4906	9085	54.00
AXIAL	60	S1	4.84	66	319	9085	3.51
AXIAL	60	S2	52.92	66	3492	9085	38.44
CIRC	45	CW	48.53	94	4561	9085	50.20
CIRC	45	CCW	48.53	94	4561	9085	50.20
CIRC	60	CW	46.02	66	3037	9085	33.43
CIRC	60	CCW	46.02	66	3037	9085	33.43

Prepared By: Jay A Eaton		Level: II	Date: 11/16/98
Reviewed By: Gary Moss		Level: II	Date: 11-17-98

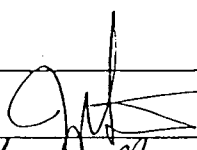
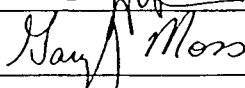
SHEET 6 OF 11

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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			
Area = 17.33 sq. in.				Volume = 124" x 17.33 = 2149 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
N/A	0	N/A	17.33	94	1629.02	2149	75.80
AXIAL	45	S1	0.0	66	0	2149	0.00
AXIAL	45	S2	17.33	66	1629.02	2149	75.80
AXIAL	60	S1	0.0	66	0	2149	0.00
AXIAL	60	S2	17.33	66	1143.78	2149	53.22
CIRC	60	S1	17.33	66	1143.78	2149	53.22
CIRC	60	S2	17.33	66	1143.78	2149	53.22
CIRC	45	S1	17.33	94	1629.02	2149	75.80
CIRC	45	S2	17.33	94	1629.02	2149	75.80

		Item No: B03.130.003	
Prepared By: Jay A Eaton		Level: II	Date: 11/16/98
Reviewed By: Gary Moss		Level: II	Date: 11-17-98

SHEET 5 OF 11

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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 ATTACHED SHEET				SEE ATTACHED SHEET			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
					29945	81765	36.62
					9947.42	19341	51.43
		TOTAL	AGGREGATE	COVERAGE	39892.42	101106	39.46

		Item No:	B03.130.003
Prepared By: Jay A Eaton		Level: II	Date: 11/16/98
Reviewed By: Gary Moss		Level: II	Date: 11-17-98

SHEET 4 OF 11

DUKE POWER COMPANY ISI LIMITATION REPORT				FORM NDE-UT-4
				Revision 1
Component/Weld ID: 3-SGB-WG50-2		Item No: B03.130.003		Remarks:
Due to Nozzle Configuration				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> NO SCAN</p> <p><input type="checkbox"/> LIMITED SCAN</p> <p>FROM L _____ to L _____</p> <p>ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____</p> </div> <div style="width: 45%;"> <p>SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2</p> <p>INCHES FROM WO _____ C/L _____ to Beyond _____</p> <p>FROM _____ 0 _____ DEG to 360 _____ DEG</p> </div> </div>				
Due to Support Skirt				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NO SCAN</p> <p><input checked="" type="checkbox"/> LIMITED SCAN</p> <p>FROM L _____ 96" _____ to L _____ 24" _____</p> <p>ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____</p> </div> <div style="width: 45%;"> <p>SURFACE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>INCHES FROM WO _____ C/L _____ to 11" _____</p> <p>FROM _____ _____ DEG to _____ DEG</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NO SCAN</p> <p><input type="checkbox"/> LIMITED SCAN</p> <p>FROM L _____ to L _____</p> <p>ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____</p> </div> <div style="width: 45%;"> <p>SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>INCHES FROM WO _____ to _____</p> <p>FROM _____ _____ DEG to _____ DEG</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NO SCAN</p> <p><input type="checkbox"/> LIMITED SCAN</p> <p>FROM L _____ to L _____</p> <p>ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____</p> </div> <div style="width: 45%;"> <p>SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>INCHES FROM WO _____ to _____</p> <p>FROM _____ _____ DEG to _____ DEG</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NO SCAN</p> <p><input type="checkbox"/> LIMITED SCAN</p> <p>FROM L _____ to L _____</p> <p>ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____</p> </div> <div style="width: 45%;"> <p>SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>INCHES FROM WO _____ to _____</p> <p>FROM _____ _____ DEG to _____ DEG</p> </div> </div>				
Prepared By: Larry Mauldin		Level: III Date: 11/17/98		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Reviewed By: Jay A Eaton		Date: 11/17/98		Authorized Inspector: <i>YMB</i> Date: 11-25-98

DUKE POWER COMPANY										Exam Start: 0943		Form NDE-UT-2A	
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1016		Revision 4	
Station: Oconee		Unit: 3		Component/Weld ID: 3-SGB-WG50-2						Date: 11/7/98			
Weld Length (in.): 120.51		Surface Condition: As Ground		Lo: 9.2.3		Surface Temperature: 75 ° F							
Examiner: Winfred C. Leeper		Level: II		Scans: 45 <input type="checkbox"/> dB 70 <input type="checkbox"/> dB		Pyrometer S/N: MCNDE 27017							
Examiner: Larry Mauldin		Level: III		45T <input type="checkbox"/> dB 70T <input type="checkbox"/> dB		Cal Due: 2/12/99							
Procedure: NDE-620		Rev: 5		FC: N/A		Configuration: S1 Flow S2							
Calibration Sheet No: 9803091				Other: _____ dB		Head _____ to Nozzle _____							
						Scan Surface: OD							
						Applies to NDE-680 only							
						Skew Angle: N/A							

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

Remarks:

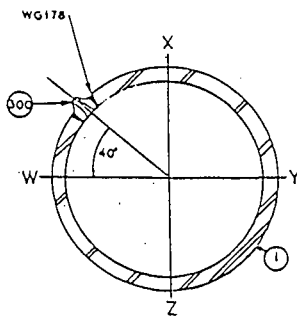
  

Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		Sheet <u>2</u> of <u>11</u>	
Reviewed By: Jay A Eaton	Date: 11-25-98	Authorized Inspector: <i>JMC</i>	Item No: B03.130.003

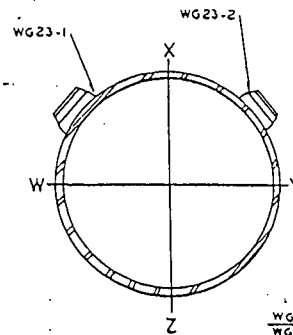
<b>DUKE POWER COMPANY</b>										Exam Start: 0915		Form NDE-UT-2A	
<b>ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS</b>										Exam Finish: 0959		Revision 4	
Station: Ocone			Unit: 3		Component/Weld ID: 3-SGB-WG50-2						Date: 11/7/98		
Weld Length (in.): 120.51			Surface Condition: As Ground			Lo: 9.2.3		Surface Temperature: 75 ° F					
Examiner: Gayle E. Houser <i>GE Houser</i>			Level: II		Scans: 45 <input checked="" type="checkbox"/> 56 dB 70 <input type="checkbox"/> dB 45T <input checked="" type="checkbox"/> 56 dB 70T <input type="checkbox"/> dB 60 <input type="checkbox"/> dB 60T <input type="checkbox"/> dB Other: 0°-20.5 dB					Pyrometer S/N: MCNDE 27017			
Examiner: David Zimmerman <i>David Zimmerman</i>			Level: II							Cal Due: 2/12/99			
Procedure: NDE-620 Rev: 5			FC: N/A		Configuration: Nozzle to Head S1 Flow S2 Head to Nozzle Scan Surface: OD Applies to NDE-680 only Skew Angle: N/A								
NDE-640 1			95-18&19										
Calibration Sheet No: 9803089, 9803090													

IND #	<i>A</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	45°														
NRI	0°														

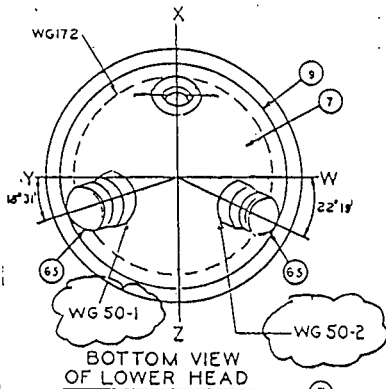
Remarks:			
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			Sheet 1 of 11
Reviewed By: Jay A Eaton <i>JAE</i>	Level: II	Date: 11/17/98	Authorized Inspector: <i>MBC</i> Date: 11-25-98
			Item No: B03.130.003

[illegible]

SECTION A-A



SECTION B-B



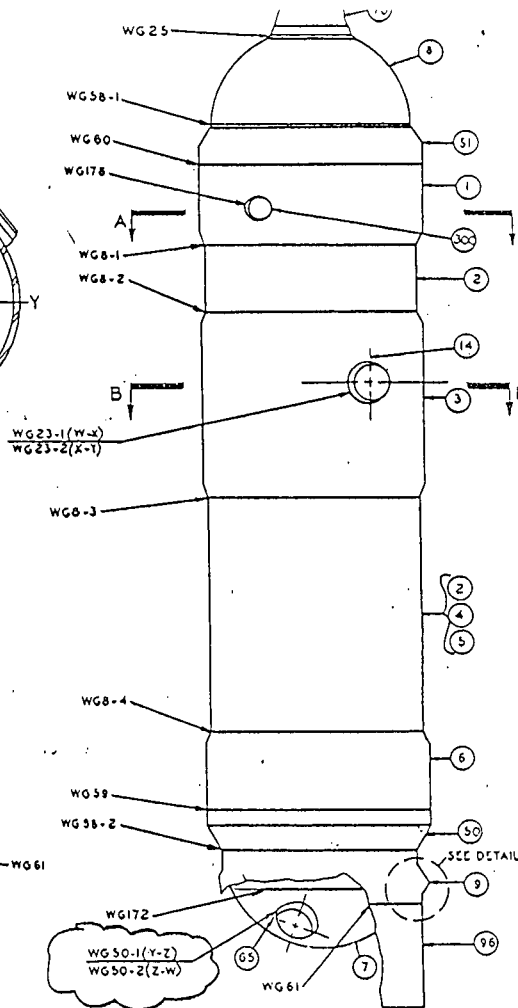
BOTTOM VIEW  
OF LOWER HEAD

REFERENCE DWGS.

OM 2201-6  
OM 2201-222  
OM 2201-480  
B & W III 450  
B & W I 49830



DETAIL A



NOTES:

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

1	DESIGN NO. FOR WG58-1	TLT	IFN	WRH	TITLE	
		11-26-84	11-27-84	11-29-84	STEAM GENERATOR 'A'	
0	ORIGINAL	WSB	TPH	JFC	WELD OUTLINE	
		2-1-92	2-2-92	2-18-92		
NO.	REVISION	DRWN	RVWD	APPD	DWG NO.	RI
		DATE	DATE	DATE	ISI-OCN3-003	

VII. Implementation Schedule:

Unit 3, Refueling Outage 17

Unit 1, Refueling Outage 19

Unit 2, Refueling Outage 17

Evaluated By: RC Rouse Date 2/1/99  
Reviewed By: Larry C. Kuth Date 2-2-99  
Reviewed By: James J. McQuillan III Date 2-11-99  
NDE Level III:  
Approved By: R. Kevin Thyne Date 2/11/99

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 B3.140, Steam Generator Outlet Nozzle Inside Radius Sections***

The Code requires 100% volumetric examination of all Steam Generator Outlet Nozzle Inside Radius Sections. However, single-sided access and the support skirt restricts scanning and prevents complete volumetric coverage of the Steam Generator Outlet Nozzle Inside Radius Sections 3-SGB-WG50-2 and 3-SGB-WG50-1. Therefore, the 100% volumetric examination is impractical for these nozzle inside radius sections. To meet Code examination requirements, modifications to the Steam Generator support skirt would be necessary to allow complete volumetric coverage of the weld. Modifications to this portion of the Steam Generator would create a considerable burden on Duke Energy.

Duke Energy obtained 44.10% coverage of the Steam Generator Outlet Nozzle Inside Radius Sections 3-SGB-WG50-2 and 3-SGB-WG50-1. It is recognized that this represents a small part of the required Code examination volume. However, 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 Steam Generator Outlet Nozzle 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."

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 B3.140, Steam Generator Outlet Nozzle Inside Radius Sections***

The use of radiography as an alternate volumetric examination of the Steam Generator Outlet Nozzle 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 Steam Generator to place film or to position a radiographic source.

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 B3.130, Steam Generator Outlet Nozzle-to-Vessel Welds***

The Code requires 100% volumetric examination of all Steam Generator Outlet Nozzle-to-Vessel Welds. However, single-sided access and the support skirt restricts scanning and prevents complete volumetric coverage of the Steam Generator Outlet Nozzle-to-Vessel Welds 3-SGB-WG50-2 and 3-SGB-WG50-1. Therefore, the 100% volumetric examination is impractical for these nozzle-to-vessel welds. To meet Code examination requirements, modifications to the Steam Generator support skirt would be necessary to allow complete volumetric coverage of the weld. Modifications to this portion of the Steam Generator would create a considerable burden on Duke Energy.

Duke Energy obtained 39.46% coverage of the Steam Generator Outlet Nozzle-to-Vessel Welds 3-SGB-WG50-2 and 3-SGB-WG50-1. It is recognized that this represents a small part of the required Code examination volume. However, 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 Steam Generator Outlet Nozzle-to-Vessel Welds will provide reasonable assurance of weld/component integrity, ... "is authorized by law and will not endanger life or

IV. Basis for Relief:

**Part 1 Examination Category B-D, Item B3.130, Steam Generator Outlet Nozzle-to-Vessel Welds**

Steam Generator Outlet Nozzle-to-Lower Head Welds 3-SGB-WG50-2 and 3-SGB-WG50-1 (Item Numbers B03.130.003 and B03.130.004) 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.

Because of geometric conditions, (i.e. single-sided access and support skirt location) only 39.46% coverage of the required volume was examined. In order to achieve more coverage the support skirt would have to be cut away from the nozzle. Reference Attachment B for inspection results.

**Part 2 Examination Category B-D, Item B3.140, Steam Generator Outlet Nozzle Inside Radius Sections**

Steam Generator Outlet Nozzle-to-Lower Head Inside Radius Sections 3-SGB-WG50-2 and 3-SGB-WG50-1 (Item Numbers B03.140.003 and B03.140.004) 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.

Because of geometric conditions, (i.e. single-sided access and support skirt location) only 44.10% coverage of the required volume was examined. In order to achieve more coverage the support skirt would have to be cut away from the nozzle. Reference Attachment B for inspection results.

V. Alternate Examinations or Testing:

**Part 1 Examination Category B-D, Item B3.130, Steam Generator Outlet Nozzle-to-Vessel Welds**

The use of radiography as an alternate volumetric examination of the Steam Generator Outlet Nozzle-to-Lower Head 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 Steam Generator to place film or to position a radiographic source.

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

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 3 at this time, relief is also being sought for Units 1 and 2 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 2 are less than those listed for Unit 3 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 B3.130 and B3.140 requires, 100% volumetric examination of all Steam Generator Outlet Nozzle-to-Vessel Welds and Inside Radiuses as defined by Figure IWB-2500-7. 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 Steam Generator Outlet Nozzle-to-Vessel Welds and the Steam Generator Outlet Nozzle 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.

Duke Energy Corporation

Station Oconee Units 1, 2 & 3

10-YEAR INTERVAL REQUEST FOR RELIEF NO. 99-01

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:

Part 1 Steam Generator Outlet Nozzle-to-Vessel Welds;

<u>Unit</u>	<u>ID Number</u>	<u>Item Number</u>
1	1-SGB-WG50-2	B03.130.003
1	1-SGB-WG50-1	B03.130.004
2	2-SGA-WG50-2	B03.130.001
2	2-SGA-WG50-1	B03.130.002
3	3-SGB-WG50-2	B03.130.003
3	3-SGB-WG50-1	B03.130.004

Part 2 Steam Generator Outlet Nozzle Inside Radius Sections;

<u>Unit</u>	<u>ID Number</u>	<u>Item Number</u>
1	1-SGB-WG50-2	B03.140.003
1	1-SGB-WG50-1	B03.140.004
2	2-SGA-WG50-2	B03.140.001
2	2-SGA-WG50-1	B03.140.002
3	3-SGB-WG50-2	B03.140.003
3	3-SGB-WG50-1	B03.140.004

For welds listed in this Request for Relief (both Parts 1 and 2), all configurations, including interferences, are the same for both steam generators of Units 1, 2, and 3. Therefore, all three units are being documented in this Request for Relief

CASES OF ASME BOILER AND PRESSURE VESSEL CODE

Approval Date: March 5, 1990

See Numerical Index for expiration  
and any reaffirmation dates.

Case N-481

Alternative Examination Requirements for Cast  
Austenitic Pump Casings  
Section XI, Division 1

*Inquiry:* When conducting examination of cast austenitic pump casings in accordance with Section XI, Division 1, what examinations may be performed in lieu of the volumetric examinations specified in Table IWB-2500-1, Examination Category B-L-1, Item B12.10?

*Reply:* It is the opinion of the Committee that the following requirements shall be met in lieu of performing the volumetric examination specified in Table IWB-2500-1, Examination Category B-L-1, Item B12.10:

(a) Perform a VT-2 visual examination of the exterior of all pumps during the hydrostatic pressure test required by Table IWB-2500-1, Category B-P.

(b) Perform a VT-1 visual examination of the external surfaces of the weld of one pump casing.

(c) Perform a VT-3 visual examination of the internal surfaces whenever a pump is disassembled for maintenance.

(d) Perform an evaluation to demonstrate the safety and serviceability of the pump casing. The evaluation shall include the following:

(1) evaluating material properties, including fracture toughness values;

(2) performing a stress analysis of the pump casing;

(3) reviewing the operating history of the pump;

(4) selecting locations for postulating flaws;

(5) postulating one-quarter thickness reference flaw with a length six times its depth;

(6) establishing the stability of the selected flaw under the governing stress conditions;

(7) considering thermal aging embrittlement and any other processes that may degrade the properties of the pump casing during service.

(e) A report of this evaluation shall be submitted to the regulatory and enforcement authorities having jurisdiction at the plant site for review.

**APPENDIX A**

**ASME CODE CASE N-481**



24. Mechanics Research Inc., MRI-C-0236, MRI-C-0243, "Final Stress Analysis Primary Coolant Pump Type RQV," prepared for Bingham Pump Co., Portland Oregon, March 26, 1968, SI File No. DUKE-20Q-203.
25. Mechanics Research Inc., MRI-C-2303, "Addenda II – Final Stress Analysis Primary Coolant Pump Type RQV (MRI-C-0236, MRI-C-0243)," September 4, 1969, SI File No. DUKE-20Q-204.
26. ANSYS Linear Plus/Thermal, Revision 5.3, Second Release, ANSYS Inc., October 1996.
27. Duke Power Company, Drawing No. OM 1201.D-0005-001, Sheets 1 of 2, Rev. DZ, "Oconee Unit 3 Final Machining – Pump Case Assembly," SI File No. DUKE-20Q-201(b).
28. Oconee Nuclear Station Technical Specification, Section 3.1.2, Pressurization, Heatup, Limitation, Table 3.1-1 and Cooldown Limitation, Table 3.1-2, Amendment 188 (Unit 1 and 2).
29. Structural Integrity Associates Report No. SIR-97-066, Rev. 0, "Oconee Units 1, 2 and 3 Definition of Plant Operating Models and Transients."
30. ASME Boiler and Pressure Vessel Code, Section XI, 1989 Edition.
31. **pc-CRACK** for Windows Computer Software, Version 3.0, Structural Integrity Associates, March 1997.
32. Section XI Task Group for Piping Flaw Evaluation, ASME Code, "Evaluation of Flaws in Austenitic Steel Piping," Journal of Pressure Vessel Technology, Vol. 108, August 1986.
33. EPRI Report No. NP-5461, "Component Life Estimation: LWR Structural Material Degradation Mechanisms," September 1987, prepared by Structural Integrity Associates.



11. S. Bonnet, J. Bourgoïn, J. Champredonde, D. Guttman, and M. Guttman, "Relationship Between Evolution of Mechanical Properties of Various Cast Duplex Stainless Steels and Metallurgical and Aging Parameters: An Outline of Current EDF Programs," *Mater. Sci. and Technol.*, 6, 221-229 (1990).
12. P. H. Pumphrey and K. N. Akhurst, "Aging Kinetics of CF3 Cast Stainless Steel in Temperature Range 300-400 C," *Mater. Sci. Technol.*, 6, 211-219 (1990).
13. G. Slama, P. Petrequin, and T. Mager, "Effect of Aging on Mechanical Properties of Austenitic Stainless Steel Castings and Welds," presented at SMiRT Post-Conference Seminar 6, Assuring Structural Integrity of Steel Reactor Pressure Boundary Components, August 29-30, 1983, Monterey, CA.
14. Y. Meyzaud, P. Ould, P. Balladon, M. Bethmont, and P. Soulat, "Tearing Resistance of Aged Cast Austenitic Stainless Steel," presented at Intl. Conf. on Thermal Reactor Safety (NUCSAFE 88), October 1988, Avignon, France.
15. P. McConnell and J. W. Sheckherd, Fracture Toughness Characterization of Thermally Embrittled Cast Duplex Stainless Steel, Report NP-5439, September 1987, Electric Power Research Institute, Palo Alto, CA.
16. O. K. Chopra, "Estimation of Mechanical Properties of Cast Stainless Steels During Thermal Aging in LWR Systems," NUREG/CP-0119, Vol. 1, pp. 151-178, Proceedings of the U.S. Nuclear Regulatory Commission, 19th Water Reactor Safety Information Meeting held at Bethesda, MD, October 28-30, 1991, published April 1992.
17. L. S. Aubrey, P. F. Wieser, W. J. Pollard, and E. A. Schoefer, "Ferrite Measurement and Control in Cast Duplex Stainless Steel," in *Stainless Steel Castings*, V. G. Behal and A. S. Melilli, editors, ASTM STP 756, pp. 126-164 (1982).
18. Data Package for Mark No. 3RCP-3B1, Case No. 1, Transmitted from Bingham Pump Company to Babcock and Wilcox Power Generation Division, June 1, 1971, SI File No. DUKE-20Q-202.
19. ASTM E813 "Standard Test Method for  $J_{Ic}$ , A Measure of Fracture Toughness," American Society for Testing and Materials, Philadelphia, PA.
20. ASME Boiler and Pressure Vessel Code, Section III Appendices, 1989 Edition.
21. EPRI Report NP-4668, "Evaluation of the Toughness of Austenitic Stainless Steel Pipe Weldments," June 1986.
22. EPRI Report NP-4768, "Toughness of Austenitic Stainless Steel Pipe Welds," October 1986.
23. EPRI Report NP-4690-SR, "Evaluation of Flaws in Austenitic Steel Piping," July 1986.



## 6.0 REFERENCES

1. ASME Boiler and Pressure Vessel Code, Code Case N-481, "Alternate Examination Requirements for Cast Austenitic Pump Casings, Section XI, Division 1," March 5, 1990.
2. EPRI Report TR-100034, "Cast Austenitic Stainless Steel Sourcebook," prepared by EPRI and Structural Integrity Associates, October 1991.
3. "Safety Evaluation by the Office of the Nuclear Reactor Regulation Related to the Inservice Inspection (ISI) Program, Arkansas Power and Light Company, Arkansas Nuclear One, Unit 1, Docket No. 50-313," dated April 25, 1989. Attached to letter from Mr. J. A. Calvo (NRC) to Mr. T. G. Campbell (AP&L), "Reactor Coolant Pump Casing Weld Flaw Indications - Request for Relief from ASME Section XI Inspection Requirements, Arkansas Nuclear One, Unit 1 (TAC No. 64146)," dated April 25, 1989.
4. O. K. Chopra and H. M. Chung, Long-Term Embrittlement of Cast Duplex Stainless Steels in LWR Systems: Semiannual Report, April-September 1987, NUREG/CR-4744 Vol. 2, No. 2, ANL-89/6 (August 1989).
5. O. K. Chopra and H. M. Chung, Long-Term Embrittlement of Cast Duplex Stainless Steels in LWR Systems: Semiannual Report, October 1987-March 1988, NUREG/CR-4744 Vol. 3, No. 1, ANL-89/22 (February 1990).
6. O. K. Chopra and H. M. Chung, Long-Term Embrittlement of Cast Duplex Stainless Steels in LWR Systems: Semiannual Report, April-September 1988, NUREG/CR-4744 Vol. 3, No. 2, ANL-90/5 (August 1990).
7. O. K. Chopra and H. M. Chung, Long-Term Embrittlement of Cast Duplex Stainless Steels in LWR Systems: Semiannual Report October 1988-March 1989, NUREG/CR-4744, Vol. 4, No. 1, ANL-90/44 (May 1991).
8. O. K. Chopra, A. Sather, and L. Y. Bush, Long-Term Embrittlement of Cast Duplex Stainless Steels in LWR Systems: Semiannual Report April-September 1989, NUREG/CR-4744, Vol. 4, No. 2, ANL-90/49 (June 1991).
9. A. L. Hiser, Tensile and J-R Curve Characterization of Thermally Aged Cast Stainless Steels, NUREG/CR-5024, MEA-2229, Materials Engineering Associates, Inc. (September 1988).
10. E. I. Landerman and W. H. Bamford, "Fracture Toughness and Fatigue Characteristics of Centrifugally Cast Type 316 Stainless Steel Pipe after Simulated Thermal Service Conditions," in Ductility and Toughness Considerations in Elevated Temperature Service, MPC 8, ASME, New York, pp. 99-127 (1978).



## 5.0 SUMMARY AND CONCLUSIONS

The evaluations contained in this report have demonstrated that the Oconee Unit 3 reactor coolant pump casing 3B1 meet the safety and serviceability requirements of ASME Code Case N-481. Highlights of these evaluations are provided as follows:

- The fracture toughness of the base material stainless steel, ASTM A351, Grades CF8 and CF8M casting, and the weld metal were addressed, including thermal embrittlement considerations. A lower bound fracture toughness of  $140.7 \text{ ksi}\sqrt{\text{in}}$  was used in the analysis.
- Six most highly-stressed locations were chosen as the critical locations for evaluation based on finite element analyses performed for operating pressure and heatup/cooldown transients.
- Flaws were postulated both in the axial and hoop directions at the critical locations and the corresponding normal stresses were used in the fracture mechanics evaluation.
- Consistent with similar evaluations for pressure vessels with postulated large flaws, per Appendix G of ASME Code, Section III, safety factors of 2 for primary and 1 for secondary loads were used for Service Levels A and B conditions. At the critical locations, the applied stress intensity factors were below the allowable values. The stress intensity factors at these locations ranged from 28.06 to 136.03  $\text{ksi}\sqrt{\text{in}}$  compared to the allowable of  $140.7 \text{ ksi}\sqrt{\text{in}}$ .
- Fatigue crack growth analysis was performed assuming an initial flaw size corresponding to the acceptance standards of ASME Code, Section XI, and considering all the significant plant transients. The analysis indicated that fatigue crack growth is very small (maximum of 0.31 in. at the most critical location) during the 40-year plant design life (360 significant heatup/cooldown cycles). It takes approximately 1,100 cycles for the initial assumed flaw at the most critical location to reach the quarter-thickness flaw.



### Crack Growth for Path No. 6 (Axial Flaw)

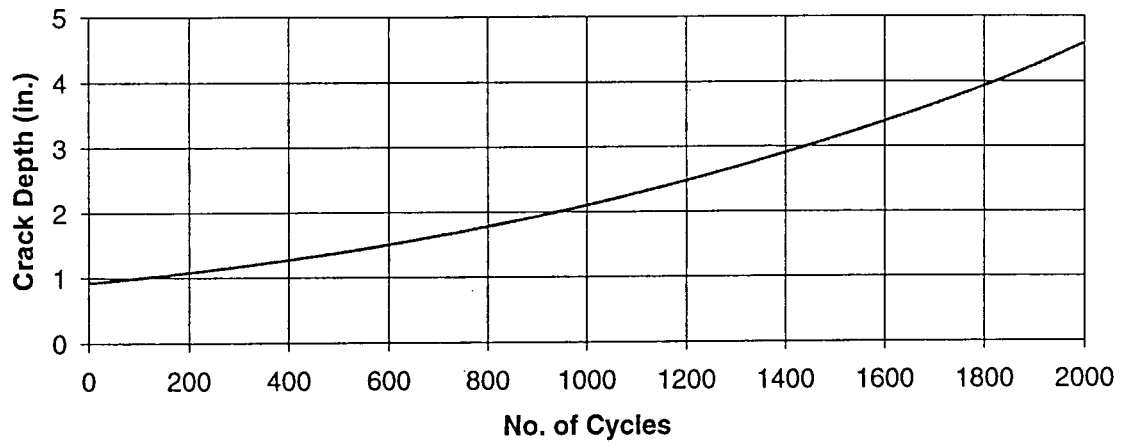
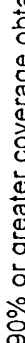



Figure 4-17. Results of Fatigue Crack Growth Analysis for Oconee Unit 3 Pump Casing



Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>		Sheet <u>1</u> of <u>4</u>
Reviewed By: 	Level: <u>II</u>	Date: <u>11/16/90</u>
Jay A Eaton	Authorized Inspector: 	Date: <u>11-25-98</u>
		Item No: B03.140.004

DUKE POWER COMPANY ISI LIMITATION REPORT				FORM NDE-UT-4	
			Revision 1		
Component/Weld ID: 3-SGB-WG50-1		Item No: B03.140.004		Remarks:	
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		Due to Nozzle Configuration	
FROM L _____ to L _____ INCHES FROM WO _____ C/L _____ to _____ Beyond _____ ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____ FROM _____ 0 DEG to _____ 360 DEG		BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input type="checkbox"/> ccw			
<input type="checkbox"/> NO SCAN <input checked="" type="checkbox"/> LIMITED SCAN		SURFACE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2		Due to Support Skirt	
FROM L _____ 96" to L _____ 24" INCHES FROM WO _____ C/L _____ to _____ 11" ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____ FROM _____ DEG to _____ DEG		BEAM DIRECTION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input type="checkbox"/> ccw			
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2			
FROM L _____ to L _____ INCHES FROM WO _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ 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		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2			
FROM L _____ to L _____ INCHES FROM WO _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____ FROM _____ DEG to _____ DEG		BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw			
Prepared By: Larry Mauldin		Level: _____	Date: 11/17/98	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Sheet <u>35</u> of <u>4</u>
Reviewed By: Jay A Eaton		Date: 11/16/98	Authorized Inspector: <u>YMC</u>		Date: 11/25/98

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						NDE-91-1	
						Revision 0	
<b>Examination Volume/Area Defined</b>							
<input type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input checked="" type="checkbox"/> Inner Radius							
Area Calculation				Volume Calculation			
Area = 4.37" sq. in.				Volume = 124" x 4.37 sq. in. = 542 cu. in.			
<b>Coverage Calculations</b>							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60°	cw & ccw	3.62	66	239	542	44.10

Item No: B03.140.004			
Prepared By: Jay A Eaton		Level: II	Date: 11/16/98
Reviewed By: Gary Moss		Level: II	Date: 11-16-98



Duke Energy Corporation

Station Oconee Unit 1, 2 & 3

10-YEAR INTERVAL REQUEST FOR RELIEF NO. 98-01

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 Surge Nozzle-to-Lower Head Weld

1-PZR-WP15 Item Number B03.110.001

2-PZR-WP15 Item Number B03.110.001

3-PZR-WP15 Item Number B03.110.001

b. Part 2, Letdown Cooler Heat Exchanger Nozzle-to-Vessel Welds

1-LDCA-IN-V2 Item Number B03.150.001

1-LDCA-OUT-V6 Item Number B03.150.002

3-LDCA-IN-V2 Item Number B03.150.001

3-LDCA-OUT-V5 Item Number B03.150.002

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 1 at this time, relief is also being sought for Units 2 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 2 and 3 are less than those listed for Unit 1 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 B3.150 requires 100% volumetric examination of all Pressurizer nozzle-to-vessel welds as defined by Figure IWB-2500-7,

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 if it can be shown that at least 90% of the required volume has been examined.

### III. Code Requirement from which Relief is Requested:

Relief is requested from the requirement of examining 100% of the ASME Boiler and Pressure Vessel Code, Section XI, 1989 Edition with no Addenda (Code) required volumetric examinations of the Pressurizer Nozzle-to-Head weld and the Letdown Cooler Heat Exchanger Nozzle to Vessel welds described in Section I above.

Due to part geometry, obtaining at least 90% of the weld length as outlined in Code Case N-460 is not possible with existing ultrasonic techniques.

### IV. Basis for Relief:

#### **Request for Relief 98-01, Part 1 Examination Category B-D, Item B3.110, Full Penetration Pressurizer Nozzle-to-Vessel Weld**

Pressurizer Nozzle-to-Head Weld 1-PZR-WP15 (Item Number B03.110.00) was 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 I, 1989 Edition. Reference Attachment A for drawing.

This weld is limited to 68.39% coverage of the required volume because of the nozzle configuration.

#### **Request for Relief 98-01, Part 2, Examination Category B-D, Item B3.150, Full Penetration Pressurizer Nozzle-to-Vessel Welds**

Letdown Cooler Heat Exchangers (Primary Side) Nozzle-to-Vessel Welds 1-LDCA-IN-V2 and 1-LDCA-IN-V6 (Item Numbers B03.110.001 and B03.110.002 respectively) 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 Boiler and Pressure Vessel Code, Appendix I, 1989 Edition. Reference Attachment B for drawing.

These welds are limited to 26.73% coverage of the required volume because of branch connection interferences.

**V. Alternate Examinations or Testing:**

**Request for Relief 98-01, 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 weld 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 B15.20) 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 this weld, it would be detected. Specifically, any leakage from this weld 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 required by Technical Specification 3.1.6, "Leakage". The leakage could be detected through several methods. The reactor building air particulate 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 weld 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 1 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 I, 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.

**Request for Relief 98-01, Part 2, Examination Category B-D, Item B3.150.Letdown Cooler Heat Exchanger Nozzle-to-Vessel Welds**

The use of radiography as an alternate volumetric examination of the Letdown Cooler Heat Exchanger Nozzle-to-Vessel welds is not a viable option. Restrictions to performing radiography are primarily due to inability to access the inside of the Letdown Cooler Heat Exchanger 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 B15.40) that a system leakage test be performed after each refueling outage. Additionally a system hydrostatic test (reference Table IWB-2500-1, Item Number B15.41) 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, any 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 required by Technical Specification 3.1.6, "Leakage". The leakage could be detected through several methods. The reactor building air particulate 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. In the unlikely case that a leak did occur, these welds would be isolated from the RCS pressure boundary by remotely-operated valves.

## **VI. Justification for the Granting of Relief**

### **Request for Relief 98-01, 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 Nozzle-to-Vessel weld PZR-WP15. Therefore, the 100% volumetric examination is impractical for this nozzle-to-vessel weld. To meet Code examination requirements, modifications to the nozzle would be necessary to allow complete volumetric coverage. Modification to this portion of the reactor coolant system would create a considerable burden on Duke Energy.

Duke Energy obtained 68.39% coverage of Pressurizer Nozzle-to-Vessel weld 1-PZR-WP15. Based on the significant portion of the required volumetric examination that has been completed, any existing pattern of degradation would have been detected. In addition to the Code required volumetric examination; the Pressurizer will be subjected to 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 weld.

Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief for the Pressurizer Nozzle-to-Vessel weld will provide reasonable assurance of weld/component integrity, and 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.

**Request for Relief 98-01, Part 2, Examination Category B-D, Item B3.150.Letdown Cooler Heat Exchanger Nozzle-to-Vessel Welds**

The Code requires 100% volumetric examination of all Heat Exchanger Nozzle-to-Vessel welds. However, the location of the Letdown Cooler Heat Exchanger Nozzle-to-Vessel welds prevents obtaining 100% volumetric examination coverage. Therefore, the 100% volumetric examination is impractical. To meet Code examination requirements, modifications to the Letdown Cooler Heat Exchanger Nozzle would be necessary to allow complete volumetric examination coverage. Modifications of this magnitude would create a considerable burden on Duke Energy Corporation.

Duke Energy obtained 26.73% coverage on the Letdown Cooler Heat Exchanger Nozzle-to-Vessel welds, 1LDCA-IN-V2 and 1-LDCA-OUT-V6. 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. In addition to the above code required examinations, RCS leakage monitoring and the capability of providing remote isolation of these welds from RCS pressure boundary provide assurance that in the unlikely case that a leak from these welds did occur, the welds could be promptly isolated and evaluated for corrective action.

Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief for the Letdown Cooler Heat Exchanger Nozzle-to-Vessel weld will provide reasonable assurance of weld/component integrity, and 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 17

Unit 2, Refueling Outage 16

Unit 3, Refueling Outage 17

Evaluated By:

RC Rouse

Date

3/2/98

Reviewed By

JO Barbour

Date

3/5/98



<b>DUKE POWER COMPANY</b>										Exam Start: 1015		Form NDE-UT-2A	
<b>ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS</b>										Exam Finish: 1055		Revision 4	
Station: Ocone				Unit: 1		Component/Weld ID: 1-PZR-WP15						Date: 10/24/97	
Weld Length (in.): 58"				Surface Condition: N/A				Lo: 9.2.3		Surface Temperature: 80 ° F			
Examiner: Jay A. Eaton <i>[Signature]</i> Level: II				Scans: 45 <input checked="" type="checkbox"/> 56 dB    70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 56 dB    70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 63 dB 60T <input checked="" type="checkbox"/> 63 dB Other: 0°-30.5 dB				Pyrometer S/N: MCNDE 27018					
Examiner: James L. Panel <i>[Signature]</i> Level: II								Cal Due: 2/14/98					
Procedure: NDE-620 Rev: 5 NDE-640       1								FC: N/A  95-18&19				Configuration: Nozzle to Pzr Head S1                      S2 HEAD           to   NOZZLE Scan Surface: OD	
Calibration Sheet No: 9701091, 9701092, 9701093								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 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac		DO NOT WRITE IN THIS SPACE		
NRI	0°														
NRI	45°														
NRI	60°														

Remarks:	
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Sheet <u>1</u> of <u>13</u>
Reviewed By: <i>GG Bibb</i> Level: III                      Date: 10-28-97	Authorized Inspector: <i>Mr C</i> Date: 11-6-97
Item No: B03.110.001	

# DUKE POWER COMPANY

## ISI LIMITATION REPORT

FORM NDE-UT-4

Revision 1

Component/Weld ID: 1-PZR-WP15		Item No: B03.110.001		Remarks:	
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM WO _____ WELD C/L _____ to _____ BEYOND _____		SURGE LINE NOZZLE	
ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 <input type="checkbox"/> Other _____		FROM _____ 0 _____ DEG to _____ 360 _____ DEG			
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2		BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM WO _____ to _____			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____		FROM _____ DEG to _____ DEG			
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2		BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM WO _____ to _____			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____		FROM _____ DEG to _____ DEG			
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2		BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM WO _____ to _____			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____		FROM _____ DEG to _____ DEG			
Prepared By: Jay Eaton		Level: II		Date: 10/24/97	
Reviewed By: G G Bibb		Date: 10-28-97		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
		Authorized Inspector: <i>MBC</i>		Sheet <u>2</u> of <u>13</u> Date: 11-6-97	

## DUKE POWER COMPANY

NDE-UT-6

B03.110.001

## Ultrasonic Beam Spread Measurement Sheet

Revision 1

W1 .6 Mp1 1.45

1/4t Wmax 1.1 MpMax 1.85

W2 1.6 Mp2 2.18

W1 2.05 Mp1 3.3

1/2t Wmax 2.45 MpMax 3.71

W2 2.85 Mp2 3.98

45° - 20°

TRANSDUCER: M18425

W1 3.3 Mp1 5.21

3/4t Wmax 3.7 MpMax 5.53

W2 4.25 Mp2 5.86

CAL BLOCK: 40394

Calibration Sheet No: 9701092

Examiner:

Level:

Date:

Reviewed By:

Level:

Date:

Authorized Inspector:

Date:

Sain / Moss II 10-24-97

H. Bibb

III 10-28-97

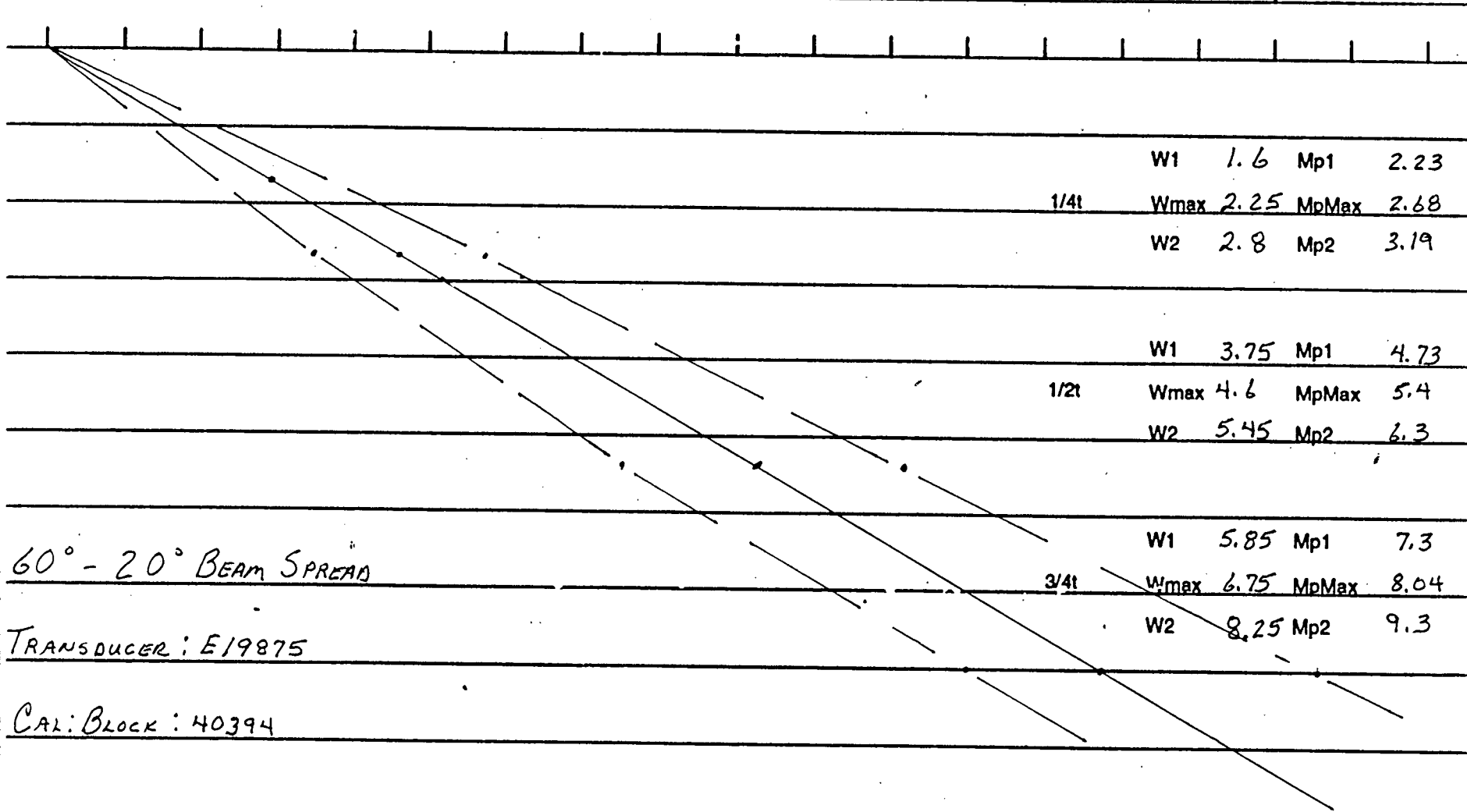
MBC

11-6-97

Sheet 3 of 13

**DUKE POWER COMPANY**  
**Ultrasonic Beam Spread Measurement Sheet**

**NDE-UT-6**  
**Revision 1**



Calibration Sheet No: 9701090

Examiner:	Level:	Date:	Reviewed By:	Level:	Date:	Authorized Inspector:	Date:
Say Moss	II	10-24-97	Ed Belt	III	10-28-97	JMBC	11-6-97

**DUKE POWER COMPANY**  
**Limited Examination Coverage Worksheet**

NDE-91-1

Revision 0

**Examination Volume/Area Defined**

☒ Base Metal      ☒ Weld      ☐ Near Surface      ☐ Bolting      ☐ Inner Radius

**Area Calculation**

**Volume Calculation**

**Coverage Calculations**

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
		WELD			2177.4	3689.6	59.01
		BASE METAL			6071.8	8371.8	72.53
		TOTAL	AGGREGATE	COVERAGE	8249.2	12061.4	68.39

Item No: B03.110.001

Prepared By: Jay A Eaton

Level: II

Date: 10/24/97

Reviewed By: G G Bibb

Level: III

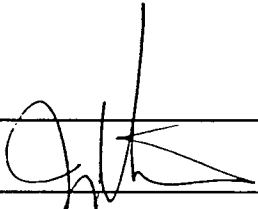

Date: 10/24/97

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>	NDE-91-1
	Revision 0

<b>Examination Volume/Area Defined</b>				
<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

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
B-C-F-G	45	S1	0	54	0	461.2	0.00
B-C-F-G	60	S1	0	54	0	461.2	0.00
B-C-F-G	45	S2	7.34	54	396.4	461.2	85.95
B-C-F-G	60	S2	7.5	54	405	461.2	87.81
B-C-F-G	45	CW	6.37	54	344	461.2	74.59
B-C-F-G	45	CCW	6.37	54	344	461.2	74.59
B-C-F-G	60	CW	6.37	54	344	461.2	74.59
B-C-F-G	60	CCW	6.37	54	344	461.2	74.59
WELD		TOTAL	AGGREGATE	COVERAGE	2177.4	3689.6	59.01

		Item No:	B03.110.001
Prepared By: Jay A Eaton		Level: II	Date: 10/24/97
Reviewed By: G G Bibb		Level: III	Date: 10/24/97

**DUKE POWER COMPANY**  
**Limited Examination Coverage Worksheet**

NDE-91-1

Revision 0

**Examination Volume/Area Defined**

☒ Base Metal      ☐ Weld      ☐ Near Surface      ☐ Bolting      ☐ Inner Radius

**Area Calculation**

**Volume Calculation**

**Coverage Calculations**

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
C-D-E-F	45	S2	15.63	54	844	844	100.00
C-D-E-F	60	S2	15.63	54	844	844	100.00
C-D-E-F	45	CW	15.63	54	844	844	100.00
C-D-E-F	45	CCW	15.63	54	844	844	100.00
C-D-E-F	60	CW	15.63	54	844	844	100.00
C-D-E-F	60	CCW	15.63	54	844	844	100.00
A-B-G-H	45	S2	5.53	54	298.6	551.3	54.16
A-B-G-H	60	S2	6.37	54	344	551.3	62.40
A-B-G-H	45	CW	1.69	54	91.3	551.3	16.56
A-B-G-H	45	CCW	1.69	54	91.3	551.3	16.56

Item No: B03.110.001

Prepared By: Jay A Eaton

Level: II

Date: 10/24/97

Reviewed By: G G Bibb

Level: III

Date: 10/24/97

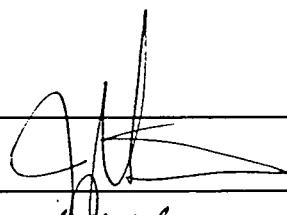

sheet 7 of 13

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>	NDE-91-1
	Revision 0

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

<b>Area Calculation</b>	<b>Volume Calculation</b>

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
A-B-G-H	60	CW	1.69	54	91.3	551.3	16.56
A-B-G-H	60	CCW	1.69	54	91.3	551.3	16.56
BASE METAL		TOTAL	AGGREGATE	COVERAGE	6071.8	8371.8	72.53

		Item No:	B03.110.001
Prepared By: Jay A Eaton		Level:	II Date: 10/24/97
Reviewed By: G G Bibb		Level:	III Date: 10/24/97

ITEM# B03.110.001 & B03.120.001

WELD# 1P2R-WP15

BASE METAL A-B-G-H

$$60^\circ = \text{AREA INSPECTED} = 1.3" \times 4.9" = 6.37 \text{ in}^2$$

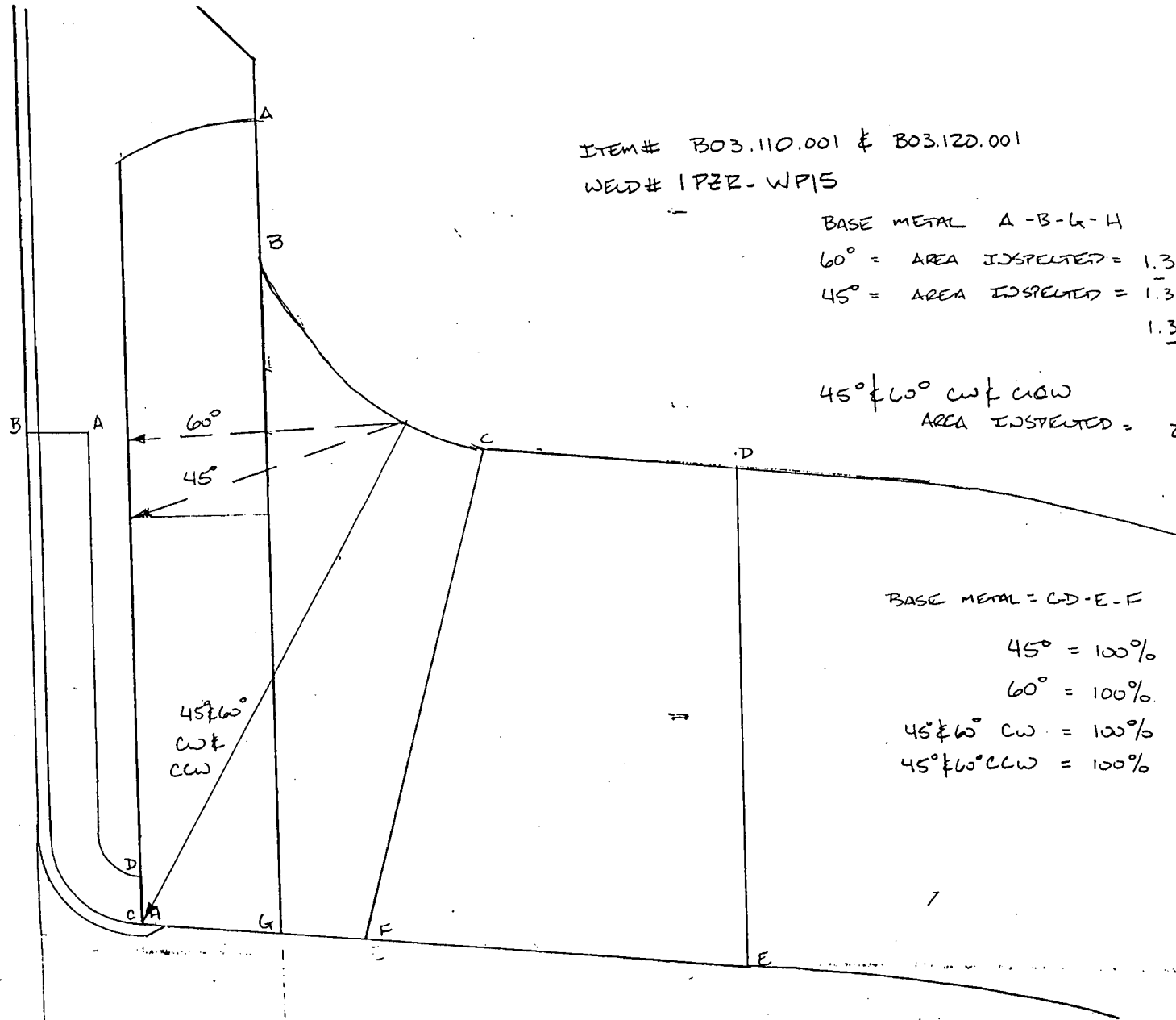
$$45^\circ = \text{AREA INSPECTED} = 1.3" \times 4.0" = 5.2 \text{ in}^2$$

$$\frac{1.3" \times .5"}{2} = 0.33 \text{ in}^2$$

$$45^\circ \text{ TOTAL} = 5.53 \text{ in}^2$$

45° & 60° CW & CCW

$$\text{AREA INSPECTED} = \frac{2.6" \times 1.3"}{2} = 1.69 \text{ in}^2$$



BASE METAL = C-D-E-F

$$45^\circ = 100\%$$

$$60^\circ = 100\%$$

$$45^\circ \& 60^\circ \text{ CW} = 100\%$$

$$45^\circ \& 60^\circ \text{ CCW} = 100\%$$

*gfk* II 10/24/97

Sheet 9 of 13

ITEM# B03.110.001 & B03.120.001  
WCD# 1PZ2-WP15

WCD # 1P22-WP15

ns: 8 = 2404 05h

$$\frac{1/2}{0.1} = \frac{2}{2.1 \times 0.2}$$

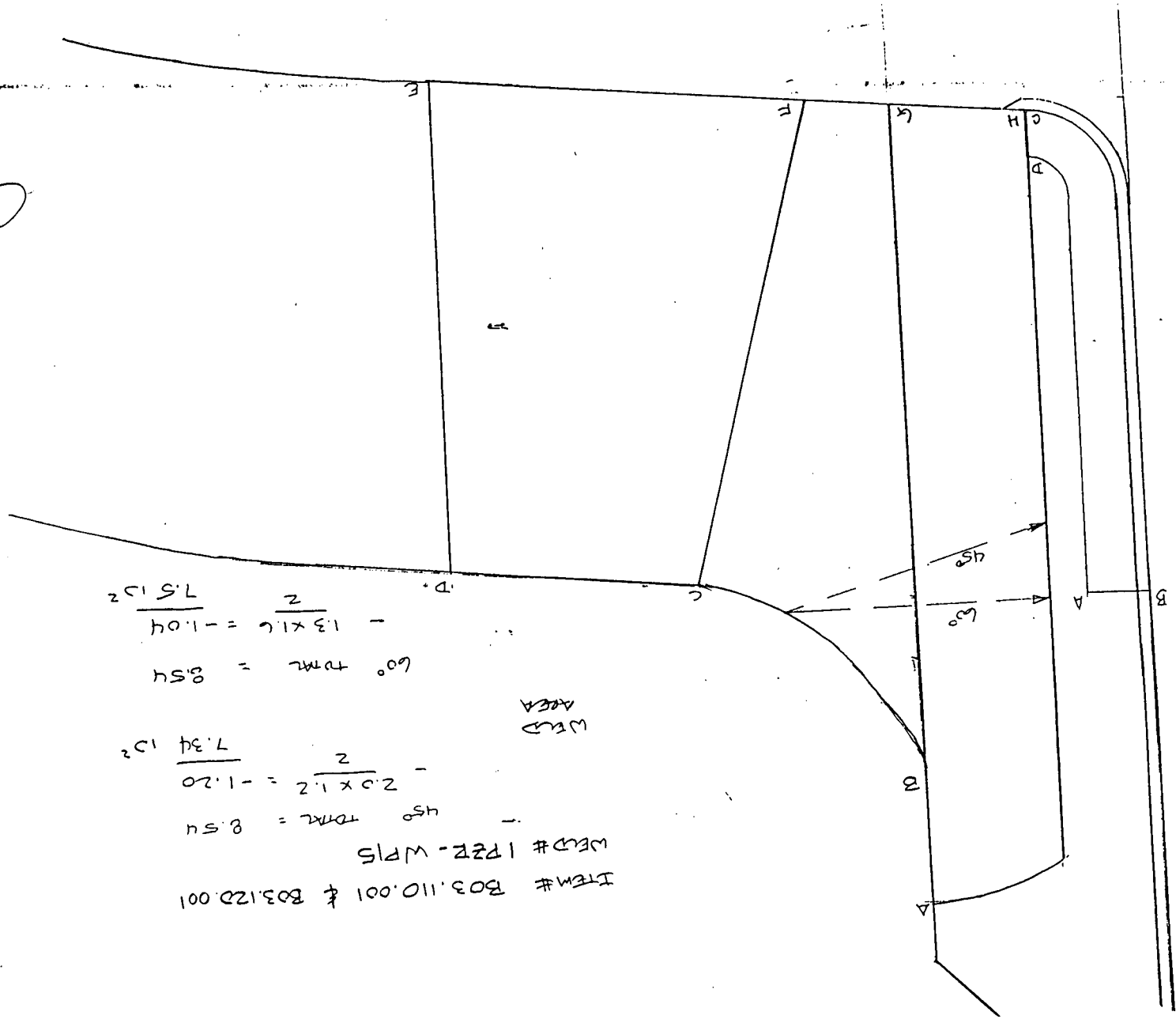
7.34  
251


WED  
AUG 4

$$h_{50} = 2444.09$$

$$-1.3 \times 10^{-2} = \frac{2}{10.1} - \frac{7.5 \times 10^{-2}}{2}$$

75152



L<sub>3</sub>|n<sub>2</sub>|c<sub>1</sub> II 

ITEM# B03.110.001 & B03.120.001  
WELD# 1P2R-WP15

*gfl* II 10/24/97

BASE METAL C-D-E-F  
 $2.5" \times 5" = 12.5 \text{ } 10^2$   
 $\frac{1.25" \times 5"}{2} = 3.125 \text{ } 10^2$   
 TOTAL = 15.63  $10^2$

BASE METAL A-B-G-H  
 $7.6" \times 1.3" = 9.88 \text{ } 10^2$   
 $\frac{1.3 \times 0.5}{2} = 0.33 \text{ } 10^2$   
 TOTAL = 10.21  $10^2$

Sheet 11 of 13

ITEM# B03.110.001 & B03.120.001  
WELD# 1P2R-WP15


TOTAL WELD

$$\textcircled{1} \frac{1.1 \times 1.4}{2} = 0.77 \text{ } 10^2$$

$$\textcircled{2} 1.9 \times 5.3 = 4.77 \text{ } 10^2$$

$$\textcircled{3} \frac{1.2 \times 5.0}{2} = 3.0 \text{ } 10^2$$

$$\underline{\underline{8.54 \text{ } 10^2}}$$

 II 10/24/97

ITEM# B03.110.001 & B03.120.001  
 WELD# 1P22-WP15

WELD AREA

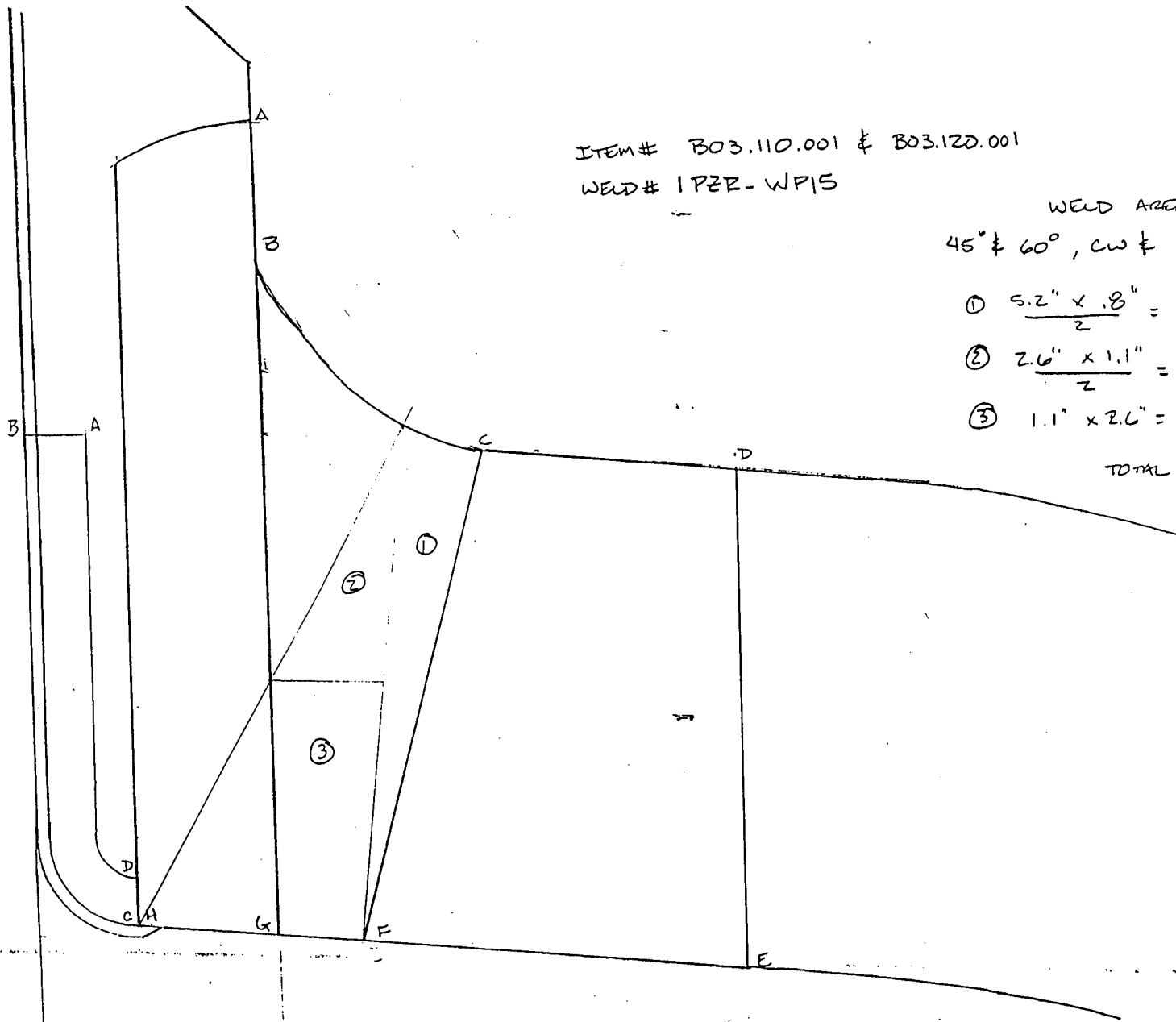
45° & 60°, CW & CCW

$$\textcircled{1} \frac{5.2" \times .8"}{2} = 2.08 \text{ in}^2$$

$$\textcircled{2} \frac{2.6" \times 1.1"}{2} = 1.43 \text{ in}^2$$

$$\textcircled{3} 1.1" \times 2.6" = 2.86 \text{ in}^2$$

TOTAL  $6.37 \text{ in}^2$



*gfk* II 10/24/97

AB1028

BILL OF MATERIAL										
MAT'L I.D.	QUANTITY	MATERIAL		SPECIFICATION		DESCRIPTION	CONST.	SIZE	SCH.	LOT NO.
		CLASS	TYPE	STIM OF ASTM	GRADE					
(A)		SS	SA182	316L		Bar (Channel Nozzle)	10R			
(B)		SS	SA182	316L		Chemical Connector		8"	875	E27371-1-1
(C)		SS				PIPE (INLET)		3"	160	
(D)		SS				PIPE (OUTLET)		3"	160	
(E)		SS	SA182	316L		Chemical Connector		8"	875	E27371-1-1

B03.150.001

B03.150.002

UNCONTROLLED FOR PRINT

CONT. ON 1-51A-136

X-SEE Note 3 & SEE Note 9

ERN: 0XBB32RH

NOTES:		⑤ WELDING WELDS:		QA CONDITION → <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
①	ALL WELD NUMBERS SHALL BE PRECEDED BY 1-51A-1872-1	W-1, V-1 - HEAD TO SHELL WELDS		DUKE POWER COMPANY	
②	LAST WELD NO. V-6	V-2, V-3, V-4 - NOZZLE TO VESSEL WELDS		OCONEE NUCLEAR STATION UNIT	
③	REF. LAYOUT DWG. 01-201-3107	V-5, V-6 - TUBE SHEET TO HEAD WELDS		TITLE	
④	REF. FLOW DWG. 01-201-3107			LET DOWN COOLER	
⑤	CONSTR. CONSTRUCTED PER ASME SECT. III CLASS 3			Serial Number 18792-1	
⑥	DESIGN TEMP. 600° DESIGN PRESS. 2500 PSIG			SYN. 51A LINE NO. 4 DUKE CLASS 3	
⑦	THE DRAWING NUMBER WILL BE THE COOLER SERIAL NUMBER. ALL COOLERS WILL BE DESIGNATED AS UNIT 1. PLEASE FILE IN SYSTEM 51A.			CODE CLASS SA III XI CLASS A	
⑧	THIS COOLER IS CURRENTLY LET DOWN COOLER 51A			PIPING SPEC. NA	
				LOCATION Reactor Bldg LID Control Rm.	
				DWG. NO. 18792-1 REV. NO. 2	

<b>DUKE POWER COMPANY</b>										Exam Start: 1031		Form NDE-UT-2A	
<b>ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS</b>										Exam Finish: 1146		Revision 4	
Station: Ocone			Unit: 1		Component/Weld ID: 1-LDCA-IN-V2						Date: 9/29/97		
Weld Length (in.): 14.5			Surface Condition: AS GROUND			Lo: 9.1.1.1		Surface Temperature: 71 ° F					
Examiner: Richard B. Childers <i>Richard B. Childers</i> Level: II			Scans: 45 <input checked="" type="checkbox"/> 47.0 dB    70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 44.0 dB    70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 72.0 dB 60T <input type="checkbox"/> _____ dB Other: 45L=75 dB			Pyrometer S/N: MCNDE 27018							
Examiner: James H. Resor <i>James H. Resor</i> Level: II						Cal Due: 2/14/98							
Procedure: NDE-630 Rev: 2						Configuration: CIRC							
FC: N/A						S1 Flow S2							
Calibration Sheet No: 9701053, 9701054, 9701056, 9701055						NOZZLE to C.BODY							
						Scan Surface: OD							
						Applies to NDE-680 only							
						Skew Angle: N/A							

IND #		Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
						20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac				
DO NOT WRITE IN THIS SPACE															
1	45L	159	1.55	0.8	12.5	360°	INT					S2	S1	AXIAL	NO
2	60L	159	1.76	1.1	12.5	360°	INT					S2	S1	AXIAL	NO
NRI	45C														

Remarks: SN # 94-18792-1	
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Sheet 1 of 11
Reviewed By: G G Bibb <i>GG Bibb</i> Level: III Date: 10-2-97	Authorized Inspector: <i>MBC</i> Date: 10-9-97
Item No: B03.150.001	

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

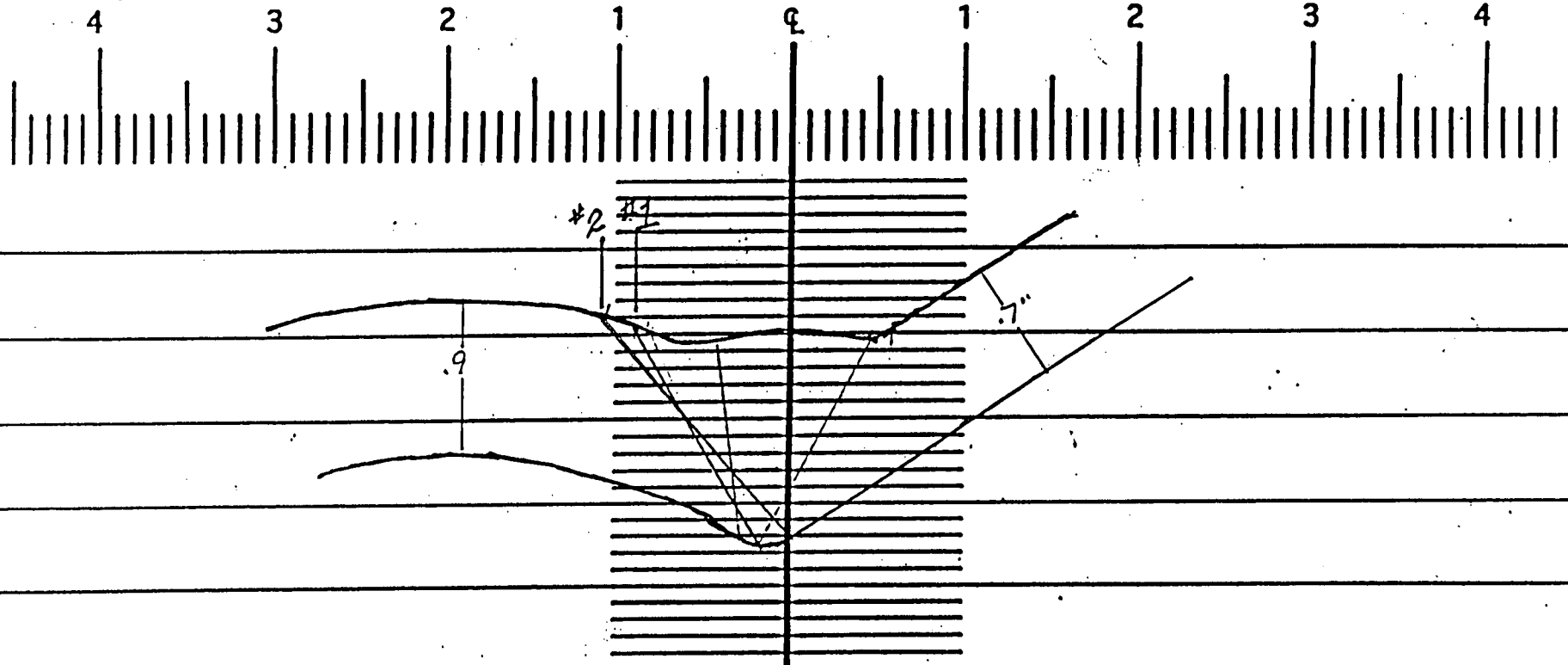
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



Component ID/Weld No. 1-LDCA-1N-V2

Remarks: B03.150.001

Item No: B03.150.001

Examiner: Richard B. Chelton

Level: TL

Date: 9-29-97

Reviewed By: LAB

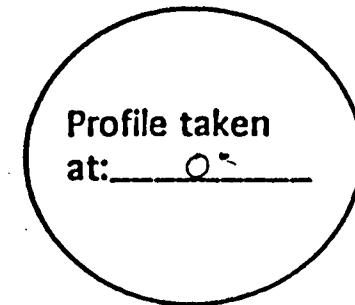
Level: TL

Date: 10-2-97

Authorized Inspector: MBC

Date: 10-9-97

270



90

180 Sheet 2 of 11

**DUKE POWER COMPANY**  
**ULTRASONIC INDICATION RESOLUTION SHEET**

Form NDE-UT-8

Revision 1

**Acceptance Standard:**

AFTER THE USE OF MULTIPLE ANGLES AND REVIEWING PREVIOUS DATA, INDICATIONS 1&2 WERE DETERMINED TO BE GEOMETRY. THIS WAS DUE TO THE I D RADIUS OF THE BRANCH CONNECTION WELD.

Item No: B03.150.001

Acceptable Indications: 1 -45L& 2-60L

### Rejectable Indications:

These indications have been compared with previous ultrasonic data ☒ Yes ☐ No previous data available

Examiner:	Level:	Date:
Richard B. Childers <i>Richard B. Childers</i>	II	9/29/97

Sheet 3 of 11

Reviewer:	Level:	Date:
G.G. BIBB <i>SSBibb</i>	III	<i>10-2-97</i> <del>9/29/97</del> <i>SSB 10-2-97</i>

Authorized Inspector:	Date:
<i>MB</i>	<i>10-9-97</i>

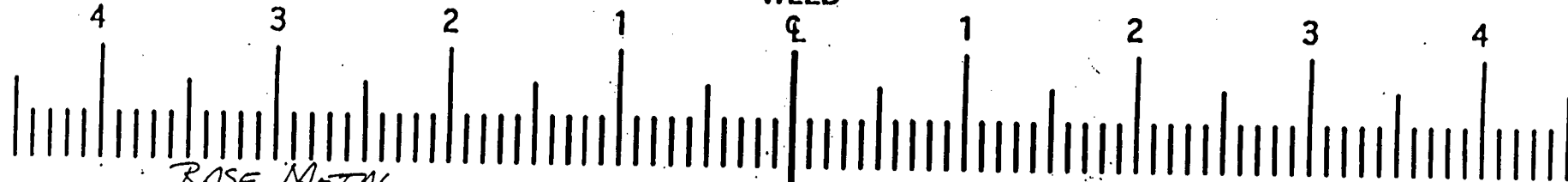
DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

EXAMINATION SURFACE 2



A-B-C  $\frac{1.45 \times .65}{2} = .47125 = .472 \text{ IN.}$

D-E-F  $\frac{.25 \times .15}{2} = .01875 = .02 \text{ IN.}$

E-G-H  $\frac{.3 \times .15}{2} = .0225 = .022 \text{ IN.}$

WELD METAL

D-F-I  $\frac{.75 \times .15}{2} = .05625 = .062 \text{ IN.}$

F-I-J  $\frac{.75 \times .15}{2} = .05625 = .062 \text{ IN.}$

.122 IN.

AXIAL SCAN COVERAGE  
ON BASE METAL .512 IN.

CIRC. CONTOUR

AXIAL SCAN COVERAGE  
ON WELD METAL .122 IN.

Component ID/Weld No. 1-LDCA-IN-1/2

Remarks: B03.150.001

Item No: B03.150.001

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: JTB/bbl

Level: III

Date: 10-2-97

Authorized Inspector: MBS

Date: 10-9-97

270

Profile taken  
at: 0°

90

180 Sheet 4 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

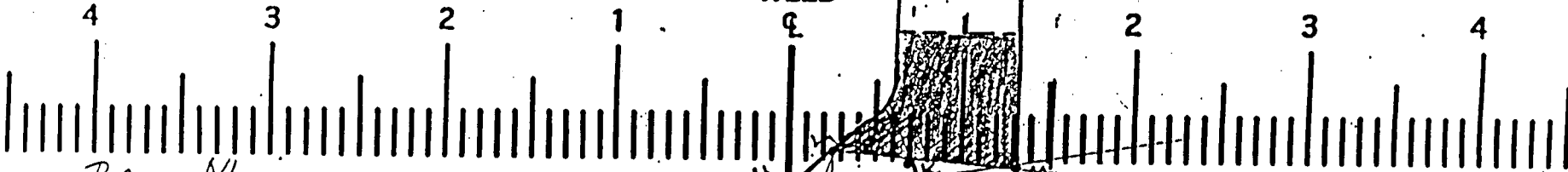
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

EXAMINATION SURFACE 2

WELD



BASE METAL

WELD METAL

A-B-C-D.

$$.275 \times .9 = .2475 = .25 \text{ IN.}$$

B-C-E  $\frac{1.6 \times .9}{2}$

$$= .72 \text{ IN.}$$

$$J-K-M-N \frac{.6 + .5}{2} \times .3 = .165 \text{ IN.} = .17 \text{ IN.}$$

$$1.14 \text{ IN.}$$

AXIAL SCAN COVERAGE

ON BASE METAL 1.14 IN.

AXIAL SCAN ON

AXIAL CONTOUR

$$F-G-H-I \frac{.7 + .5}{2} \times .35 = .21 \text{ IN.}$$

$$H-J-K-L \frac{.9 + .5}{2} \times .35 = .245 = .25 \text{ IN.}$$

$$.46 \text{ IN.}$$

AXIAL SCAN

ON WELD METAL .46 IN.

Component ID/Weld No.

1-LDCA-1N-V2

Remarks: B03.150.001

Item No: B03.150.001

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: J.B. B.

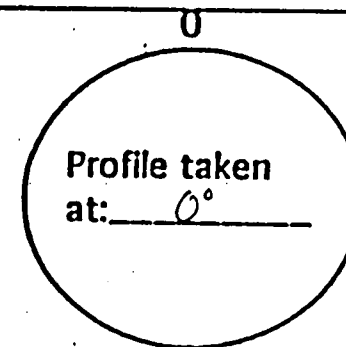
Level: III

Date: 10-2-97

Authorized Inspector: M.B.C.

Date: 10-9-97

270



Profile taken

at: 0°

90

180 Sheet 5 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

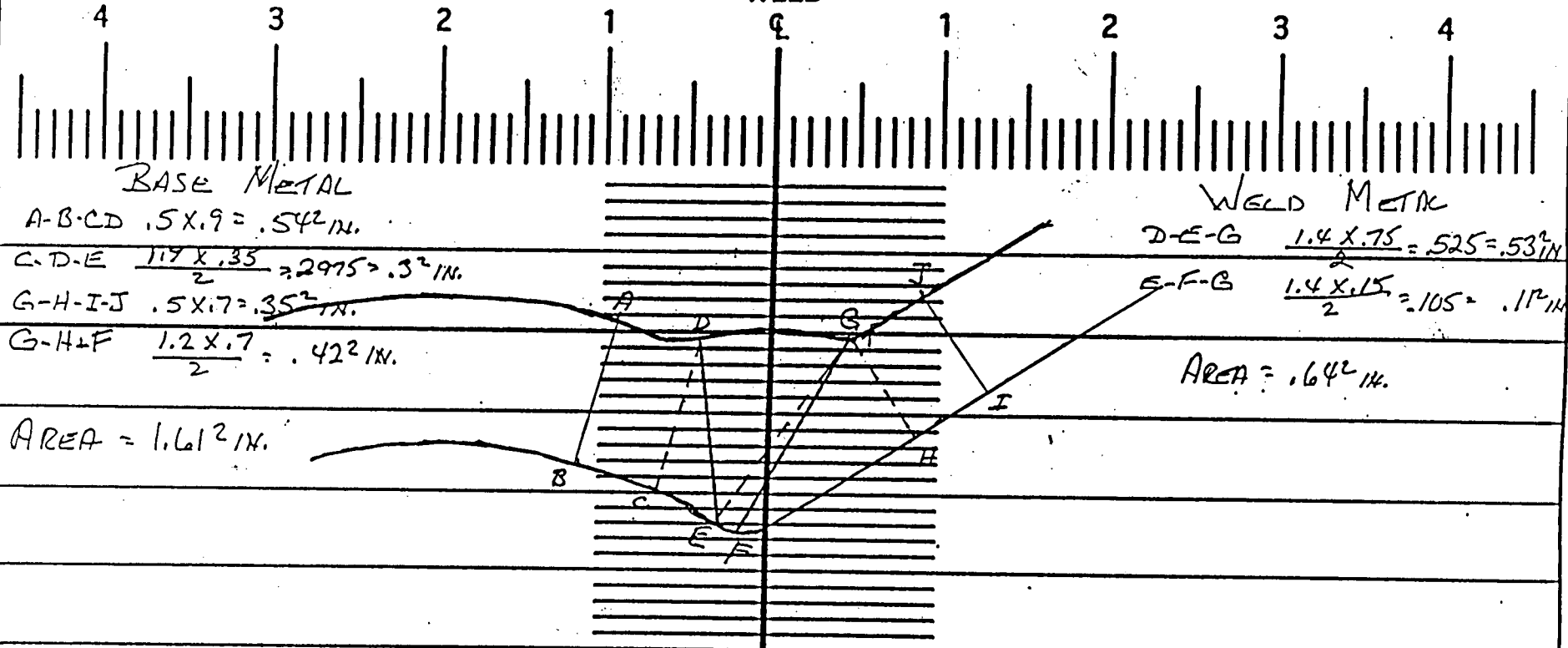
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



Component ID/Weld No. 1-LDCA-1A1-V2

Remarks: B03.150.001

Item No: B03.150.001

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

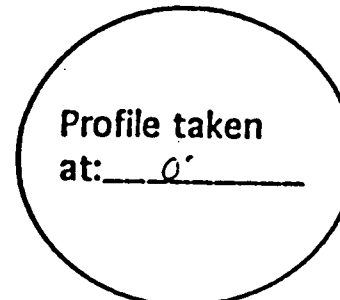
Reviewed By: JLB

Level: III

Date: 10-2-97

Authorized Inspector: JLB

Date: 10-9-97



180 Sheet 6 of 11

# DUKE POWER COMPANY

## Limited Examination Coverage Worksheet

NDE-91-1

Revision 0

### Examination Volume/Area Defined

Base Metal ☒ Weld ☐ Near Surface ☐ Bolting ☐ Inner Radius ☐

#### Area Calculation

AXIAL CONTOUR  $2.13^2 \text{ IN.}$   
CIRC. CONTOUR  $1.61^2 \text{ IN.}$   
 $3.74^2 \text{ IN.}$   
 $3.74^2 \text{ IN.} \div 2 = 1.87^2 \text{ IN. AVERAGE}$

#### Volume Calculation

LENGTH 14.5"  
 $1.87^2 \text{ IN.} \times 14.5" = 27.115 = 27.12 \text{ CU. IN.}$

### Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
--------	-------	----------------	------------------------	----------------------	--------------------------	--------------------------	------------------

#### AXIAL CONTOUR

Circ.	45	CW/CCW	.26 <sup>2</sup> IN.				
Ax	45/60	2	1.14 <sup>2</sup> IN.				
			1.4 <sup>2</sup> IN.				

#### CIRC. CONTOUR

Circ.	45	CW/CCW	.09 <sup>2</sup> IN.				
Ax	45/60	2	.51 <sup>2</sup> IN.				
			.6 <sup>2</sup> IN.				

$1.4 + .6 \div 4 \text{ SCANS} = .5^2 \text{ IN.}$  14.5" 7.25 CU IN 27.12 26.73

Item No: B03.150.001

Prepared BY: Richard B Childers

Level: II

Date: 9-29-97

Reviewed By: JTB

Level: III

Date: 10-2-97

DUKE POWER COMPANY  
Limited Examination Coverage Worksheet

NDE-91-1

Revision 0

Examination Volume/Area Defined

Base Metal ☐

Weld ☒

Near Surface ☐

Bolting ☐

Inner Radius ☐

Area Calculation

AXIAL CONTOUR .64<sup>2</sup> IN.  
CIRC. CONTOUR 1.26<sup>2</sup> IN.  
1.9<sup>2</sup> IN.  
1.9<sup>2</sup> IN. ÷ 2 = .95<sup>2</sup> IN.

Volume Calculation

LENGTH 14.5"  
.95<sup>2</sup> IN. X 14.5" = 13.775 = 13.78 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
--------	-------	----------------	------------------------	----------------------	--------------------------	--------------------------	------------------

AXIAL CONTOUR

CIRC.	45	CW/CCW	.94 <sup>2</sup> IN.				
AX	45/60	2	.46 <sup>2</sup> IN.				
			1.4 <sup>2</sup> IN.				

CIRC. CONTOUR

CIRC.	45	CW/CCW	.25 <sup>2</sup> IN.				
AX	45/60	2	.12 <sup>2</sup> IN.				
			.37 <sup>2</sup> IN.				

1.42 IN + .37 IN. ÷ 4 SCANS = .4425 = .44 IN 14.5 6.38<sup>3</sup> IN. 13.78<sup>3</sup> IN. 46.3

Item No: B03.150.001

Prepared BY: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: JTB

Level: III

Date: 10-2-97

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

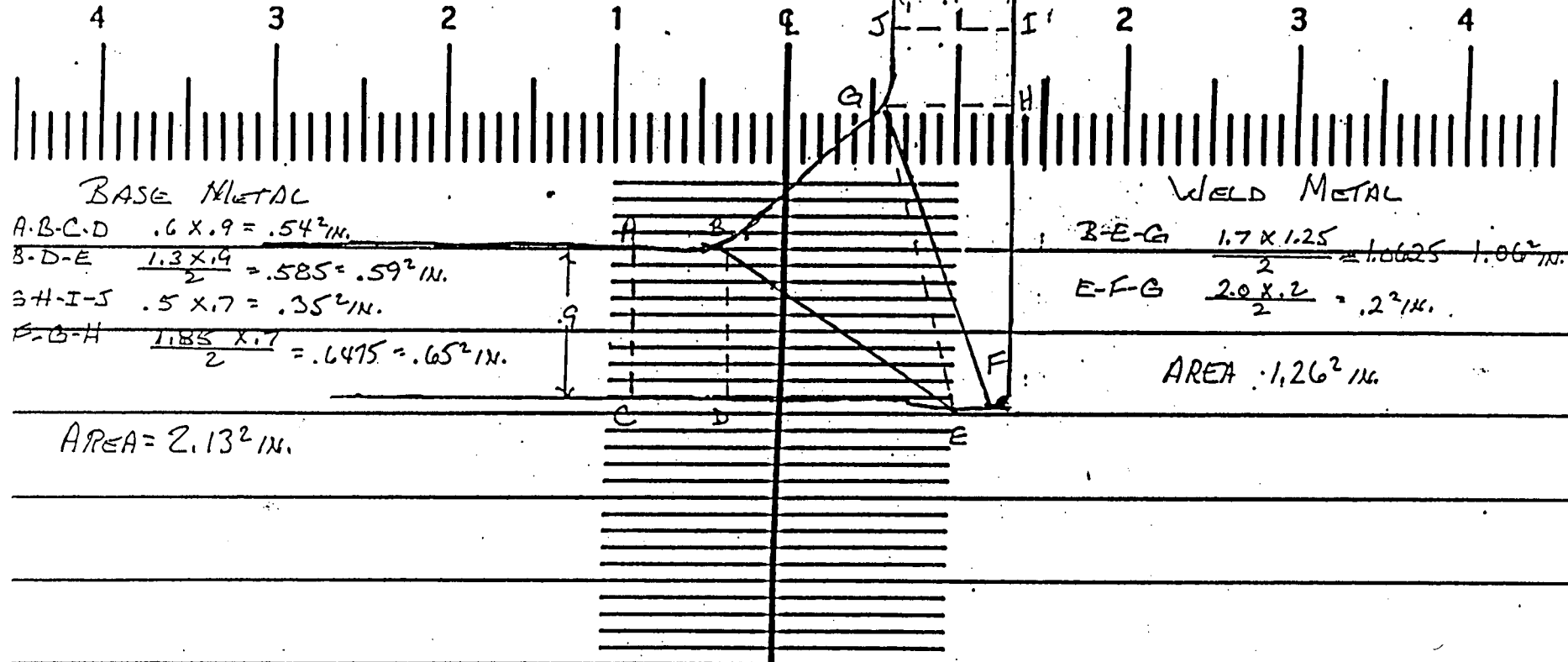
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

EXAMINATION SURFACE 2

WELD



Component ID/Weld No. 1-LDCA-IN-V2

Remarks: B03.150.001

Item No: B03.150.001

Examiner: Richard B. Chalker

Level: II

Date: 9-29-97

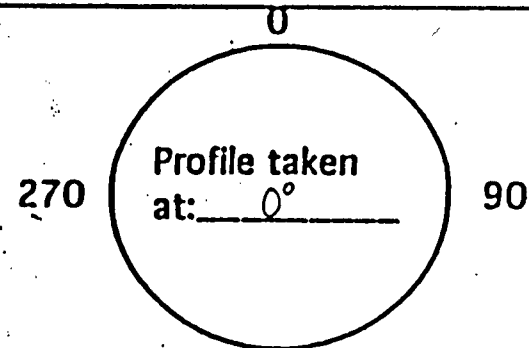
Reviewed By: JLB

Level: II

Date: 10-2-97

Authorized Inspector: MBO

Date: 10-9-97



180 Sheet 9 of 11

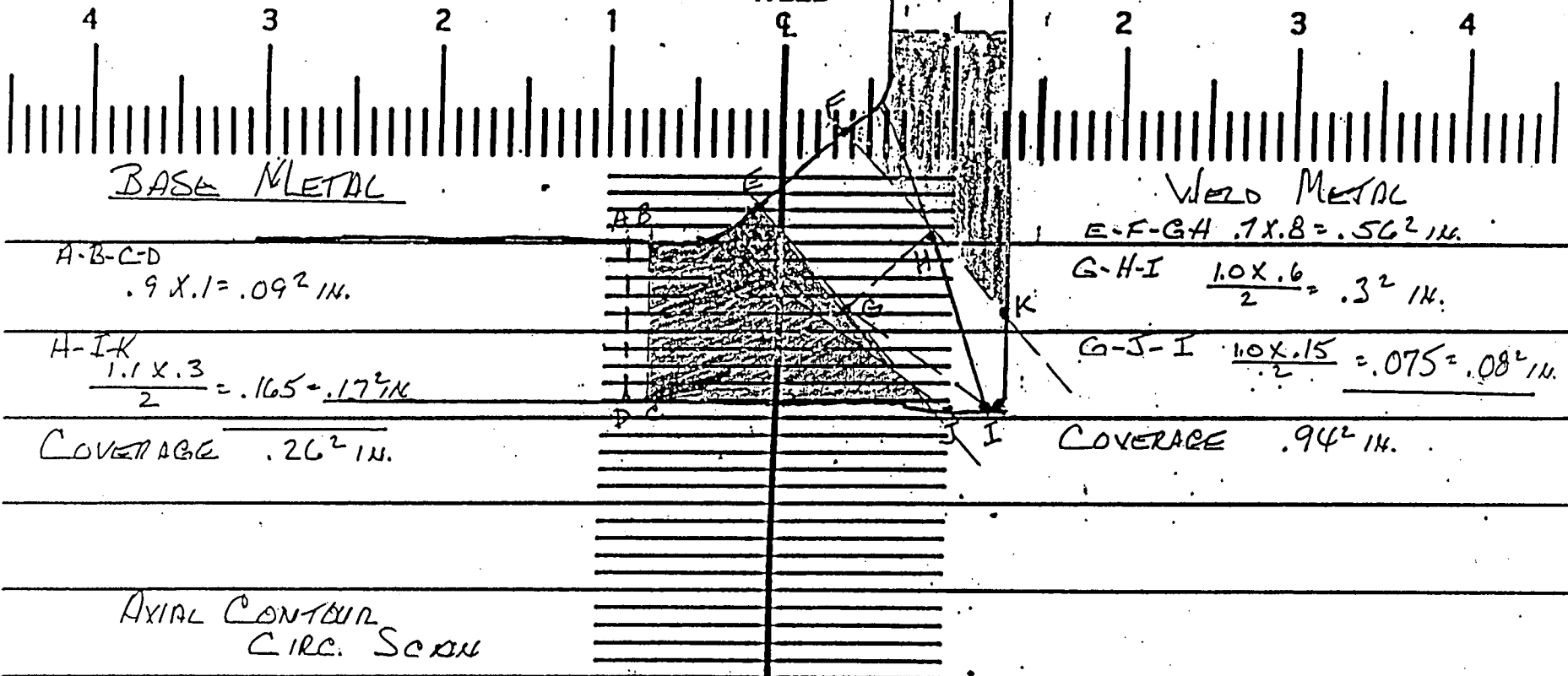
DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

EXAMINATION SURFACE 2



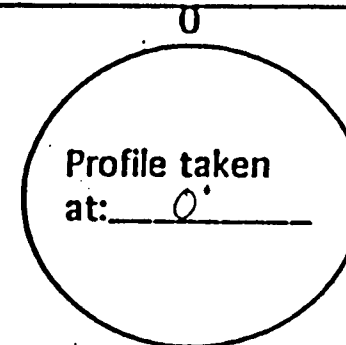
Component ID/Weld No. 1-LDCA-1N-V2

Remarks: B03-150-001

Examiner: Richard B. Childers  
Reviewed By: JLB  
Authorized Inspector: M.B.C.

Item No: B03-150-001  
Level: II Date: 9-29-97  
Level: III Date: 10-2-97  
Date: 10-9-97

270



90

180 Sheet 10 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

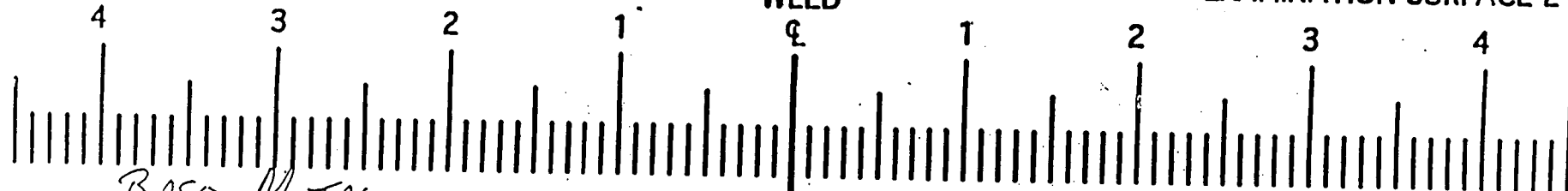
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



BASE METAL

$$A-C-D \quad \frac{.5 \times .2}{2} = .05^2 \text{ IN.}$$

$$A-B-C \quad \frac{.4 \times .2}{2} = .04^2 \text{ IN.}$$

COVERAGE .09<sup>2</sup> IN.

WELD METAL

$$D-E-F-G \quad .3 \times .6 = .18^2 \text{ IN.}$$

$$A-E-D \quad \frac{.55 \times .25}{2} = .06875 = .07^2 \text{ IN.}$$

COVERAGE .25<sup>2</sup> IN.

CIRC. SCAN ON CIRC. CORNER

Component ID/Weld No.

Remarks:

Item No: B03.150.001

Level: II

Date: 9-29-97

Level: IV

Date: 10-2-97

Date: 10-9-97

Profile taken  
at: 0°

180 Sheet 11 of 11

DUKE POWER COMPANY										Exam Start: 1031		Form NDE-UT-2A			
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS										Exam Finish: 1146		Revision 4			
Station: Oconee			Unit: 1		Component/Weld ID: 1-LDCA-OUT-V6					Date: 9/29/97					
Weld Length (in.): 14.5			Surface Condition: AS GROUND			Lo: 9.1.1.1		Surface Temperature: 71 ° F							
Examiner: Richard B. Childers <i>Richard B. Childers</i>			Level: II		Scans: 45 <input checked="" type="checkbox"/> 47.0 dB 70 <input type="checkbox"/> _____ dB 45T <input checked="" type="checkbox"/> 44.0 dB 70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> 72.0 dB 60T <input type="checkbox"/> _____ dB Other: 45L=75 dB					Pyrometer S/N: MCNDE 27018					
Examiner: James H. Resor <i>James H. Resor</i>			Level: II							Cal Due: 2/14/98					
Procedure: NDE-630 Rev: 2			FC: N/A							Configuration: CIRC					
Calibration Sheet No: 9701053, 9701054, 9701056, 9701055										S1 Flow S2 NOZZLE to C.BODY 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 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	DO NOT WRITE IN THIS SPACE			
1	60L	159	1.69	1.1	12.5	360	INT					S2	S1	AXIAL	NO
2	45L	159	1.60	0.8	12.5	360	INT					S2	S1	AXIAL	NO
NRI	45C														
Remarks: SN # 94-18792-1															
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>													Sheet 1 of 11		
Reviewed By: G G Bibb <i>GG Bibb</i>				Level: III		Date: 10-2-97		Authorized Inspector: <i>M.B. Chapman</i>				Date: 10-9-97		Item No: B03.150.002	

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

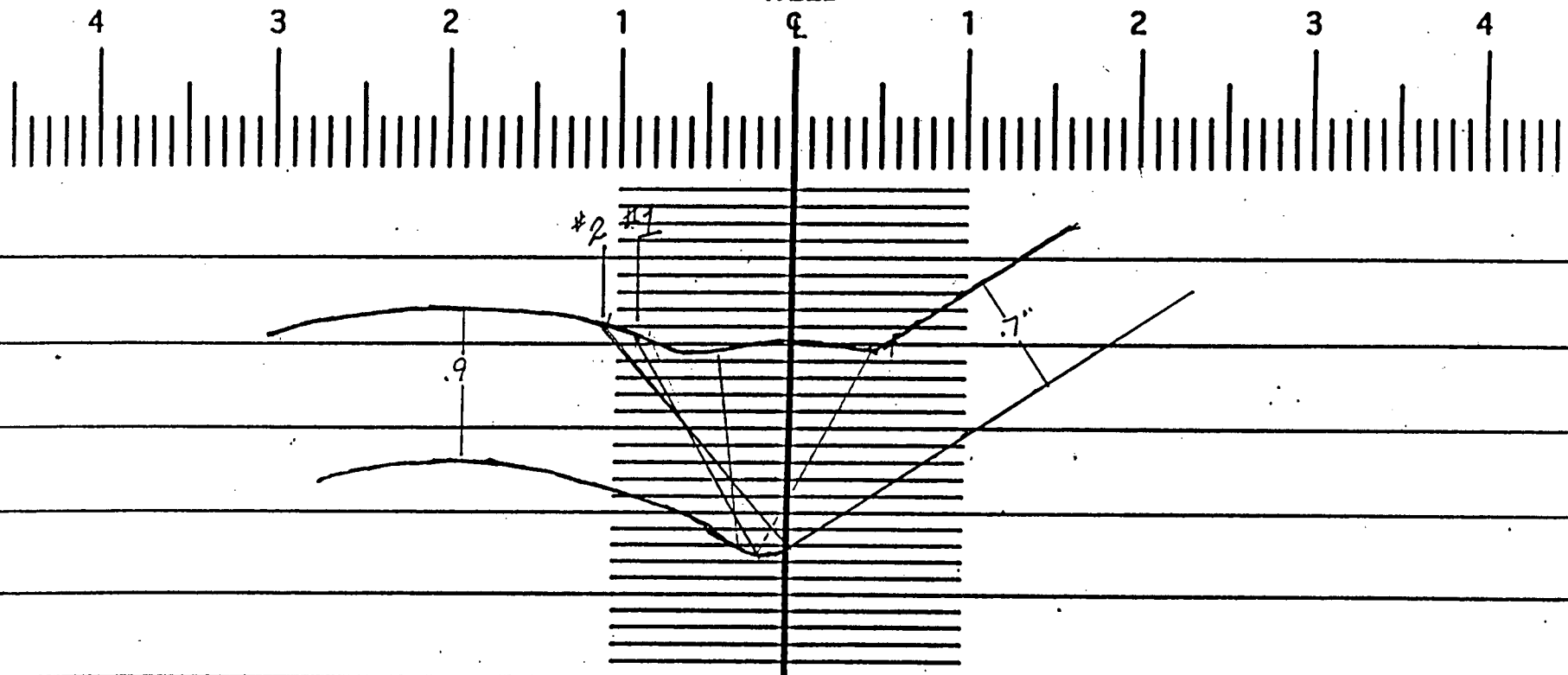
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



Component ID/Weld No. 1 LDCA - OUT - V6

Remarks: B03.150.002

Item No: B03.150.002

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: J. B. Bitt

Level: III

Date: 10-2-97

Authorized Inspector: M. B. Bitt

Date: 10-8-97

270

Profile taken  
at: 0°

90

180 Sheet 2 of 11

**DUKE POWER COMPANY**  
**ULTRASONIC INDICATION RESOLUTION SHEET**

Form NDE-UT-8

Revision 1

Acceptance Standard:

AFTER THE USE OF MULTIPLE ANGLES AND REVIEWING PREVIOUS DATA, INDICATIONS 1&2 WERE DETERMINED TO BE GEOMETRY. THIS WAS DUE TO THE I D RADIUS OF THE BRANCH CONNECTION WELD.

Item No: B03.150.002

Acceptable Indications: 1 -60L& 2-45L

Rejectable Indications:

These indications have been compared with previous ultrasonic data    ☒ Yes    ☐ No previous data available

Examiner:

Level:

Date:

Richard B. Childers

II

9/29/97

Sheet 3 of 11

Reviewer:

Level:

Date:

G.G. BIBB

III

10-2-97

9/29/97

10-2-97

Authorized Inspector:

Date:

MISC

10-9-97

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

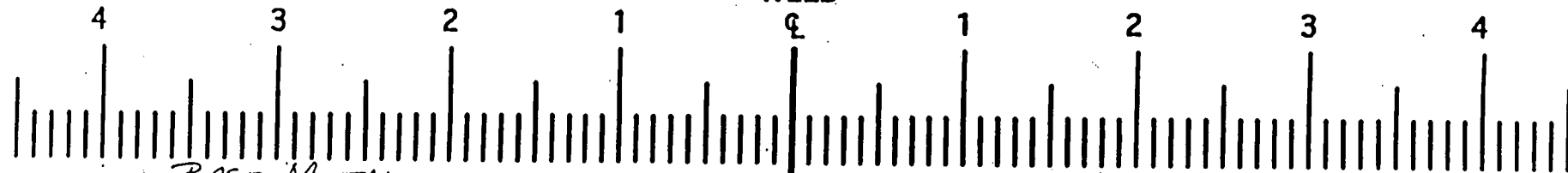
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



A-B-C  $\frac{1.45 \times .65}{2} = .47125 = .472 \text{ IN.}$

D-E-F  $\frac{.25 \times .15}{2} = .01875 = .022 \text{ IN.}$

E-G-H  $\frac{.3 \times .15}{2} = .0225 = .022 \text{ IN.}$

WELD METAL

D-F-I  $= \frac{.75 \times .15}{2} = .05625 = .062 \text{ IN.}$

F-I-J  $= \frac{.75 \times .15}{2} = .05625 = .062 \text{ IN.}$

.122 IN.

AXIAL SCAN COVERAGE  
ON BASE METAL .512 IN.

AXIAL SCAN COVERAGE  
ON WELD METAL .122 IN.

CIRC. CONTOUR

Component ID/Weld No. 1 LDCA-OUT-V6.

Remarks: B03.150.002

Examiner: Richard B. Childers  
Reviewed By: J. B. B. B.  
Authorized Inspector: M. B. C.  
Item No: B03.150.002  
Level: II  
Date: 9-29-97  
Level: III  
Date: 10-2-97  
Date: 10-9-97

270

Profile taken  
at: 0

90

180 Sheet 4 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



BASE METAL

A-B-C-D.

$$.275 \times .9 = .2475 = .25 \text{ IN.}$$

B-C-E  $\frac{1.6 \times .9}{2}$

$$= .72 \text{ IN.}$$

$$J-K-M-N \frac{.6 + .5}{2} \times .3 = .165 \text{ IN.} = .17 \text{ IN.}$$

$$1.14 \text{ IN.}$$

AXIAL SCAN COVERAGE

ON BASE METAL  $1.14 \text{ IN.}$

AXIAL SCAN ON

AXIAL CONTOUR

WELD METAL

$$F-G-H-I \frac{.7 + .5}{2} \times .35 = .21 \text{ IN.}$$

$$H-J-K-L \frac{.9 + .5}{2} \times .35 = .245 = .25 \text{ IN.}$$

$$.46 \text{ IN.}$$

AXIAL SCAN  
ON WELD METAL  $.46 \text{ IN.}$

Component ID/Weld No. 1 LDCA-OUT-V6

Remarks: B03.150.002

Item No: B03.150.002

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: JJB

Level: III

Date: 10-2-97

Authorized Inspector: M.B.C.

Date: 10-9-97

270

Profile taken

at: 0°

90

180 Sheet 5 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

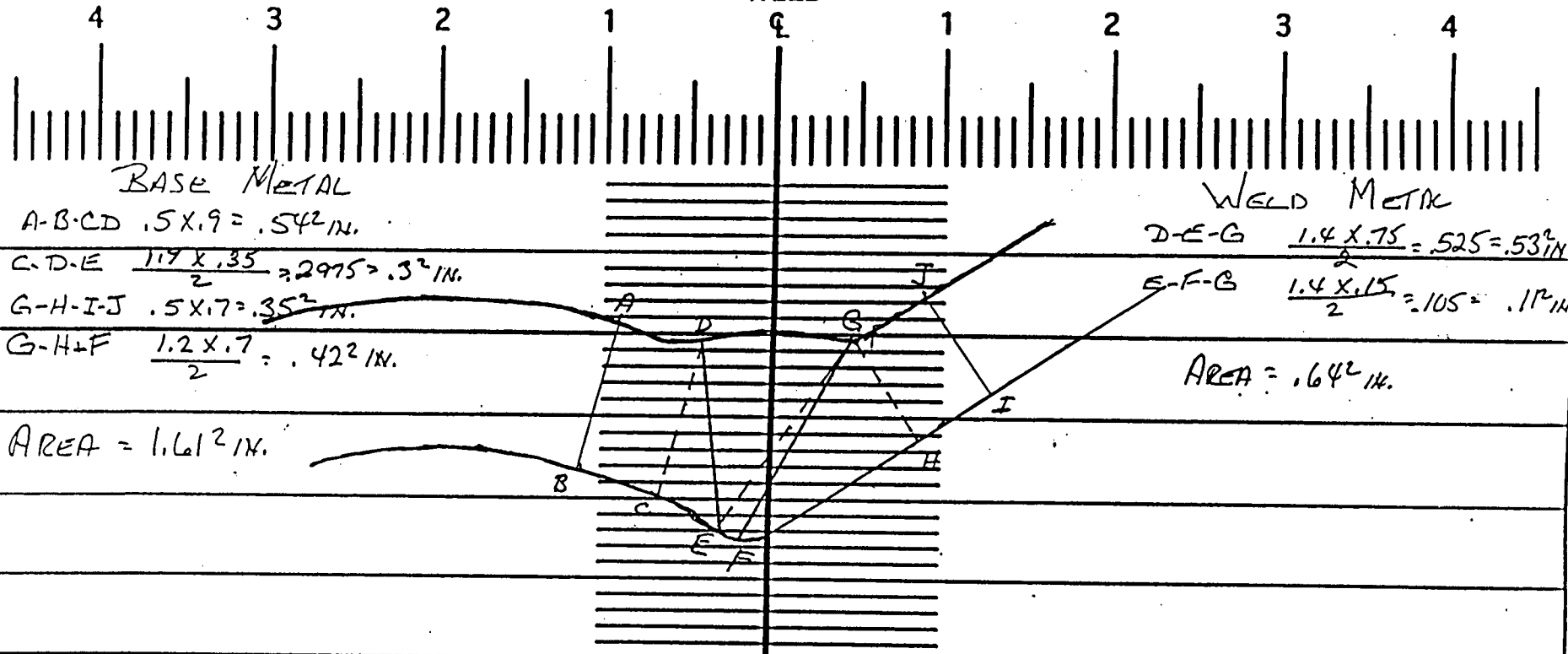
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



Component ID/Weld No. 1 LDCA-OUT-V.6

Remarks: B03.150.002

Examiner: Richard B. Childers

Reviewed By: J. B. C.

Authorized Inspector: J. B. C.

Item No: B03.150.002

Level: II

Date: 9-29-97

Level: III

Date: 10-2-97

Date: 10-9-97

270

Profile taken  
at: 0°

90

180 Sheet 6 of 11

# DUKE POWER COMPANY

## Limited Examination Coverage Worksheet

NDE-91-1

Revision 0

### Examination Volume/Area Defined

Base Metal ☒ Weld ☐ Near Surface ☐ Bolting ☐ Inner Radius ☐

#### Area Calculation

AXIAL CONTOUR 2.13<sup>2</sup> IN.  
CIRC. CONTOUR 1.61<sup>2</sup> IN.  
3.74<sup>2</sup> IN.  
 $3.74^2 \text{ IN.} \div 2 = 1.87^2 \text{ IN. AVERAGE}$

#### Volume Calculation

LENGTH 14.5"  
 $1.87^2 \text{ IN.} \times 14.5" = 27.115 = 27.12 \text{ CU. IN.}$

### Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
--------	-------	----------------	------------------------	----------------------	--------------------------	--------------------------	------------------

#### AXIAL CONTOUR

Circ.	45	CW/CCW	.26 <sup>2</sup> IN.				
Ax	45/60	2	1.14 <sup>2</sup> IN.				
			1.4 <sup>2</sup> IN.				

#### CIRC. CONTOUR

Circ.	45	CW/CCW	.09 <sup>2</sup> IN.				
Ax	45/60	2	.51 <sup>2</sup> IN.				
			.6 <sup>2</sup> IN.				

$1.4 + .6 \div 4 \text{ SCANS} = .5^2 \text{ IN.}$  14.5" 7.25 CU IN 27.12 26.73

Item No: B03.150.002

Prepared BY: Richard B Childers

Level: II

Date: 9-29-97

Reviewed By: JJB

Level: III

Date: 10-2-97

# DUKE POWER COMPANY

## Limited Examination Coverage Worksheet

NDE-91-1

Revision 0

### Examination Volume/Area Defined

Base Metal ☐

Weld ☒

Near Surface ☐

Bolting ☐

Inner Radius ☐

#### Area Calculation

AXIAL CONTOUR  $.64^2 \text{ in.}$   
 CIRC. CONTOUR  $1.26^2 \text{ in.}$   
 $1.9^2 \text{ in.}$   
 $1.9^2 \text{ in.} \div 2 = .95^2 \text{ in.}$

#### Volume Calculation

LENGTH  $14.5''$   
 $.95^2 \text{ in.} \times 14.5'' = 13.775 = 13.78 \text{ cu. in.}$

### Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
--------	-------	----------------	------------------------	----------------------	--------------------------	--------------------------	------------------

AXIAL CONTOUR

CIRC. 45 CW/CCW  $.94^2 \text{ in.}$

AX 45/60 2  $.46^2 \text{ in.}$

$1.4^2 \text{ in.}$

CIRC. CONTOUR

CIRC. 45 CW/CCW  $.25^2 \text{ in.}$

AX 45/60 2  $.12^2 \text{ in.}$

$.37^2 \text{ in.}$

$1.42 \text{ in.} + .37 \text{ in.} \div 4 \text{ SCANS} = .4425 = .44 \text{ in.}$   $14.5$   $6.38^3 \text{ in.}$   $13.78^3 \text{ in.}$   $46.3$

Item No: B03-150-002

Prepared BY: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: J. Bill

Level: III

Date: 10-2-97

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

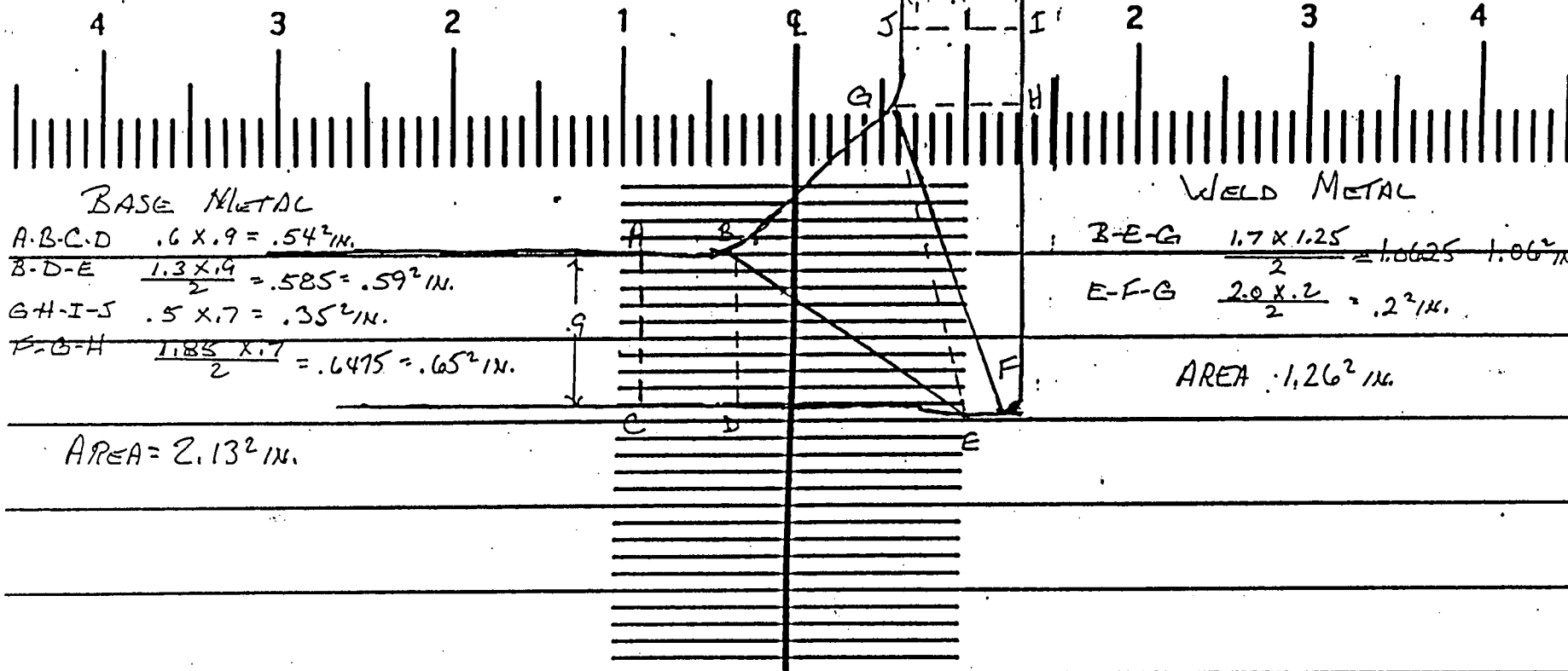
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

EXAMINATION SURFACE 2

WELD



Component ID/Weld No. 1 LDCA-OUT-V6

Remarks: B03.150.002

Item No: B03.150.002

Examiner: Richard B. Childers

Level: TL

Date: 9-29-97

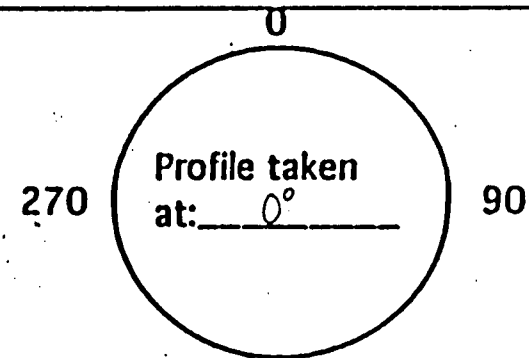
Reviewed By: J. B. B.

Level: IV

Date: 10-2-97

Authorized Inspector: MRC

Date: 10-9-97



180 Sheet 9 of 11

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

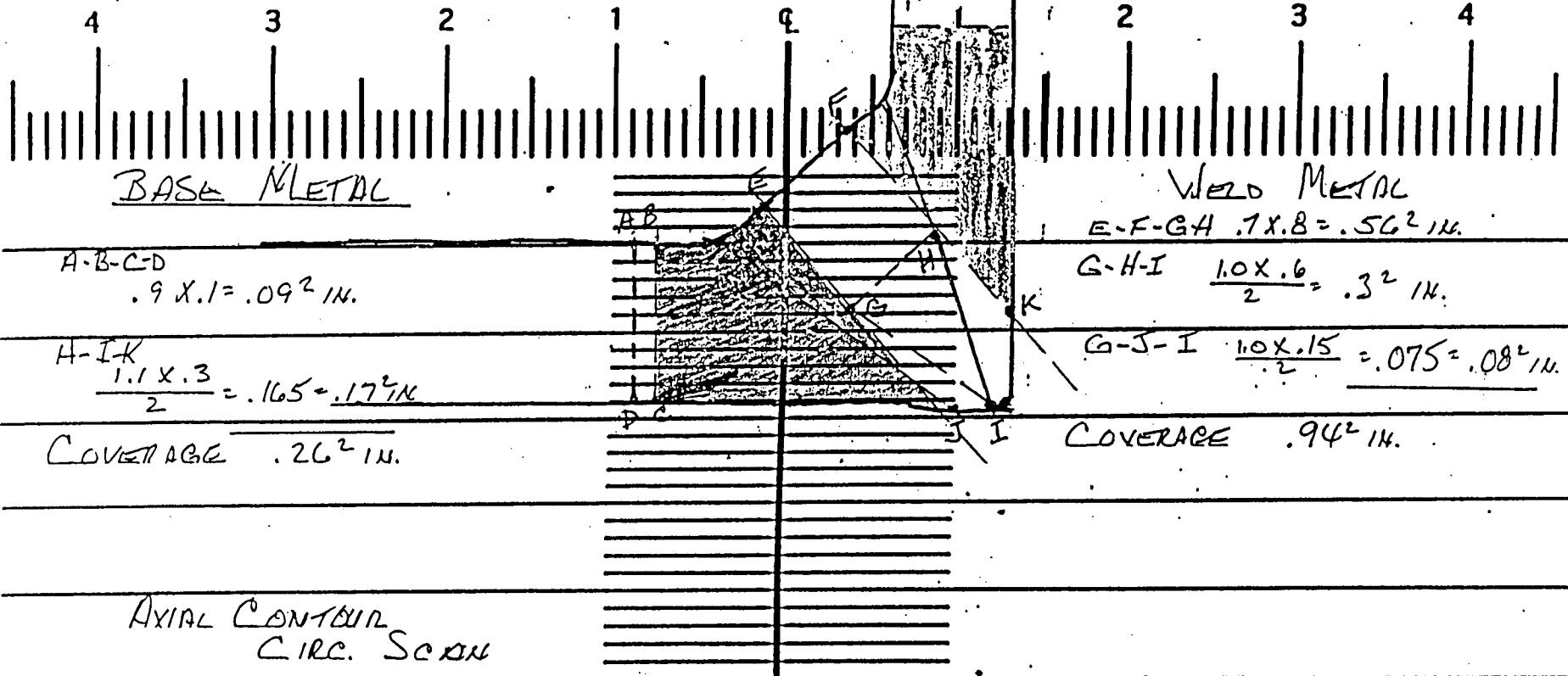
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



Component ID/Weld No. 1 LDCA-OUT-V6

Remarks: B03.150.002

Item No: B03.150.002

Examiner: Richard B. Childers

Level: II

Date: 9-29-97

Reviewed By: J. Bibb

Level: III

Date: 10-2-97

Authorized Inspector: J. Bibb

Date: 10-9-97

270

Profile taken  
at: 0°

90

180 Sheet 10 of 14

DUKE POWER COMPANY  
UT PROFILE/PLOT SHEET

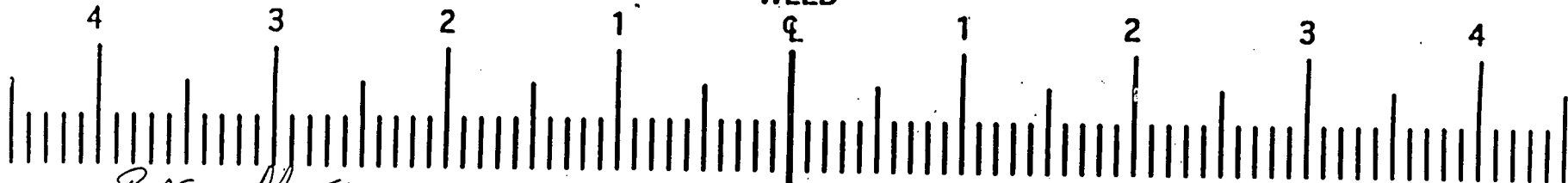
NDE-UT-5

Revision 1

EXAMINATION SURFACE 1

WELD

EXAMINATION SURFACE 2



BASE METAL

$$A-C-D \frac{.5 \times .2}{2} = .05^2 \text{ IN.}$$

$$A-B-C \frac{.4 \times .2}{2} = .04^2 \text{ IN.}$$

COVERAGE .09<sup>2</sup> IN.

WELD METAL

$$D-E-F-G \frac{.3 \times .6}{2} = .18^2 \text{ IN.}$$

$$A-E-D \frac{.55 \times .25}{2} = .06875^2 = .07^2 \text{ IN.}$$

COVERAGE .25<sup>2</sup> IN.

CIRC. SCAN ON CIRC. COMPONENT

Component ID/Weld No. LDCA-OUT-V6

Remarks: B03.150.002

Examiner: Richard B. Childers

Reviewed By: J. B. Bell

Authorized Inspector: MBC

Item No: B03.150.002

Level: II

Date: 9-29-97

Level: III

Date: 10-2-97

Date: 10-9-97

270

Profile taken  
at: 0°

90

180 Sheet 11 of 11

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

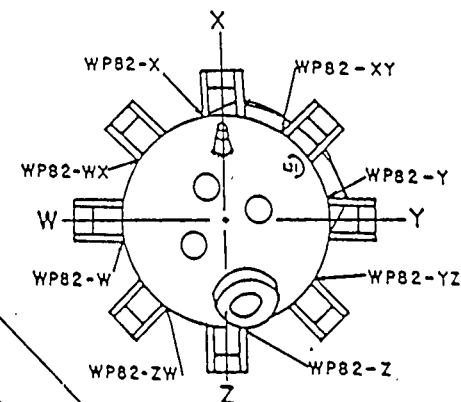
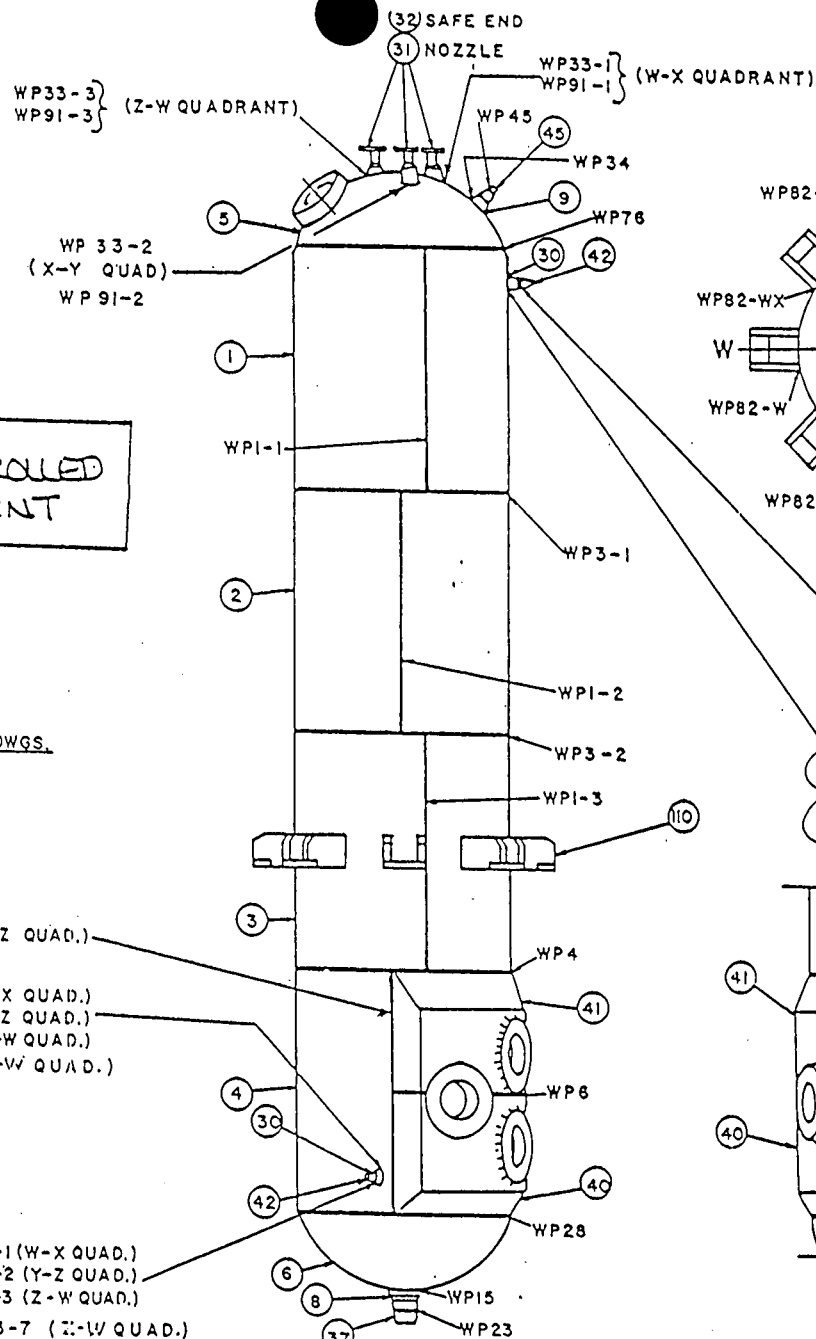
Reviewed By L. Kevin Rhyme Date 7/27/98

THICK.	PC. NO.	QTY	DESCRIPTION	MATL.
88	1	1	UPPER SHELL COURSE	SA 212 GR. B
88	2	1	MIDDLE SHELL COURSE	SA 212 GR. B
88	3	1	LOWER SHELL COURSE	SA 212 GR. B
88	4	1	HEATER BELT SHELL	SA 212 GR. B
88	5	1	UPPER HEAD	SA 212 GR. B
88	6	1	LOWER HEAD	SA 212 GR. B
563	8	1	PRESSURIZER SURGE NOZZLE	SA 508 CL. 1
88	9	1	PRESSURIZER SPRAY NOZZLE	SA 508 CL. 1
88	30	6	SAMPLING NOZZLE	SA 508 GR. B
750	31	3	PRESSURIZER RELIEF NOZZLE	SA 508 CL. 1
563	32	3	PRESSURIZER RELIEF NOZZLE SAFE END	SA 182 F316
88	37	1	PRESSURIZER SURGE NOZZLE SAFE END	SA 336 CL. F8M
88	40	1	LOWER HEATER BELT FORGING	SA 508 CL. 1
88	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				
875				
875				
875				
875				
875				
750				
500				
500	WELD LIST (CONT.)			
500	I.D. NO.	PC. NO.	DIAM.	THICK.
500	WP91-1	31 TO 32	2 1/2"NPS	1.000
500	WP91-2	31 TO 32	2 1/2"NPS	1.000
500	WP91-3	31 TO 32	2 1/2"NPS	1.000
500	WP63-7	42 TO 30	SAMPLING	1.1875

UNCONTROLLED  
FOR PRINT

REFERENCE DWGS.  
OM 201-1001

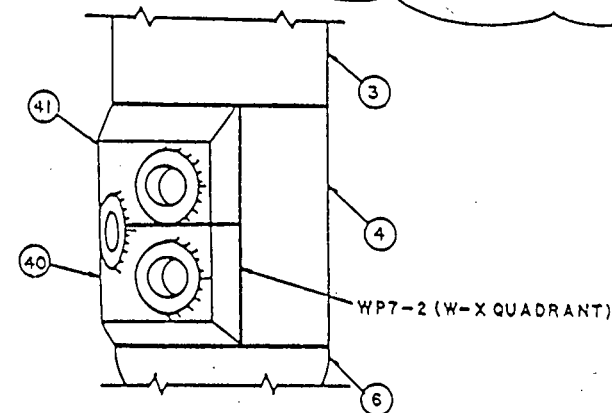
NOTES:  
1. ALL I.D. NUMBERS SHALL BE PRECEDED BY "IPRZ -"  
2. PIECE NUMBERS ARE SHOWN IN CIRCLES.



TOP VIEW

WP63-4 (W-X QUADRANT)  
WP63-5 (Y-Z QUADRANT)  
WP63-6 (Z-W QUADRANT)

WP26-4 (W-X QUADRANT) B03.110.006  
WP26-5 (Y-Z QUADRANT) B03.110.007  
WP26-6 (Z-W QUADRANT) B03.110.008



REV.	REV. WELD OUTLINE	DATE	BY	CHKD.	APPD.	TITLE
1	Iss. Ref. Dwgs.	7/23/81	HJH	JOB		PRESSURIZER WELD OUTLINE
2	ORIG.	7/23/81	AW5	TTM	CAC	
3	REVISION	7/23/81	AW5	TTM	CAC	
4	REVISED	7/23/81	AW5	TTM	CAC	
5	REVISED	7/23/81	AW5	TTM	CAC	
6	REVISED	7/23/81	AW5	TTM	CAC	
7	REVISED	7/23/81	AW5	TTM	CAC	
8	REVISED	7/23/81	AW5	TTM	CAC	
9	REVISED	7/23/81	AW5	TTM	CAC	
10	REVISED	7/23/81	AW5	TTM	CAC	

REQUEST FOR DWG 98-03  
ATTACHMENT A

# DUKE POWER COMPANY

## ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS

Exam Start: 1101

Form NDE-UT-2A

Exam Finish: 1151

Revision 4

Station: Ocone

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 Level: II

Scans:

Pyrometer S/N: MCNDE 27021

Examiner: David Zimmerman Level: II

45 ☒ 54 dB 70 ☐ dB

Cal Due: 7/27/98

Procedure: NDE-620 Rev: 5 FC: N/A  
NDE-640 1

45T ☒ 54 dB 70T ☐ dB

Configuration: Nozzle to Shell

N/A Flow N/A

Calibration Sheet No:  
9802043, 9802044, 9802046

60 ☒ 70.5 dB

S2 to S1

Scan Surface: OD

Applies to NDE-680 only

Skew Angle: N/A

Other: 0°-26 dB

IND #	4	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 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac		DO NOT WRITE IN THIS SPACE		
NRI	0°														
NRI	45°														
NRI	60°														

Remarks: \*95-18, 95-19

Limitations: (see NDE-UT-4) ☐ 90% or greater coverage obtained: yes ☐ no ☒

Sheet 1 of 11

Reviewed By: Gary Moss

Level: II

Date: 3-26-98

Authorized Inspector: MBI

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:

☐ 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 Zamora*

Level: *II*

Date: 3/24/98

Sketch(s) attached ☒ yes ☐ no

Sheet 2 of 11

Reviewed By: *Gary Moss*

Date: 3-26-98

Authorized Inspector: *MBC*

Date: 3-31-98

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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			
<b>Coverage Calculations</b>							
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. 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>	

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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 X $10.6 \text{ SQ. IN.} \times 28" = 296.8 \text{ CU. IN.}$			
<b>Coverage Calculations</b>							
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>David K. Zing</i>	Level:	II	Date: 3/24/98
Reviewed By:	<i>Gary Moss</i>	Level:	B	Date: 3-26-98

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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.			
<b>Coverage Calculations</b>							
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>David K. Z...</i>	Level: <i>II</i>	Date:	3/24/98
Reviewed By: <i>Gary Moss</i>	Level: <i>II</i>	Date:	3-26-98

# EXAM AREAS

# O'CONNOR L. / SAMPLING NOZZLE

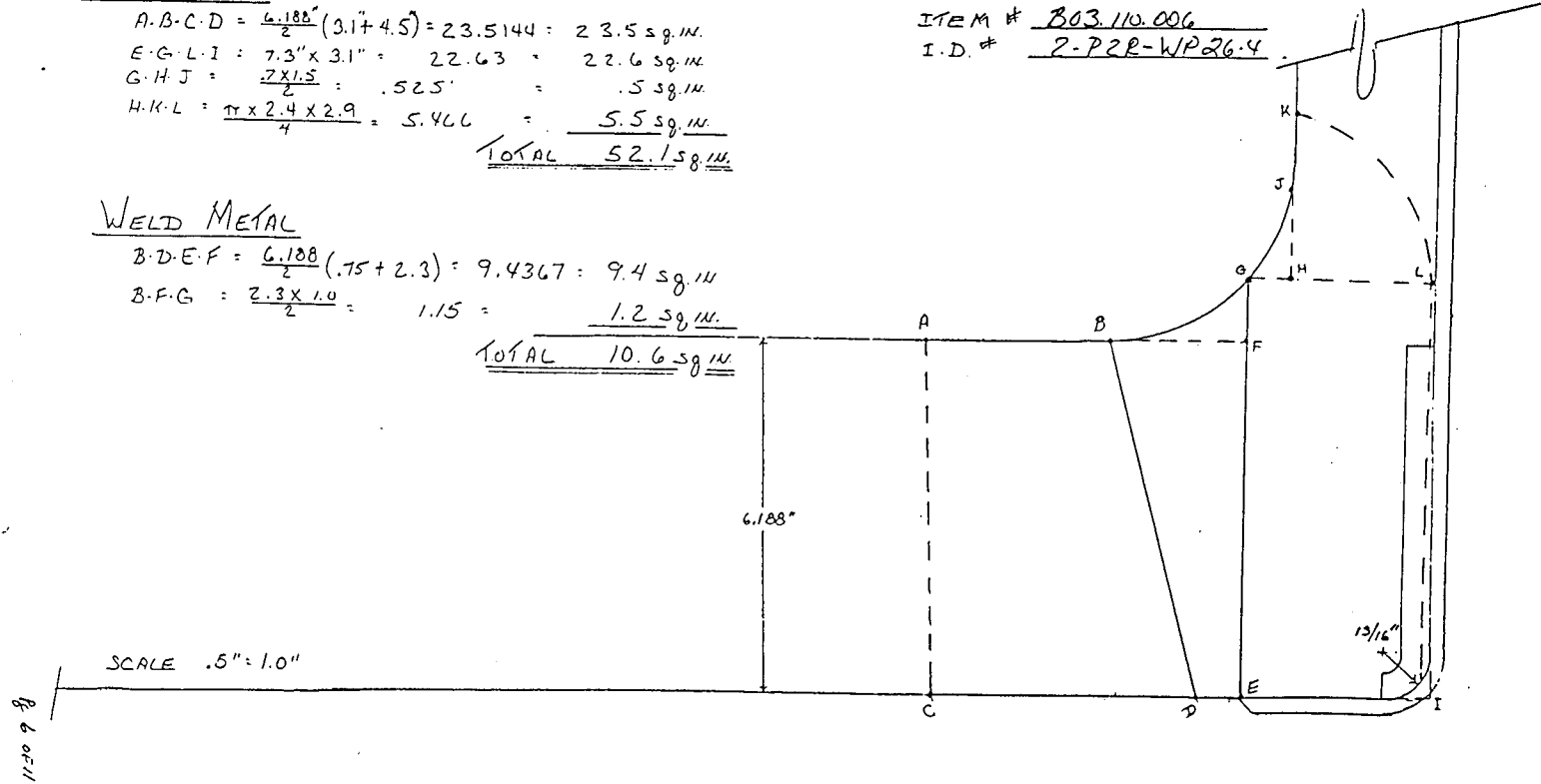
## BASE METAL

$$\begin{aligned} A \cdot B \cdot C \cdot D &= \frac{6.188}{2} (3.1 + 4.5) = 23.5144 = 23.5 \text{ sq. in.} \\ E \cdot G \cdot L \cdot I &= 7.3" \times 3.1" = 22.63 = 22.6 \text{ sq. in.} \\ G \cdot H \cdot J &= \frac{2 \times 1.5}{2} = .525 = .5 \text{ sq. in.} \\ H \cdot K \cdot L &= \frac{\pi \times 2.4 \times 2.9}{4} = 5.466 = 5.5 \text{ sq. in.} \\ \text{TOTAL} &= 52.1 \text{ sq. in.} \end{aligned}$$

ITEM # 803.110.006  
I.D. # 2-P22-WP26.4

## WELD METAL

$$\begin{aligned} B \cdot D \cdot E \cdot F &= \frac{6.188}{2} (.75 + 2.3) = 9.4367 = 9.4 \text{ sq. in.} \\ B \cdot F \cdot G &= \frac{2.3 \times 1.0}{2} = 1.15 = 1.2 \text{ sq. in.} \\ \text{TOTAL} &= 10.6 \text{ sq. in.} \end{aligned}$$



Request For Relief 98.03  
Page 6 of 33  
Attachment B

# O'CONNOR S INSING / SAMPLING NOZZLE

## INSPECTED AREAS

BASE MAT'L

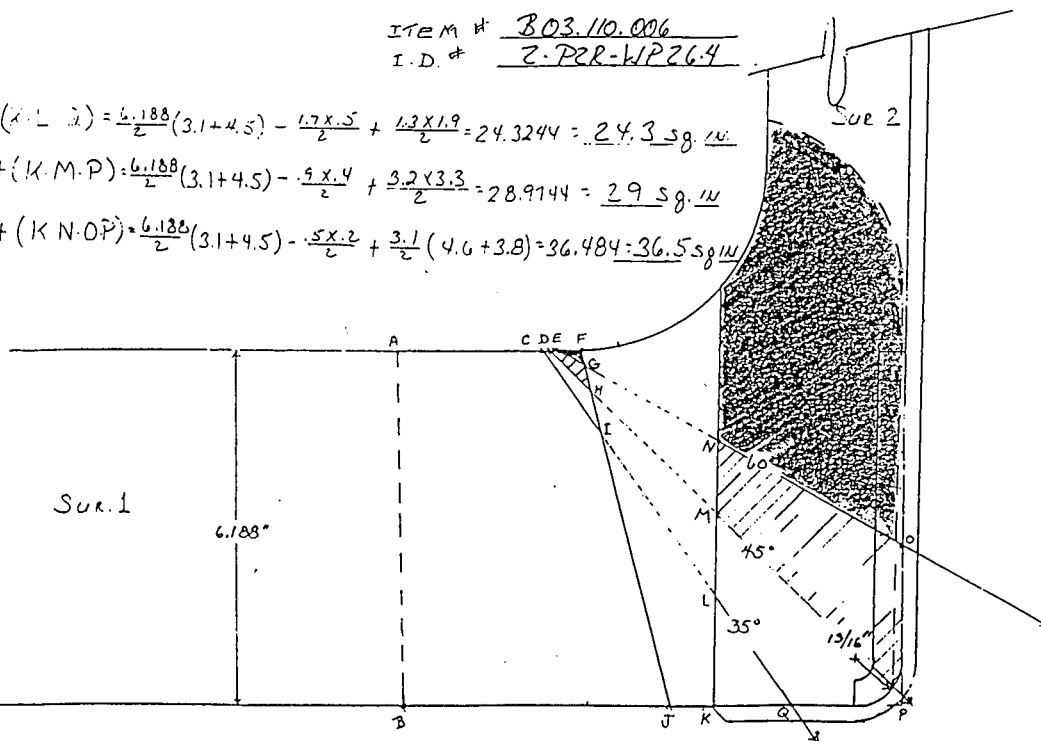
S1 to S2

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

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

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

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



SCALE .5" = 1.0"

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

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# OCONEE SENSING/SAMPLING NOZZLE

## INSPECTED AREAS

### BASE MAT'L

S2 TO S1

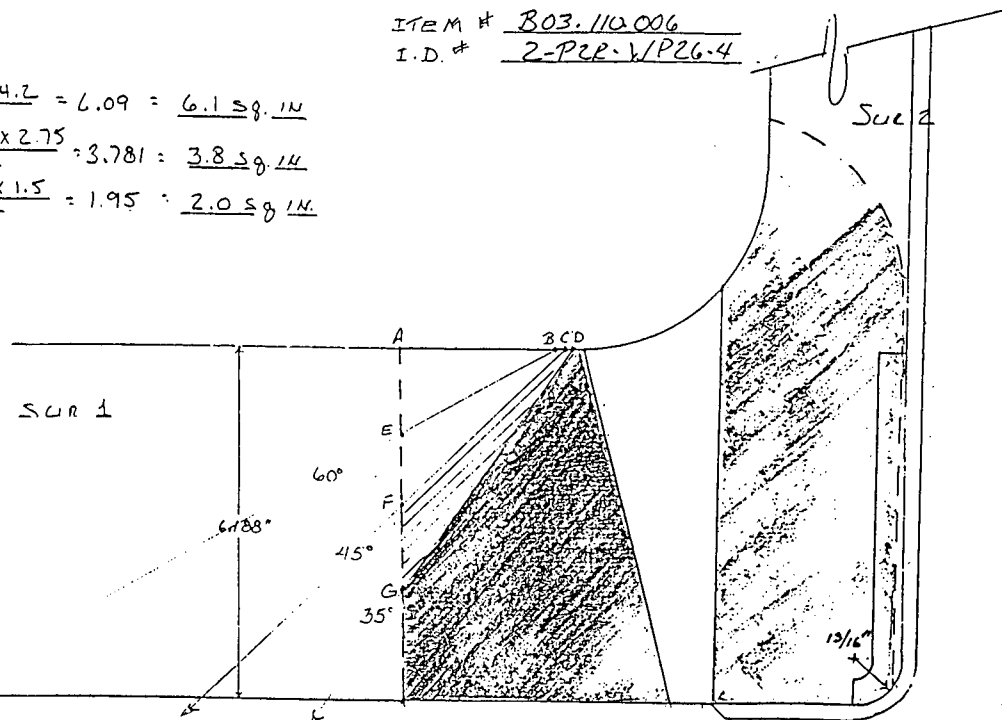
$$35^\circ \text{ A.D.G.} = \frac{2.9 \times 4.2}{2} = 6.09 = \underline{6.1 \text{ sq. in.}}$$

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

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

ITEM # B03.110.006

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



SCALE .5" = 1.0"

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

Request For Relief 98-03  
Page 8 of 33  
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# OCONEE SENSING / SAMPLING NOZZLE

INSPECTED AREA:

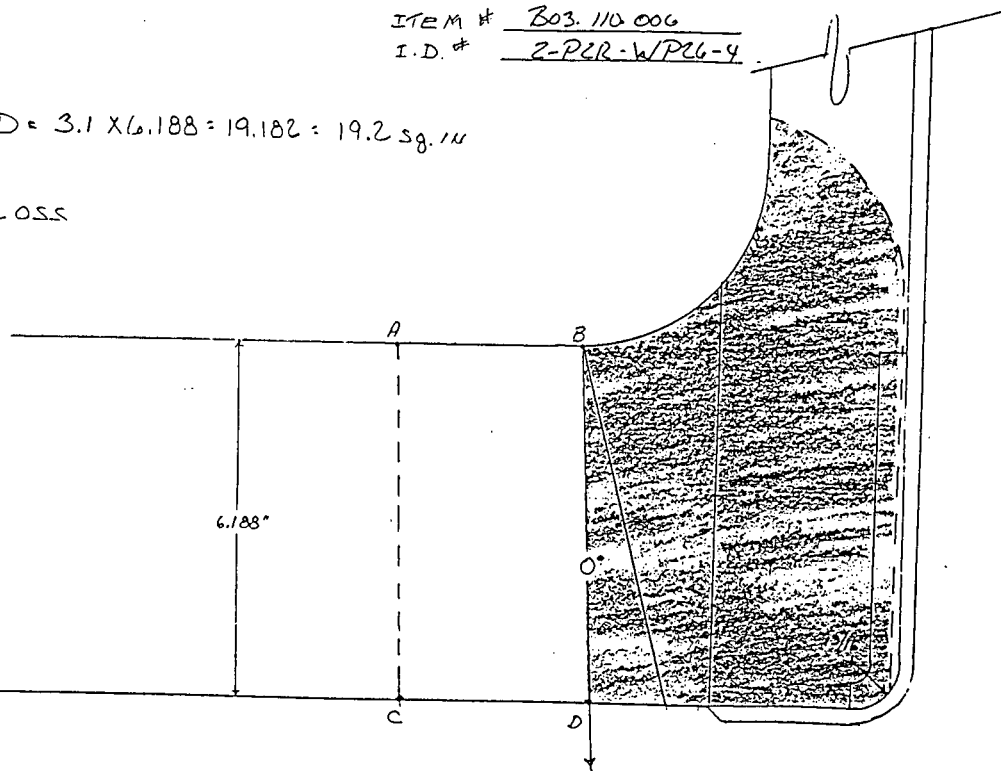
BASE MAT'L

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

WELD MAT'L

TOTAL LOSS

ITEM # 203.110.006  
I.D. # 2-PCR-WPL6-4



SCALE: .5" = 1.0"

☐ FULL COVERAGE  
☒ PARTIAL COVERAGE  
☐ NO COVERAGE

Request For Relief 98-03  
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Attachment B

# O'CONNOR SENSING/SAMPLING NOZZLE

## INSPECTED AREAS:

### BASE MAT'L

35° & 45° CW & CCW

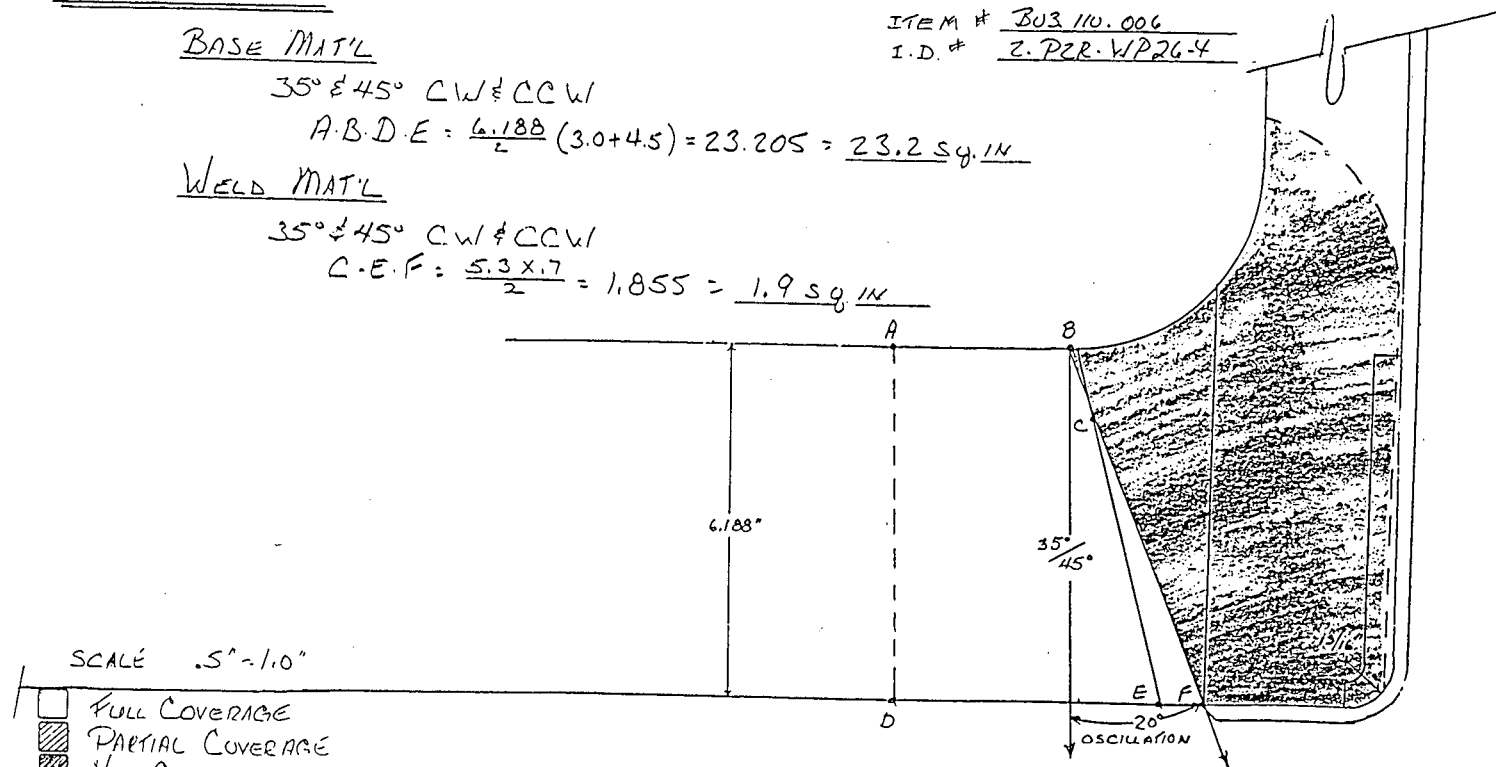
$$A \cdot B \cdot D \cdot E = \frac{6.188}{2} (3.0 + 4.5) = 23.205 = \underline{23.2 \text{ sq. in.}}$$

### 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 110.006  
I.D. # 2. PER. WP26-4



Request for Relief 98-03  
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Attachment B

# OCONEE SENSING/SAMPLING NOZZLE

INSPECTED WELDS:

WELD MAT'L

ITEM # B03.110.006  
I.D. # 2-PZR-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

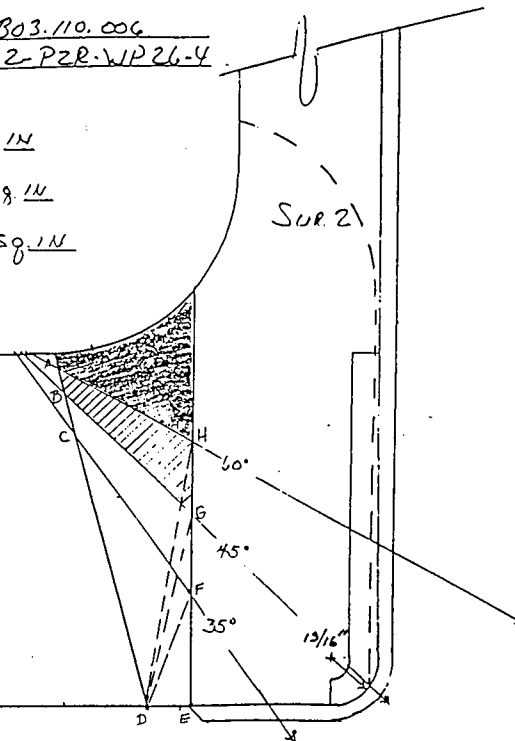
60° TOTAL LOSS

SUR. 1

6.188"

SCALE .5" = 1.0"

☐ FULL COVERAGE  
☒ PARTIAL COVERAGE  
☐ NO COVERAGE



Request for Relief 98-03  
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Attachment B

# DUKE POWER COMPANY

## ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS

Exam Start: 1105

Form NDE-UT-2A

Exam Finish: 1204

Revision 4

Station: Ocone

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 Level: II

Scans:

Pyrometer S/N: MCNDE 27021

Examiner: David Zimmerman Level: II

45 ☒ 54 dB 70 ☐ dB

Cal Due: 7/27/98

Procedure: NDE-620 Rev: 5 FC: N/A  
NDE-640 1

45T ☒ 54 dB 70T ☐ dB

Configuration: Nozzle to Shell

N/A Flow N/A

Calibration Sheet No:  
9802043, 9802044, 9802046

60 ☒ 70.5 dB

S2 to S1

Scan Surface: OD

60T ☒ 70.5 dB

Applies to NDE-680 only

Other: 0°-26 dB

Skew Angle: N/A

IND #	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
					20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac	20%dac HMA 50%dac 100%dac				
NRI	0°													
NRI	45°													
NRI	60°													

Remarks: \*95-18, 95-19

Limitations: (see NDE-UT-4) ☐ 90% or greater coverage obtained: yes ☐ no ☒

Sheet 1 of 11

Reviewed By: Gary Moss Level: II Date: 3-26-98

Authorized Inspector: MOC 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. [Signature]

Level: II

Date: 3/24/98

Sketch(s) attached ☒ yes ☐ no

Sheet 2 of 11

Reviewed By: Barry [Signature]

Date: 3-26-98

Authorized Inspector: [Signature]

Date: 3-31-98

Request For Relief 98-03  
 Page 13 of 33, Attachment B

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>	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 L. 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>

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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.			
<b>Coverage Calculations</b>							
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:	II
		Date:	3/24/98
Reviewed By:	<i>Gary [Signature]</i>	Level:	II
		Date:	3-26-98

<b>DUKE POWER COMPANY</b>						NDE-91-1	
Limited Examination Coverage Worksheet						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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			
<b>Coverage Calculations</b>							
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>IV</i>	Date: <i>3/24/98</i>	
Reviewed By: <i>Gary Moss</i>	Level: <i>IV</i>	Date: <i>3.26.98</i>	

EXDM AREASOCONEE S.NG/SAMPLING NOZZLEBASE METAL

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

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

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

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

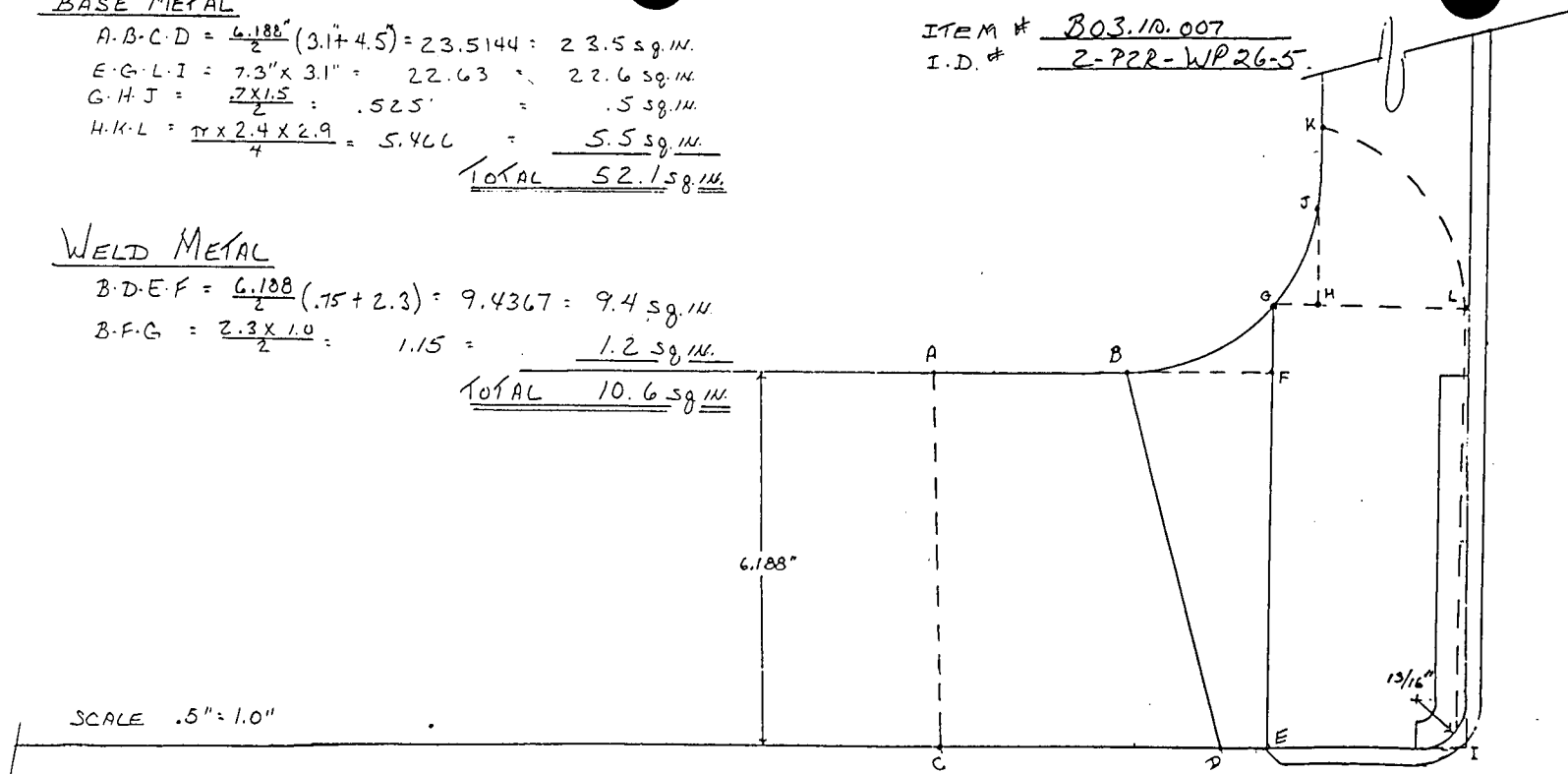
$$\text{TOTAL } 52.1 \text{ sq. in.}$$

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

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

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

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



SCALE .5" = 1.0"

Pg 6 of 11

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 Attachment B

# OCONEE C NG / SAMPLING NOZZLE

## INSPECTED AREAS

BASE MAT'L.

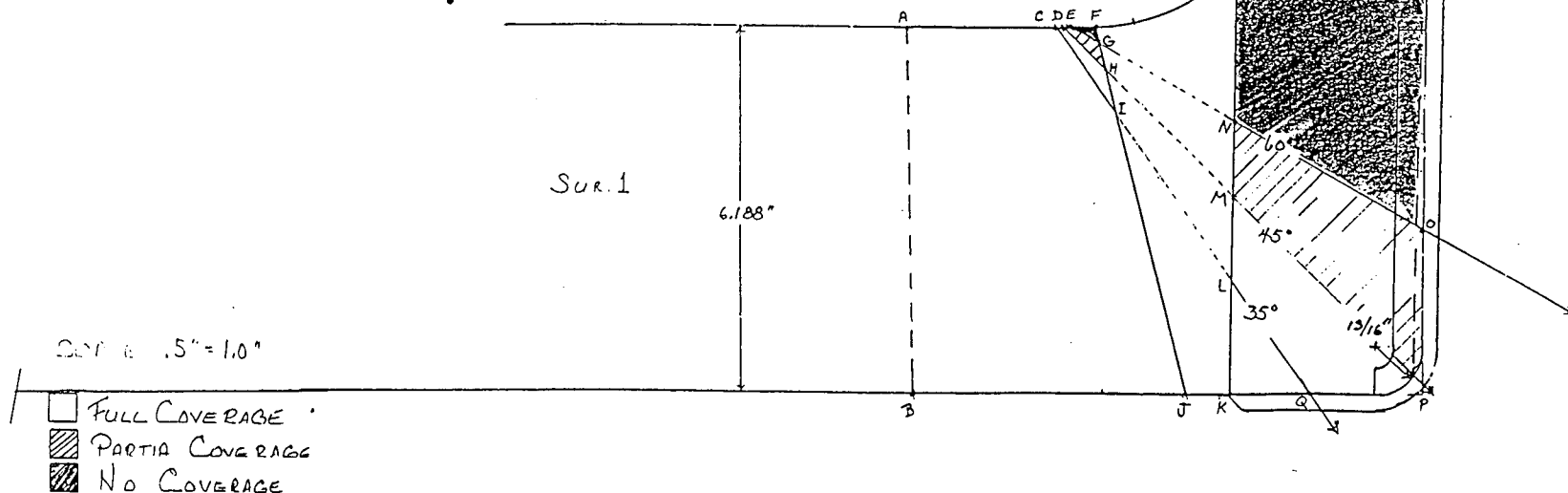
S1 to S2

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

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

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

ITEM # 303.110.007  
I.D. # 2-P2R-WP26.5



3/70F11

Request For Relief 9803  
Page 18 of 33  
Attachment B

O'CONNOR, S.

NG / SAMPLING NOZZLE

INSPECTED AREAS

BASE MAT'L

S2 TO S1

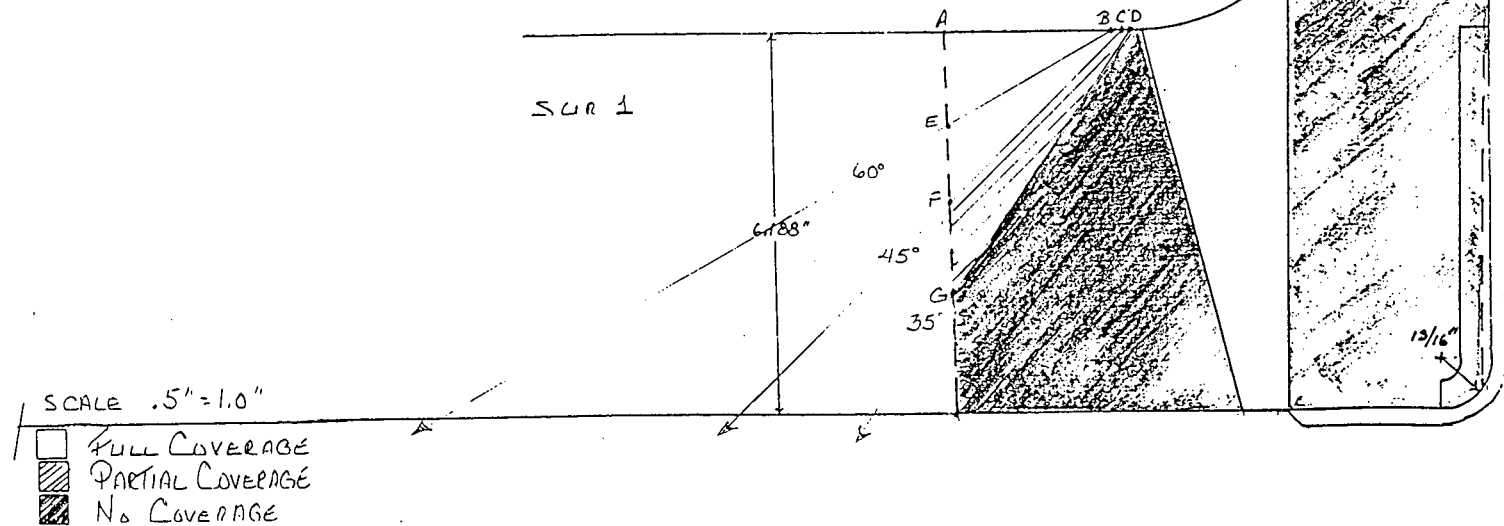
$$35^\circ \text{ A.D.G.} = \frac{2.9 \times 4.2}{2} = 6.09 = \underline{6.1 \text{ sq. in.}}$$

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

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

ITEM # B03.110.007

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



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Request For Relief 98-03  
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Attachment B

# O'CONNOR SLANG / SAMPLING NOZZLE

INSPECTED AREA:

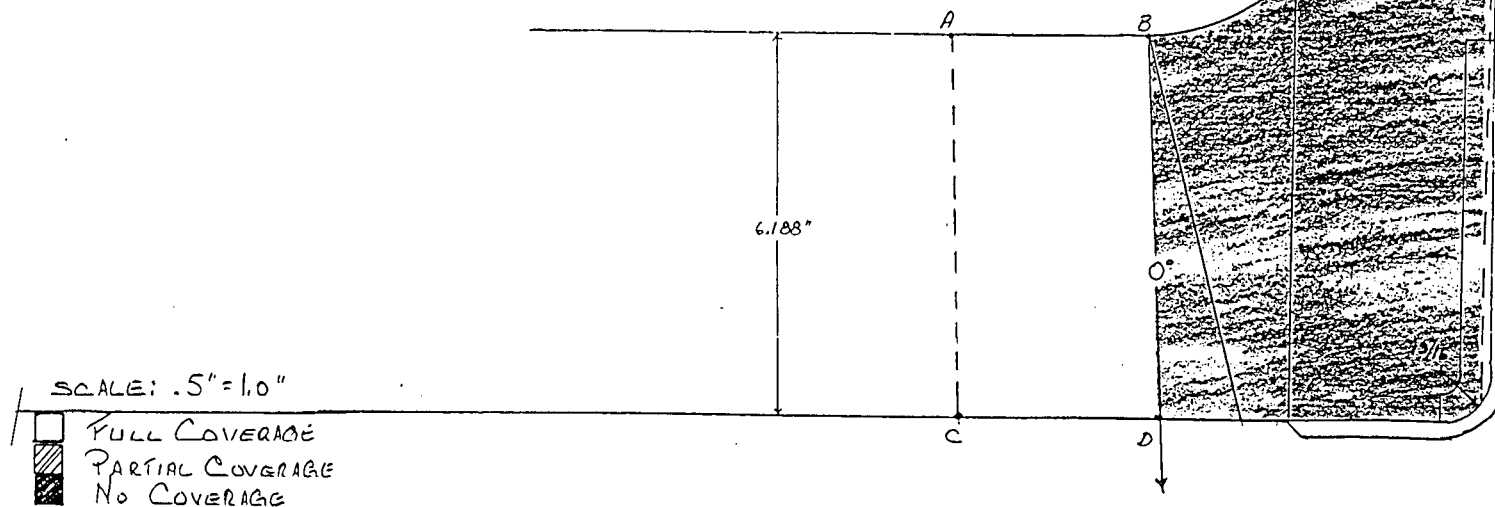
ITEM # B03.110.007  
I.D. # 2-PCR-WP26.5

1. 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



Pg 9 of 11

Request For Relief 9803  
Page 20 of 33  
Attachment B

OCONEE C

NG / SAMPLING NOZZLE

INSPECTED AREAS:

BASE MAT'L

35° & 45° CW & CCW

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

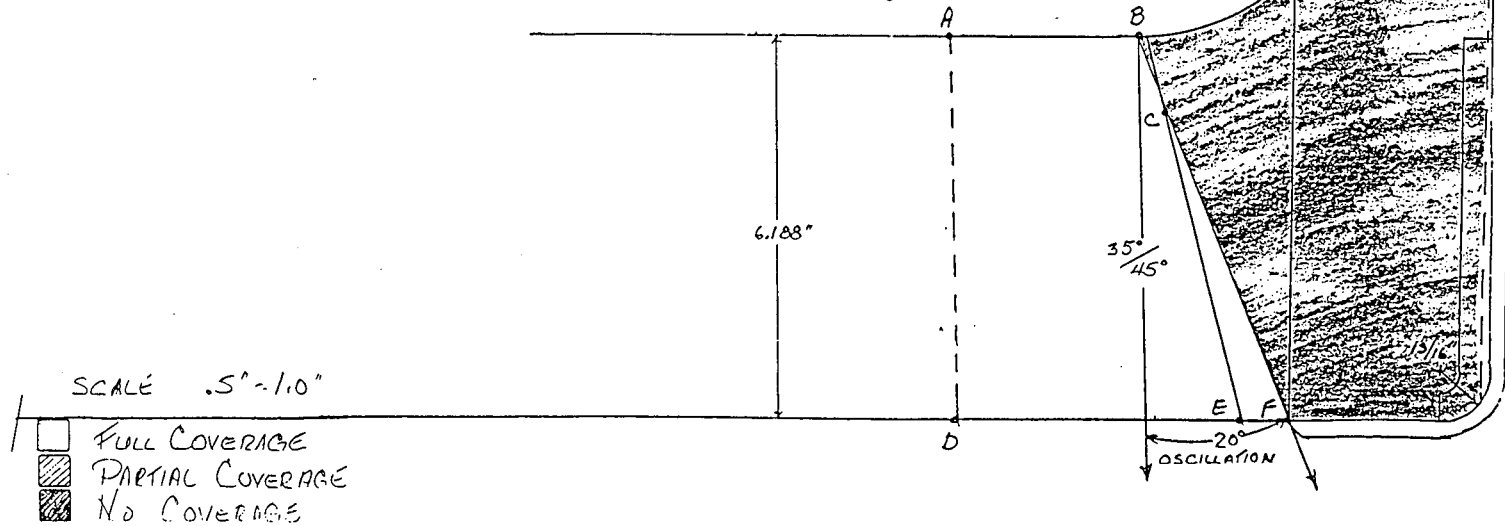
WELD MAT'L

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-PER-WP26.5



SCALE .5" = 1.0"

A8 10 OF 11

Request For Relief 9803  
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Attachment B

O'CONNOR C

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"

SCALE .5" = 1.0"

☐ FULL COVERAGE  
☒ PARTIAL COVERAGE  
☒ NO COVERAGE

Pg 11 OF 11

Sur. 2

Request For Relief 9803  
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Attachment B

# DUKE POWER COMPANY

## ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS

Exam Start: 1110

Form NDE-UT-2A

Exam Finish: 1217

Revision 4

Station: Ocone

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 Level: II

Scans:

Pyrometer S/N: MCNDE 27021

Examiner: David Zimmerman Level: II

45 ☒ 54 dB 70 ☐ dB

Cal Due: 7/27/98

Procedure: NDE-620 Rev: 5  
NDE-640 1

FC: N/A

45T ☒ 54 dB 70T ☐ dB

Configuration: Nozzle to Shell

N/A Flow N/A

60 ☒ 70.5 dB

S2 to S1

Calibration Sheet No:

9802043, 9802044, 9802046

60T ☒ 70.5 dB

Scan Surface: OD

Applies to NDE-680 only

Other: 0°-26 dB

Skew Angle: N/A

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

Remarks: \*95-18, 95-19

Limitations: (see NDE-UT-4) ☐ 90% or greater coverage obtained: yes ☐ no ☒

Sheet 1 of 11

Reviewed By: Gary Mon

Level: II

Date: 3-26-98

Authorized Inspector:

MOC

Date:

3-31-98

Item No:

B03.110.008

Request For Relief 98-03  
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Attachment B

# 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: Gary Moss Date: 3.26.98 Authorized Inspector: YMB Date: 5-31-98

Request For Relief 98-03  
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Request For Relief 98-03  
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<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>						NDE-91-1			
						Revision 0			
<b>Examination Volume/Area Defined</b>									
<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					
<b>Coverage Calculations</b>									
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:	B03.110.008	
Prepared By:	<i>David K. Zing</i>	Level:	<i>II</i>	Date:	<i>3/24/98</i>
Reviewed By:	<i>Gary J. Moss</i>	Level:	<i>IB</i>	Date:	<i>3.26.98</i>

<b>DUKE POWER COMPANY</b>						NDE-91-1	
<b>Limited Examination Coverage Worksheet</b>						Revision 0	
<b>Examination Volume/Area Defined</b>							
<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.			
<b>Coverage Calculations</b>							
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:	3/24/98
Reviewed By: <i>Gary Moss</i>	Level: <i>IB</i>	Date:	3-26-98

<b>DUKE POWER COMPANY</b> <b>Limited Examination Coverage Worksheet</b>	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. Zing</i>	Level:	<i>II</i>
		Date:	<i>3/24/98</i>
Reviewed By:	<i>Gregg M. Moss</i>	Level:	<i>II</i>
		Date:	<i>3-26-98</i>

EXDM AREASO'CONNOR S.VG / SAMPLING NOZZLEBASE METAL

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

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

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

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

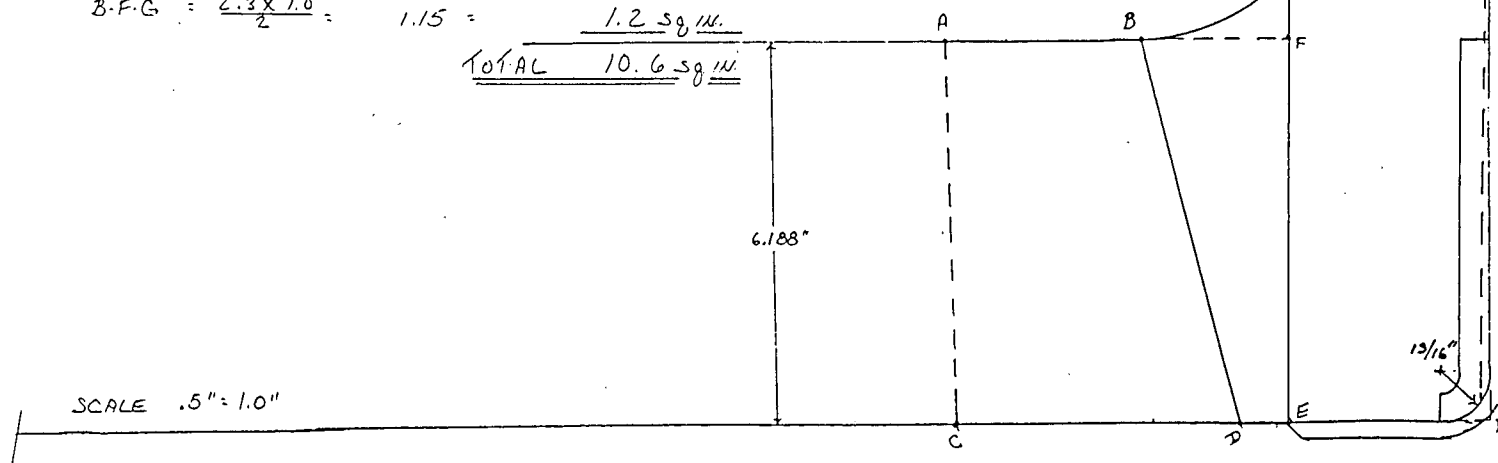
$$\text{TOTAL } 52.158 \text{ in.}$$

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

# DCONEE. C      ING / SAMPLING NOZZLE

## INSPECTED AREAS

BASE MAT'L

S1 TO S2

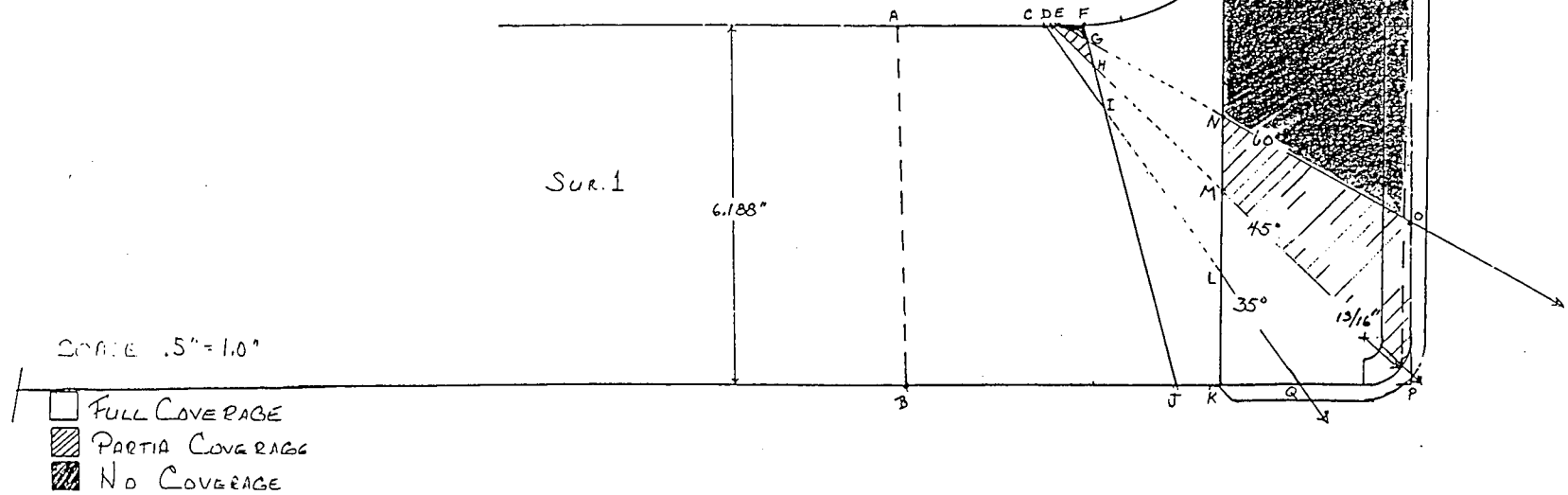
$$35^\circ (A \cdot B \cdot F \cdot J) - (C \cdot F \cdot I) + (K \cdot L \cdot Q) = \frac{6.188}{2} (3.1 + 4.5) - \frac{1.7 \times .5}{2} + \frac{1.3 \times 1.9}{2} = 24.3244 = \underline{24.3 \text{ sq. in.}}$$

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

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

ITEM # B03.110.008

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



SCALE .5\" = 1.0\"

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Request For Relief 98-03  
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Attachment B

# O'CONNOR S. / SAMPLING NOZZLE

## INSPECTED AREAS

### BASE MAT'L

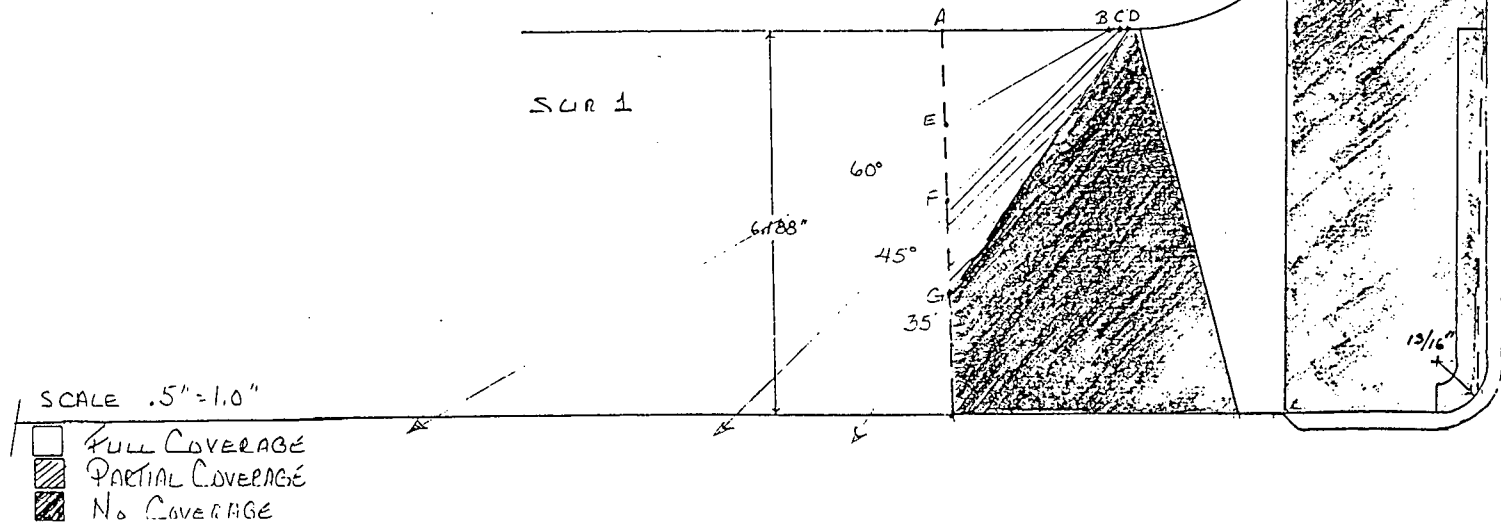
S2 to S1

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

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

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

ITEM # 803.110.008  
I.D. # Z-P2R-4/P26-6



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

# O'CONNOR S. / SAMPLING NOZZLE

INSPECTED AREA:

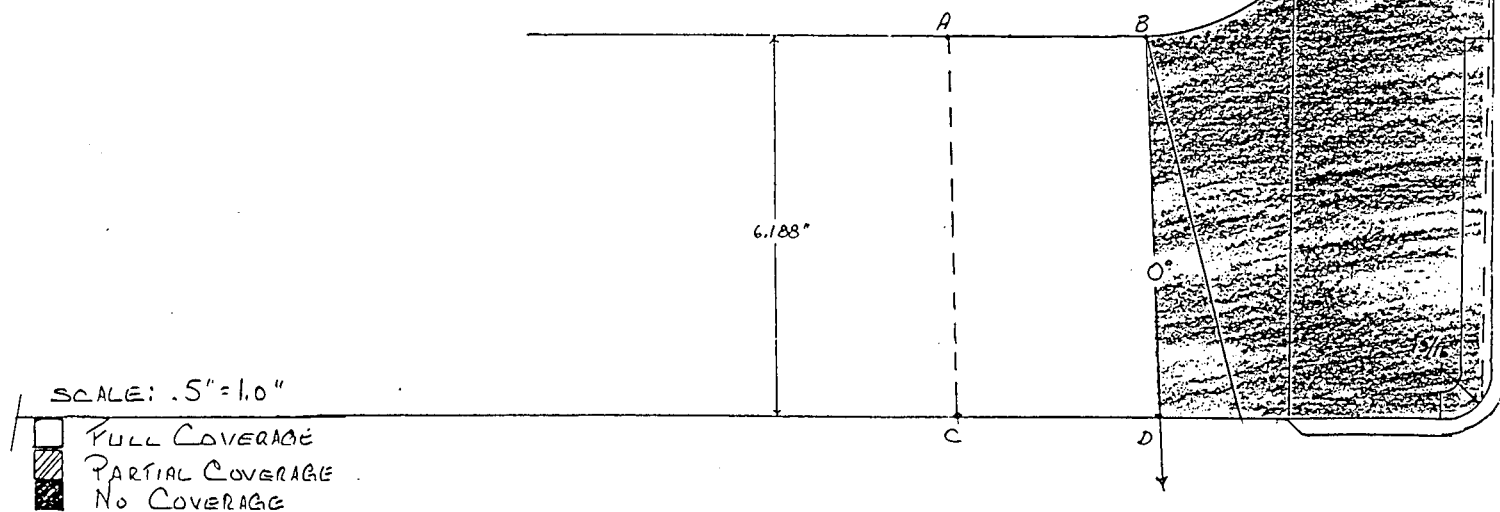
ITEM # B03.110.008  
I.D. # 2-PZR-WP26-6

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

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Request For Relief 98-03  
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Attachment B

# OCONEE S. NG / SAMPLING NOZZLE

## INSPECTED AREAS:

### BASE MAT'L

35° & 45° CW & CCW

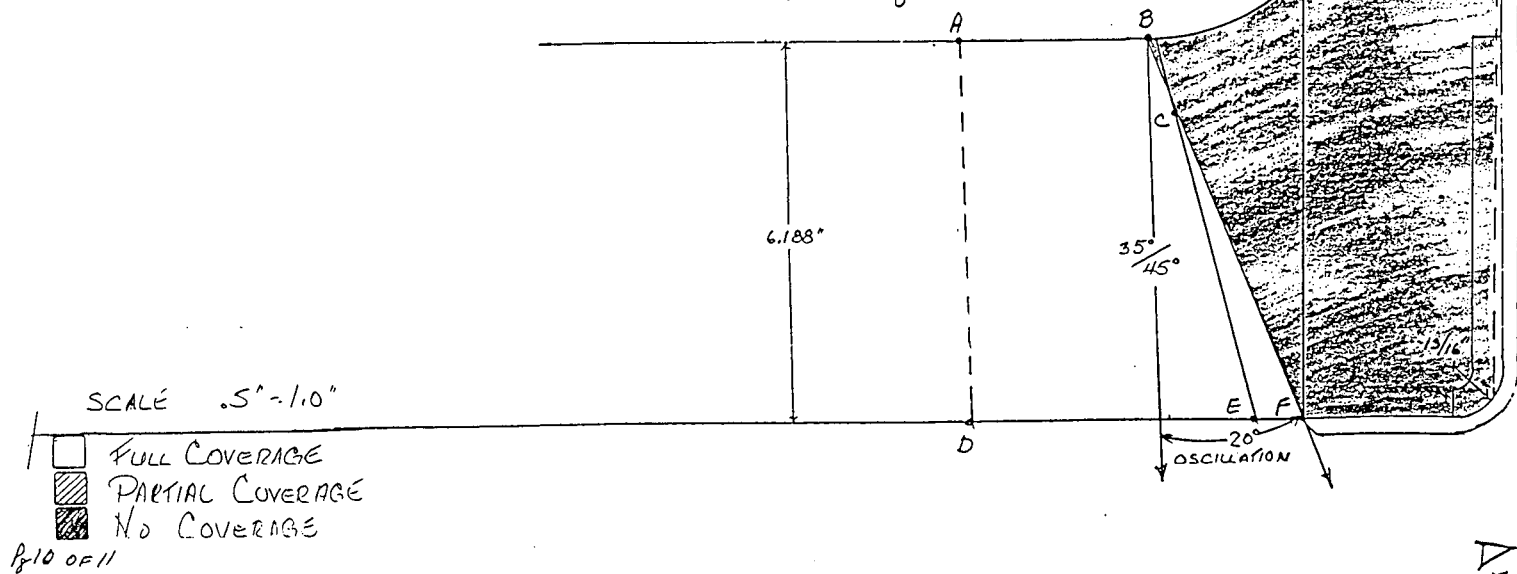
$$A.B.D.E = \frac{6.188}{2} (3.0 + 4.5) = 23.205 = \underline{23.2 \text{ sq. in.}}$$

### 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 # B03.110.008  
I.D. # 2.P22-WP26-6



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

INSPECTED WELDS:

WELD MAT'L

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

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"

Sur. 2

SCALE .5" = 1.0"

☐ FULL COVERAGE  
☒ PARTIAL COVERAGE  
☒ NO COVERAGE

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Request For Relief 98-03  
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 Attachment B

Duke Power Company  
Oconee Nuclear Site  
P.O. Box 1439  
Seneca, SC 29679

J. W. HAMPTON  
Vice President  
(864) 885-3499 Office  
(864) 885-5554 Fax



**DUKE POWER**

March 3, 1997

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

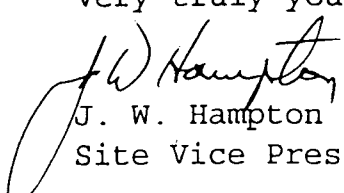
Subject: Duke Power Company  
Oconee Nuclear Station, Units 1, 2, and 3  
Docket No. 50-269, -270, -287  
Third Ten Year Inservice Inspection Interval  
Request for Relief ONS-009

Request for Relief ONS-009 was previously submitted to the NRC in a Duke letter dated June 14, 1994. This request for relief addresses the High Pressure Injection System letdown coolers for Units 1, 2, and 3. The NRC approved this request for relief in a Safety Evaluation Report (SER) to Duke dated November 15, 1995.

Please find attached Revision 1 to Request for Relief ONS-009, which includes an editorial change which deletes the weld identification numbers. The weld identification numbers are redundant to the code item numbers. Weld identification numbers are subject to change due to replacement of like-for-like components. This editorial revision does not affect the basis for relief granted in the November 15, 1995, SER since letdown cooler joint configuration and examination accessibility have not been affected.

If there are any questions or further information is needed you may contact D. A. Nix at (864) 885-3634.

Very truly yours,

  
J. W. Hampton  
Site Vice President

Attachment

U. S. Nuclear Regulatory Commission  
March 3, 1997  
Page 2

xc (w/attch):        Mr. D. E. LaBarge  
                         Project Manager  
                         Office of Nuclear Reactor Regulation  
                         U. S. Nuclear Regulatory Commission  
                         Washington, DC 20555

                         Mr. L. A. Reyes  
                         Regional Administrator, Region II  
                         U. S. Nuclear Regulatory Commission

xc (w/o attch):       Mr. M. A. Scott  
                         Senior NRC Resident Inspector  
                         Oconee Nuclear Station

                         Mr. Max Batavia  
                         Bureau of Radiological Health  
                         SC Dept. of Health & Environmental Control  
                         2600 Bull St.  
                         Columbia, SC 29201

U. S. Nuclear Regulatory Commission

March 3, 1997

Page 3

bxc (w/ attch):        ISI Relief Request File  
                         J. O. Barbour  
                         D. A. Nix  
                         R. G. Rouse  
                         T. J. Coleman

bxc (w/o attch):        B. W. Carney  
                         M. B. Chapman  
                         J. C. Shropshire  
                         V. B. Dixon  
                         ELL ECO50  
                         R. L. Gill (EC12R)

DUKE POWER COMPANY

Request for Relief From  
Inservice Inspection Requirement

Station: Oconee

Unit: 1, 2 & 3

Requesting Department: Nuclear Generation

Reference Code: ASME Section XI, 1989 Edition , no addenda

I. Component for which exemption is requested:

a. Name and Identification Number:

Letdown Cooler Nozzles ( Inside Radius Section) for Units 1, 2 & 3  
OM-201-3107 (Attachment "A"). The following item numbers are affected:

Oconee 1

Item No.

B03.160.001  
B03.160.002  
B03.160.003  
B03.160.004

Oconee 2

Item No.

B03.160.001  
B03.160.002  
B03.160.003  
B03.160.004

Oconee 3

Item No.

B03.160.001  
B03.160.002  
B03.160.003  
B03.160.004

b. Function:

The Letdown Cooler reduces the temperature of the letdown flow from the  
Reactor Coolant System to a temperature suitable for demineralization.

c. ASME Section XI Code Class:  
Class 1

d. Construction Code and Class (If Applicable):

N/A

e. Valve Category (If Applicable):

N/A

II. Reference Code Requirement that has been determined to be impractical:

Table IWB-2500, Examination Category B-D, Item Number B03.160. Table requires  
that an inside radius volumetric examination be performed on heat exchanger nozzles.

III. Basis for Requesting Relief:

Due to the size and geometry of the nozzle inside radius on the Letdown Coolers, we have been unable to perform a meaningful (i.e. unable to get sound into the area of interest) volumetric examination.

IV. Alternate Examination:

Perform the volumetric examination on the weld volume, as required by ASME Section XI, Table IWB-2500-1, Examination Category B-D, Item Number B03.150. This will provide adequate Assurance of the welded connection. The alternate proposed inservice testing will provide an acceptable level of quality and safety and ensures the level of public health and safety is not reduced.

V. Implementation Schedule:

Ocone 1		Ocone 2		Ocone 3	
Item No.	RFO	Item No.	RFO	Item No.	RFO
B03.160.001	16	B03.160.001	15	B03.160.001	17
B03.160.002	16	B03.160.002	15	B03.160.002	17
B03.160.003	20	B03.160.003	20	B03.160.003	21
B03.160.004	20	B03.160.004	20	B03.160.004	21

Evaluated By:

R.M. Raue

Date

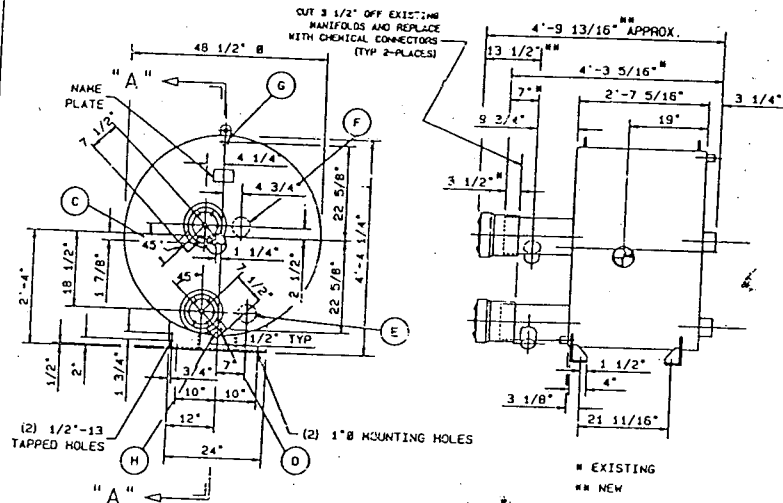
2/10/97

Reviewed By:

J. Barlow

Date

2/11/97



- (C) TUBE SIDE INLET --- 3" SCH. 160 (.438")
  - (D) TUBE SIDE OUTLET --- 3" SCH. 160 (.438")
  - (E) SHELL SIDE INLET --- 4" SCH. 40 (.237")
  - (F) SHELL SIDE OUTLET --- 4" SCH. 40 (.237")
  - (G) SHELL SIDE VENT --- 1" 3000# SOCKET WELD
  - (H) SHELL SIDE DRAIN --- 1" 3000# SOCKET WELD
- UNIT: IN

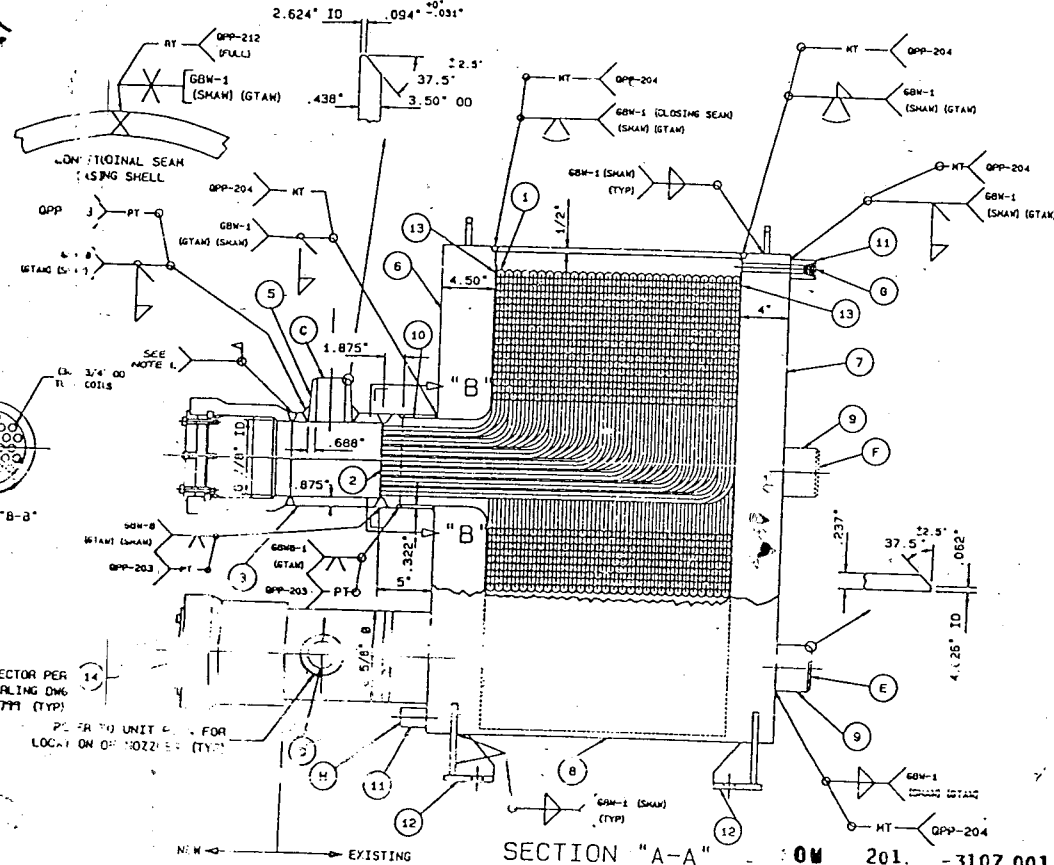
PART NO.	PART NAME	MATERIAL	SPEC.	REMARKS
1	TUBE COILS	T-316L S.S.	SA-213	.070 BWG, SML'S. ULTRASONIC TESTED
2	TUBE SHEET	T-316L S.S.	SA-240	PLATE
3	TUBE SIDE CHANNEL BODY	T-316L S.S.	SA-162	FORGED BAR
5	CHANNEL NOZZLE	T-316L S.S.	SA-162	FORGED BAR
6	CASING BASE PLATE	CARB. STEEL	SA-516-70	PLATE
7	CASING END PLATE	CARB. STEEL	SA-516-70	PLATE
8	CASING SHELL	CARB. STEEL	SA-516-70	PLATE
9	CASING NOZZLE PIPE	CARB. STEEL	SA-106-8	SEAMLESS PIPE
10	CASING PIPE TO TUBE SHEET	CARB. STEEL	SA-106-8	SEAMLESS PIPE
11	SOCKET WELD CPLG	FORGED STEEL	SA-105	
12	SUPPORTS	CARB. STEEL	SA-516-70	PLATE
13	FLOWSEAL	T-304 S.S.		
14	CHEMICAL CONNECTOR			

CUSTOMER --- MILL POWER SUPPLY CO.  
 CUST. ORD. NO. --- N46923-13  
 GRAHAM JOB NO. --- 64770HC (ORIGINAL JOB NO. FOR COOLERS- 34097HC AND 44773HC)  $\Delta$   
 DESIGN --- A.S.M.E. SECT. III, CL-3 (1980), ADDENDUM THRU SUMMER 1980  
 CONSTRUCTION --- A.S.M.E.  
 INSPECTION --- A.S.M.E. & CUSTOMER  
 STAMPING --- A.S.M.E. ("N" STAMP REQ'D)  
 PAINT --- COMM GRIT BLAST CARBON STEEL  
 (1) PRIME COAT CARBO-ZINC 11 (3) MILS D.F.T.  
 (1) FINISH COAT PHENOLINE 305 (4) MILS D.F.T.  
 PER DUKE POWER CO. NUCLEAR COATING SPEC. 5001-1, REV 12/1/78  
 DUKE POWER CO. SPECIFICATION NO. --- OSS-0201.00-00-0004 REV. 1

INFORMATION ONLY

DE

CHEMICAL CONNECTOR PER ANCHOR/DARLING DWG. 93-15799 (TYP)



"NUCLEAR SAFETY RELATED"  
 O.A. CONDITION #1

LOAD CASE	Gx (PSI)	Gy (PSI)	ALLOWABLE (REF 2)
NORMAL OP.			.6Sy
NORMAL OP. + OBE			.6Sy
NORMAL OP. + SSE			.8Sy

STATION --- 001  
 O.A. FILE # --- 037412, 06-00-0002-00  
 MP. ORD # --- N46923-13

ESTIMATED WEIGHT
EMPTY --- 6560 LBS
FLOODED --- 8060 LBS

TUBE SIDE INLET & OUTLET	Fa (LB)	Fsr (LB)	Mt (IN-LB)	Mbr (IN-LB)
NORMAL OP.	842	842	11000	11000
NORMAL OP. + OBE	1684	1684	12000	12000
NORMAL OP. + SSE	2105	2105	14380	14380

SHELL SIDE INLET & OUTLET	Fa (LB)	Fsr (LB)	Mt (IN-LB)	Mbr (IN-LB)
NORMAL OP.	634	634	6420	6420
NORMAL OP. + OBE	1268	1268	12840	12840
NORMAL OP. + SSE	1585	1585	16050	16050

M.A.W.P.	TEST PRESS	DESIGN TEMP
SHELL SIDE 200 PSIG	300 PSIG	350°F
TUBE SIDE 2500 PSIG	3750 PSIG	630°F

GRAHAM MANUFACTURING CO., INC.  
 20 FLORENCE AVE. BATAVIA, NEW YORK

MODIFICATION OF EXISTING LETDOWN COOLER (PLUGGABLE DESIGN) WITH MECHANICAL JOINT (CHEMICAL CONNECTOR) FOR CHANNEL ACCESS

QUAL CONTROL APPROVAL	DATE
SCALE	MADE
CHKD	APPD
DATE	DWG. NO.
NONE	2-11-88
	NU-D-1124-1 DE

CERTIFIED CORRECT  
 GRAHAM MFG. CO. INC.  
 E.A. Jankowski

STATUS	REV.	DATE	DESCRIPTION
A	DE	REV. 1	DE 64770 HC OF 64770
ED	REV. 1	DE 64770 HC OF 64770	REV. 1
DC	REV. 1	DE 64770 HC OF 64770	REV. 1
DR	REV. 1	DE 64770 HC OF 64770	REV. 1
AD	REV. 1	DE 64770 HC OF 64770	REV. 1
OR	REV. 1	DE 64770 HC OF 64770	REV. 1
AL	REV. 1	DE 64770 HC OF 64770	REV. 1
ISSUE	REV. 1	DE 64770 HC OF 64770	REV. 1
DESCRIPTION	REV. 1	DE 64770 HC OF 64770	REV. 1

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5073  
LER No:

Action Category: 3  
Other Report:

#### I. Problem ID

Discovered Time/Date: 11:00 10/25/98

Occurred Time/Date:

Unit(s): 3

#### Status at Time Discovered

Mode  
% Power

#### Unit 1

N/A

#### Unit 2

N/A

#### Unit 3

NOMODE

Unit Status Remarks:

System(s) Affected: HPI  
RC

Other High Pressure Injection Equip.  
Reactor Coolant

#### Affected Equipment

Comp.

WMS Equipment ID No.

Code

Manufacturer

Location of Problem - Bldg: R

Column Line:

Elev:

Location Remarks:

#### Method Used to Discover Problem:

Radiographic examination

#### Brief Problem Description:

Radiographic examination reveals visible gap between HPI/MU Nozzles and Thermal Sleeves.

#### Detailed Problem Description:

Radiographic examination of 3B-1 and 3B-2 HPI/MU Nozzle Thermal Sleeves revealed gaps that are reportable to the acceptance standards of Duke Power procedure NDE-105 Revision 2.

Radiographic film for all previous radiographic examinations of Thermal Sleeves 3B-1 and 3B-2 were reviewed to determine maximum visible gap length and to determine if the visible gap had increased in length.

Radiographic film for Nozzle/Thermal Sleeve 3B-1 shows an expansion area of 2.25 inches in length. Visible gap was observed between the nozzle and thermal sleeve on the nozzle side of the expansion area with a maximum gap length of 1.125 inches.

Radiographic film for Nozzle/Thermal Sleeve 3B-2 shows an expansion area of 2.125 inches in length. Visible

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5073  
LER No:

Action Category: 3  
Other Report:

gap was observed between the nozzle and thermal sleeve on the nozzle side of the expansion area with a maximum gap length of 0.5625 inches.

Based on comparison to previous radiographs, no apparent change was observed for Nozzle/Thermal Sleeves 3B-1 and 3B-2 in visible gap length or in thermal sleeve position.

No new gaps were observed during radiographic examination.

Recommend that this PIP be screened as LSE Cat.3 and assigned to CEN for evaluation/resolution

Originated By: TLT8302: TUCKER, TIMOTHY L Team: KWS8302 Group: QAT Date: 10/25/98

Last Updated By: TLT8302: TUCKER, TIMOTHY L Team: KWS8302 Group: QAT Date: 10/25/98

Last Updated By: TLT8302: TUCKER, TIMOTHY L Team: KWS8302 Group: QAT Date: 10/25/98

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

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

#### Immediate Corrective Actions:

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:	TLT8302	KWS8302	QAT	10/25/98
Problem Entered By:	TLT8302	KWS8302	QAT	10/25/98

## II. Screening

Is the Problem Significant? N Action Category: 3

OEP No:

Other Report Nos:

Event Codes: F Equipment/System Concerns

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5073  
LER No:

Action Category: 3  
Other Report:

#### 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: Richard Ledford (MNT), Sandy Severance (ENG), and Mike Pruitt (OPS).

Originated By: RWV1470: VASSEY, RAY W Team: RTB7310 Group: SRG Date: 10/26/98

Responsible Group(s) for Problem Evaluation: CEN 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: QAT QA Tech. Services

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Screened By:	RWV1470	RTB7310	SRG	10/26/98

### 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:

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5073  
LER No:

Action Category: 3  
Other Report:

Indiv  
No current Signatures for this section.

Team

Group

Date

#### IV. Reportability/Investigation

Responsible Group: Status:

Problem Reportable(Y,N,E):

Reportable Per:

Comments:

Indiv  
No current Signatures for this section.

Team

Group

Date

#### 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: HPI Other High Pressure Injection Equip.  
RC Reactor Coolant

#### Affected Equipment

WMS Equipment ID No.

Comp.  
Code

Manufacturer

Event Cause Cd Cause Description  
F N/A Not Applicable

Primary Causing Group(s)  
Yes UNK

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5073  
LER No:

Action Category: 3  
Other Report:

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

No apparent cause evaluation is needed. This PIP was written as required by acceptance criteria of NDE procedure referenced and involves existing known equipment conditions. The condition is being identified by PIP as a tracking mechanism for necessary procedural changes.

Originated By: BWC7315: CARNEY JR, BASIL W Team: RAH8344 Group: CEN Date: 11/03/98

See PIP 2-O98-1658 for Unit 2's PIP on RT inspection results.

Last Updated By: BWC7315: CARNEY JR, BASIL W Team: RAH8344 Group: CEN Date: 11/03/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	11/24/98			
Accepted By:	RAH8344	RAH8344	CEN	10/28/98
Assigned To:	BWC7315	RAH8344	CEN	10/28/98
Ready For Approval:	BWC7315	RAH8344	CEN	11/03/98
Approval Assigned To:	RAH8344	RAH8344	CEN	11/03/98
Approved By:	RAH8344	RAH8344	CEN	11/03/98

#### VII. Corrective Actions

Seq. No: 1

Resp Group: QAT Status: Closed  
Orig Group: CEN Event Code: F  
Prop CAC: A3 Cause Code: N/A

#### Proposed Corrective Action:

NDE Procedure NDE-105 to be revised (and issued) to include baseline data for Unit 3 as an acceptable evaluation standard.

Originated By: BWC7315: CARNEY JR, BASIL W Team: RAH8344 Group: CEN Date: 11/03/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Ready For Approval:	BWC7315	RAH8344	CEN	11/03/98
Approval Assigned To:	RAH8344	RAH8344	CEN	11/03/98
Approved By:	RAH8344	RAH8344	CEN	11/03/98

#### General:

Outage: Mode:

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-098-5073  
LER No:

Action Category: 3  
Other Report:

#### Other Tracking Processes

Type      Number      Text

#### Actual Corrective Action:

Actual CAC:  
Due Date: 01/23/99

Status: Open

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/23/99			
Accepted By:	KWS8302	KWS8302	QAT	11/04/98
Assigned To:	TLT8302	KWS8302	QAT	11/04/98

#### VIII. Final and Overall PIP Approval

Responsible Group: QAT      Status: Screened

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:			QAT	10/26/98

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:

**Oconee Nuclear Station**  
**Problem Investigation Process - PIP**  
**Problem Investigation Form**

**PIP Serial No:** 3-O98-5073  
**LER No:**

**Action Category:** 3  
**Other Report:**

---

No FPI for this PIP.

**Remarks**

No Remarks for this PIP

**Maintenance Rule**

No Maintenance Rule for this PIP

---

End of the Document for PIP No: 3-O98-5073  
The status of this PIP is: Screened  
The duration of this PIP was: 3 days

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

#### I. Problem ID

Discovered Time/Date: 10/26/98

Occurred Time/Date:

Unit(s): 3

Status at Time Discovered  
Mode  
% Power

Unit 1  
N/A

Unit 2  
N/A

Unit 3  
NOMODE

Unit Status Remarks:

System(s) Affected: HPI Other High Pressure Injection Equip.

#### **Affected Equipment**

<u>WMS Equipment ID No.</u>	<u>Comp. Code</u>	<u>Manufacturer</u>
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Location of Problem - Bldg: R Column Line: Elev:

Location Remarks:

Method Used to Discover Problem:

#### Brief Problem Description:

Weld isometric 3RC-211 rev. 3 does not reflect the way that the welds are numbered in the field on the HPI piping to 3A1 RC Pump discharge piping.

#### Detailed Problem Description:

The weld that joins 3HP-127 to the 2 1/2" HPI pipe is etched 3RC-211-54 in the field but is listed as 3RC-211-56 on the weld isometric. The weld that joins the 2 1/2" HPI pipe to the 2 1/2" safe end is etched 3RC-211-56 in the field but is listed as 3RC-211-54 on the weld isometric. A comparison was made of previous weld documentation (RT film and UT data) and the documentation reflects field etchings.

Originated By: TJC0182: COLEMAN, TOMMY J Team: RHL8302 Group: MNT Date: 10/26/98

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

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

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

Immediate Corrective Actions:

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:	TJC0182	RHL8302	MNT	10/26/98
Problem Entered By:	TJC0182	RHL8302	MNT	10/26/98

## II. Screening

Is the Problem Significant? N Action Category: 3

OEP No:

Other Report Nos:

Event Codes: D6 Drawings or Calculations

### 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: Richard Ledford (MNT), Sandy Severance (ENG), and Mike Pruitt (OPS).

Originated By: RWV1470: VASSEY, RAY W Team: RTB7310 Group: SRG Date: 10/26/98

Responsible Group(s) for Problem Evaluation:	WCG	Work Control
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:	MNT	Maintenance MECH/IAE

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Screened By:	RWV1470	RTB7310	SRG	10/26/98

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-098-5083  
LER No:

Action Category: 3  
Other Report:

#### 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):

Reportable Per:

Comments:

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

##### Investigation Report:

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other 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: HPI Other High Pressure Injection Equip.

#### Affected Equipment

<u>WMS Equipment ID No.</u>	<u>Comp. Code</u>	<u>Manufacturer</u>
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<u>Event</u>	<u>Cause Cd</u>	<u>Cause Description</u>	<u>Primary</u>	<u>Causing Group(s)</u>
D6	F3d	Self-checking not applied to ensure correct component	Yes	ESS MNT WCG

**Problem Evaluation From:** Resp. Group: WCG Status: Closed OEDB Checked: Yes

Weld isometric 3RC-211 was reviewed to determine if previous revisions had changed the location of welds 54 and 56 there is no objective evidence that this occurred. The likely scenario is that the section of piping was pre-fabbed and marked prior to installation and that it was installed backwards. Review of the weld tickets for the subject welds was inconclusive as both weld tickets identified a new piece of pipe welded to existing material. It cannot be determined which weld was made to the safe end and which one was made to the existing valve. With the exception of the weld number, the process control for these welds is identical. ie same inspector same welder etc. This discrepancy was detected by the ISI UT inspectors who used the weld isometric to locate the weld to be examined and noted that it did not correspond to the previous inspection data for these welds.

There was one inappropriate action, failure to use self checking, and four groups involved:

The craft team that installed the piping had the responsibility of verifying that it was installed per the drawing.

The QC welding inspector failed to verify that the weld identification numbers marked on the pipe were located as shown on the isometric sketch.

The ESS QC inspectors who performed the RT inspections of these welds should have verified the weld location to the

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

weld isometric.

The ESS QC inspectors who performed the PSI UT inspections also failed to verify the weld location to the weld isometric.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

#### OEDB Comments:

No matches were identified for the situation identified in this PIP.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/11/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	11/25/98			
Accepted By:	CLC1517	RHL8302	WCG	10/28/98
Assigned To:	GES8270	GES8270	WCG	10/28/98
Ready For Approval:	CRH4406	GES8270	WCG	11/16/98
Approval Assigned To:	GES8270	GES8270	WCG	11/16/98
Approved By:	GES8270	GES8270	WCG	11/16/98

#### VII. Corrective Actions

Seq. No: 1

Resp Group: MNT  
Orig Group: WCG  
Prop CAC: D1

Status: Closed  
Event Code: D6  
Cause Code: F3d

#### Proposed Corrective Action:

Maintenance welding group shall reinforce the requirement to verify that piping and components must be installed in accordance with applicable drawings to all welders and fitters.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Ready For Approval:	CRH4406	GES8270	WCG	11/04/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/16/98

#### General:

Outage: Mode:

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

#### Other Tracking Processes

Type      Number      Text

#### Actual Corrective Action:

Actual CAC:  
Due Date: 01/24/99

Status: Open

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			
Accepted By:	CLC1517	RHL8302	MNT	11/16/98
Assigned To:	WTM5506	ESL7310	MNT	11/16/98

Seq. No: 2

Resp Group: WCG  
Orig Group: WCG  
Prop CAC: D1

Status: Closed  
Event Code: D6  
Cause Code: F3d

#### Proposed Corrective Action:

QC inspection supervisor to counsel welding inspectors on importance of verifying weld location on the isometric sketch and the procedural requirement to do so. ( QAL-16 paragraph 5.3.1.b)

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Ready For Approval:	CRH4406	GES8270	WCG	11/12/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/12/98

#### General:

Outage:      Mode:

#### Other Tracking Processes

Type      Number      Text

#### Actual Corrective Action:

Actual CAC:  
Due Date: 01/24/99

Status: Open

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			
Accepted By:	CLC1517	RHL8302	WCG	11/17/98

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-098-5083  
LER No:

Action Category: 3  
Other Report:

Assigned To: GER8996 JNW8302 WCG 12/22/98

Seq. No: 3

Resp Group: ESS  
Orig Group: WCG  
Prop CAC: D1

Status: Closed  
Event Code: D6  
Cause Code: F3d

#### Proposed Corrective Action:

ESS QC RT supervisor shall stress the importance of using drawings to identify the location of welds and components. He shall also evaluate current QV&V and STAR practices used by his team to determine correct component and or weld and make improvements if necessary.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Ready For Approval:	CRH4406	GES8270	WCG	11/12/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/12/98

#### General:

Outage: Mode:

	<u>Other Tracking Processes</u>	
<u>Type</u>	<u>Number</u>	<u>Text</u>

#### Actual Corrective Action:

Actual CAC: C  
Due Date: 01/24/99

Status: ReadyForApprove

The Radiographer's practice for verifying that they are inspecting the correct component or weld is to verify that the weld number or component number etched on or near the item agrees with the documentation supplied to them. Isometric drawings are not usually supplied with the documentation package, unless the weld or component is an inservice inspection item. It is important to add here that the Radiographers did not violate a procedural requirement, however it is a good practice to employ a questioning attitude in everything we do. All radiography team members have been provided with the first stages of Human Error Reduction training since this incident occurred, and are now more aware of the need to use the six tools.

Entered for Richard M Painter

Originated By: VRQ8337: QUINN, VERNON R Team: VRQ8337 Group: ESS Date: 12/14/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-098-5083  
LER No:

Action Category: 3  
Other Report:

Accepted By:	VRQ8337	VRQ8337	ESS	11/16/98
Assigned To:	VRQ8337	VRQ8337	ESS	11/16/98
Ready For Approval:	VRQ8337	VRQ8337	ESS	12/14/98
Approval Assigned To:	RDR5271	VRQ8337	ESS	12/14/98

Seq. No: 4

Resp Group: ESS      Status: Closed  
Orig Group: WCG      Event Code: D6  
Prop CAC: D1      Cause Code: F3d

#### Proposed Corrective Action:

ESS QC UT supervisor shall counsel team on importance of using drawings and other available tools to verify correct component and or weld. Current QV&V and STAR methods used by his team shall be evaluated and improvements made if necessary.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:	GES8270	GES8270	WCG	11/12/98
Ready For Approval:	GES8270	GES8270	WCG	11/12/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/12/98

#### General:

Outage:      Mode:

#### Other Tracking Processes

<u>Type</u>	<u>Number</u>	<u>Text</u>
-------------	---------------	-------------

#### Actual Corrective Action:

Actual CAC:  
Due Date: 01/24/99

Status: Open

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			
Accepted By:	VRQ8337	VRQ8337	ESS	11/16/98
Assigned To:	VRQ8337	VRQ8337	ESS	11/16/98

Seq. No: 5

Resp Group: WCG      Status: Closed  
Orig Group: WCG      Event Code: D6

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

Prop CAC:

B2

Cause Code: F3d

#### Proposed Corrective Action:

Welding Technical shall revise weld isometric to reflect the installed configuration.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

Last Upd ated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:	GES8270	GES8270	WCG	11/12/98
Ready For Approval:	GES8270	GES8270	WCG	11/12/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/12/98

#### General:

Outage: Mode:

#### Other Tracking Processes

<u>Type</u>	<u>Number</u>	<u>Text</u>
-------------	---------------	-------------

#### Actual Corrective Action:

Actual CAC: B1d  
Due Date: 01/24/99

Status: ReadyForApprove

WELD ISOMETRIC HAS BEEN REVISED TO RELOCATE WELDS 3RC211-54 AND 3RC211-56.

Originated By: HLV8344: VINSON JR, HARRY L Team: GES8270 Group: WCG Date: 12/17/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			
Accepted By:	CLC1517	RHL8302	WCG	11/17/98
Assigned To:	TMC4757	GES8270	WCG	12/14/98
Ready For Approval:	HLV8344	GES8270	WCG	12/17/98
Approval Assigned To:	GES8270	GES8270	WCG	12/17/98

Seq. No: 6

Resp Group: QAT  
Orig Group: WCG  
Prop CAC: B2

Status: Closed  
Event Code: D6  
Cause Code: F3d

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-098-5083  
LER No:

Action Category: 3  
Other Report:

#### Proposed Corrective Action:

QATS shall revise the ISI plan to reflect the installed configuration.

Originated By: CRH4406: HENSON, CHARLES R Team: GES8270 Group: WCG Date: 11/04/98

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:	GES8270	GES8270	WCG	11/12/98
Approval Assigned To:	GES8270	GES8270	WCG	11/12/98
Ready For Approval:	GES8270	GES8270	WCG	11/12/98
Approved By:	GES8270	GES8270	WCG	11/12/98

#### General:

Outage: Mode:

	<b>Other Tracking Processes</b>	
<u>Type</u>	<u>Number</u>	<u>Text</u>

#### Actual Corrective Action:

Actual CAC:  
Due Date: 01/24/99

Status: Open

The ISI Plan has been revised to reflect the changes made on revision 4 of isometric 3RC-211. Plan Addenda serial number ONS3-091 documents this change.

Originated By: RGR8304: ROUSE, RICHARD G Team: KWS8302 Group: QAT Date: 01/07/99

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Due Date:	01/24/99			
Accepted By:	KWS8302	KWS8302	QAT	11/30/98
Assigned To:	LCK8302	KWS8302	QAT	11/30/98

#### VIII. Final and Overall PIP Approval

Responsible Group: MNT Status: Screened

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Assigned To:			MNT	10/26/98

Closure Document Type

Closure Document No

# Oconee Nuclear Station

## Problem Investigation Process - PIP

### Problem Investigation Form

PIP Serial No: 3-O98-5083  
LER No:

Action Category: 3  
Other Report:

Supplemental Concurrences - These do not affect PIP closure.

Concurrences Associated with External Commitments:

Concurred By:                      Indiv                      Team                      Group                      Date

### **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

End of the Document for PIP No: 3-O98-5083  
The status of this PIP is: Screened  
The duration of this PIP was: 2 days

## **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 March 15, 1997 through December 19, 1998 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 6-2-97

Sheet 1 of 1

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

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

3a. Work Order # 97043201  
 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 1969 Edition, August 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.	N/A	N/A	N/A	12/74	<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 Minimum Flow Orifices For 3A HPS Pen,

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 & M Mason QA Spec Date 6-17, 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 5-15-97 to 6-18-97; and state that to the best of my 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.

JMB Chapman  
Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 6-18, 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 5-22-97

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 # 970-39297  
 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 # EC 10405

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 19 69 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>Pipings</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>9/74</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 LDST RESERVOIRS AND INSTRUMENTS

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

JB Mason QA Spec  
Owner or Owner's Designee, Title

Date 5-28, 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 5-13-97 to 5-28-97; and state that to the best of my 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 5-28, 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 8-1-96

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 # 96033696-01  
 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 LPI Class 2

5. (a) Applicable Construction Code B31.7 19 69 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	3 LPI FE 0004	N/A	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 bolting ON Flange 3LPIFE0004

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 Charles R. Kensen Date 8-1, 19 96  
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 7-9-96 to 8-5-96; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Providence and Endorsements

Date 8-5, 1996

# **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 11-23-98

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 \_\_\_\_\_)

3a. Work Order # 98105812  
 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 # 13044

4. Identification of System SF Class Z

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>56-0-2478A-GPD-0501</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 Modified 5/R 56-D-2478A-GRD-0501 by notching items 2+3 to provide clearance for valve 35F-76

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 11-23, 1988

### CERTIFICATE OF 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 11-24-88 to 11-24-88; and state that to the best of my 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 11-24, 1988

# **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 1-12-99

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 # 98019185  
 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 BS Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-54B-D-2477-H9B	Grinnell	34184	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							<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 Snubber on S/R 3-54B-0-2477-H9B

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 1-12, 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 10-21-98 to 1-12-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of 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. M. B. Chapman*  
 Inspector's Signature

Commissions NC914  
 National Board, State, Providence and Endorsements

Date 1-12, 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 11-24-98

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 \_\_\_\_\_)

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 # 98049103  
 Repair Organization Job # \_\_\_\_\_

3b. ~~NSM~~ or MM # 11240

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-50-0-1066A- RCPM-3B1-SS1	Grinnell	34026	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	Snubber on S/R 3-50-0-1066A- RCPM-3B1-SS2	Grinnell	34027 <del>30427</del> <sup>eam</sup>	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	Snubber on S/R 3-50-0-1066A- RCPM-3B1-SS3	Grinnell	34028	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
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 mechanical snubbers with hydraulic snubbers on S/R.*

7. Description of Work 3-50-0-1066A-RCPM-3B1-SS1, SS2, & SS3 per OE 11240

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 11-24, 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 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 8-12-98 to 11-25-98; 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

NC914

National Board, State, Providence and Endorsements

Date 11-25, 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 11-25-98

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 \_\_\_\_\_)

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 # 98027246-09  
 Repair Organization Job # \_\_\_\_\_

3b. ~~NSM~~ or MM # 10943

4. Identification of System GWD Class 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>5/R 3-57-0-2481A-EWD-H/701</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 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 spring can on S/R 3-57-0-2481A-EWD-H1701 per OE-10943

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 11-25, 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 11-9-98 to 11-25-98; 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 NC 914

National Board, State, Providence and Endorsements

Date 11-25, 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 11-30-98

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

Sheet 1 of 56

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

3a. Work Order # 97104109  
 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 # 11264

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> 3-14B-0-2480A-H36B	<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	<u>S/R</u> 3-14B-0-2480A-H13A	<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	<u>S/R</u> 3-14B-0-2480A-H13-B	<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
D	<u>S/R</u> 3-14B-0-2480A-H14A	<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
E	<u>S/R</u> 3-14B-0-2480A-H14B	<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
F	<u>S/R</u> 3-14B-0-2480A-H24A	<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

## Form NIS-2 (Back)

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

7. Description of Work Repaired/Modified hangers as required for LPSW piping 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 \_\_\_\_\_

(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  
Owner or Owner's Designee, Title

Date 11-30, 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 8-3-98 to 12-1-98; 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 12-1, 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 11-30-98

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

Sheet 2 of 56

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

3a. Work Order # 97104109  
 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 # 11264

4. Identification of System LP5 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> 3-14B-D-2480A-H25A	<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	<u>S/R</u> 3-14B-D-2480A-H25B	<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	<u>S/R</u> 3-14B-D-2480A-H26A	<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
D	<u>S/R</u> 3-14B-D-2480A-H26B	<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
E	<u>S/R</u> 3-14B-D-2480A-H33A	<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
F	<u>S/R</u> 3-14B-D-2480A-H33B	<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

## Form NIS-2 (Back)

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

7. Description of Work Repaired/Modified hangers as required for LPSU piping 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 \_\_\_\_\_

(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 11-30, 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 8-3-98 to 12-1-98; 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 12-1, 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 11-30-98

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

Sheet 3 of 56 <sup>29m</sup>

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

3a. Work Order # 97104109  
 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 # 11264

4. Identification of System LPS 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>S/R</u> 3-14B-D-2480A-H34A	DPC	NA	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	<u>S/R</u> 3-14B-D-2480A-H34B	DPC	NA	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	<u>S/R</u> 3-14B-D-2480A-H35A	DPC	NA	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	<u>S/R</u> 3-14B-D-2480A-H35B	DPC	NA	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
E	<u>S/R</u> 3-14B-D-2480A-H36A	DPC	NA	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
F	<u>S/R</u> 3-14B-D-2480C-H6549	DPC	NA	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

## Form NIS-2 (Back)

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

7. Description of Work Repaired/Modified hangers as required for LPSW piping 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 \_\_\_\_\_

(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 11-30, 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 8-3-98 to 12-1-98; 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 12-1, 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 11-30-98 <sup>Don</sup>

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

Sheet 4 of 56

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

3a. Work Order # 97104109  
 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 # 11264

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>3-14B-248C-H4551</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	<u>S/R</u> <u>3-14B-D-2480A-H5A</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	<u>S/R</u> <u>3-14B-D-2480A-H5B</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
D	<u>S/R</u> <u>3-14B-D-2480A-H6B</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
E	<u>S/R</u> <u>3-14B-D-2480A-H7A</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
F	<u>S/R</u> <u>3-14B-D-2480A-H7B</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

## Form NIS-2 (Back)

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

7. Description of Work Repaired/Modified hangers as required for LPSW piping 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 \_\_\_\_\_

(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 11-30, 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 8-3-98 to 12-1-98; 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 12-1, 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 11-30-98 <sup>am</sup>  
 Sheet 5 of 56

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

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

3a. Work Order # 97104109  
 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 # 11264

4. Identification of System LPS 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>5/R</u> <u>3-148-2480A-H8B</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	<u>5/R</u> <u>3-148-2480A-H11A</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	<u>5/R</u> <u>3-148-2480A-H12B</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
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 Repaired/Modified hangers as required for LPSW piping 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 \_\_\_\_\_

(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 11-30, 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 8-3-98 to 12-1-98; 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 12-1, 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 11-17-98

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 # 97104109  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or ~~MM~~ # 11264

4. Identification of System LPS Class B

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. 3LPSW-96	ITT	92-59833-4-5	8026		1993	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. 3LPSW-96		3-14-62	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	VLV. 3LPSW-92	ITT	92-59833-4-13	8034		1993	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	VLV. 3LPSW-92		3-14-47	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	PIPING	D.P. Co.	NA	NA		12/94	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	Flange Bolting	D. P. Co.	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

## 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 PIPING & VALVES #S 3LPS-92 & 96 & FLANGE  
BOLTING TO RCP MOTOR COOLERS.

8. Test Conducted:

☒ Hydrostatic☐ Pneumatic☐ Nominal Operating Pressure☐ Other☐ ExemptPressure 205 psigTest Temp. 74.3 °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/ACertificate of Authorization No. N/AExpiration Date N/A

Signed

D. J. Mason

Date

12-1, 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 8-3-98 to 12-1-98; 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 12-1, 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 12-1-98

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 # 98103480  
 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>S/R</u> <u>3-03A-1-0-24-1B-SR5</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 J/R 3-D3A-1-D-2401B-SR5

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 12-1, 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 11-18-98 to 12-2-98; 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 12-2, 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 12-1-98

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 # 98104218  
 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 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>SR</u> 3-50-D-2479A-H2A	DPC	NA	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 Replaced reservoir support bracket bolts and tightened middle pipe clamp bolt on S/R 3-50-0-2479A-H2A

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 12-1, 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 11-17-98 to 12-1-98; 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 12-1, 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 12-1-98

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 # 98103388  
 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>S/R</u> <u>3-03-0-2480A-H6B</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 Replaced middle pipe clamp bolt on S/R 3-03-A-2480A-H6B

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 12-1, 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 11-14-98 to 12-1-98; 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 12-1, 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 11-17-98

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 # 98096060  
 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 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-50-0-2479A-H12	Grinnell	18604	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 Installed new reservoir cylinder body on SPR 3-50-0-2479A-1412

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 11-17, 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 11-7-98 to 11-17-98; 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 11-17, 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 11-20-98

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 # 98099677  
 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 # 12982

4. Identification of System LWD Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>3-64-2435B-H5597</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 Added item # 5 to S/R 3-44-24358-K5597 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 W. S. Mason

Date 11-20, 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 11-13-98 to 11-20-98; 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 11-20, 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 11-23-98

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 # 98047780  
 Repair Organization Job # \_\_\_\_\_

3b. ~~NSM~~ or MM # 11238

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 19 49 Edition, August 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 3-5D-O-1066A- RCPM-3A1-SS1	Grinnell	34023	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	Snubber on S/R 3-5D-O-1066A- RCPM-3A1-SS2	Grinnell	34025	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	Snubber on S/R 3-5D-O-1066A- RCPM-3A1-SS3	Grinnell	34017	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
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 mechanical snubbers with hydraulic snubbers on S/Rs  
3-50-0-1066A-RCPM-3A1-SS1, SS2, & SS3 per OE 11238

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  
 Owner or Owner's Designee, Title

Date 11-23, 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 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, 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 11-25-98

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 # 98050105  
 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 # 11686

4. Identification of System LP Class L

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>3-53A-0-2481A HWA-1728</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 Modified S/R 3-53A-0-2481A-HWA-1728 per DE-11686

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 ED Mason

Date 11-25, 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 11-25-98 to 11-25-98; 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 11-25, 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 11-25-98

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 # 98050105  
 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 # 11686

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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>3-50-0-2481A-H6</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 Modified S/R 3-50-0-2481A-H6 per OE-11686

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. Mason* Date 11-25, 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 11-3-98 to 11-25-98; 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 NC914  
 National Board, State, Providence and Endorsements

Date 11-25, 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 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 # 98049118  
 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 # 11241

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-50-0-1066A- RCPM-382-SS1	Grinnell	34015	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	Snubber on S/R 3-50-0-1066A- RCPM-382-SS2	Grinnell	34011	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	Snubber on S/R 3-50-0-1066A- RCPM-382-SS3	Grinnell	34012	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
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 mechanical snubbers with hydraulic snubbers on S/Rs 3-50-D-1066A-RCPM-3B2-SS1, SS2, +SS3 per OE 11241

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 11-24, 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 8-12-98 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.

M. B. Chapman  
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 11-24, 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 11-24-98

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 # 98049049  
 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 # 11239

4. Identification of System RC Class L

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-50-D-1066A- RCPM-3A2-SS1	Grinnell	34018	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	Snubber on S/R 3-50-D-1066A- RCPM-3A2-SS2	Grinnell	34024	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	Snubber on S/R 3-50-D-1066A- RCPM-3A2-SS3	Grinnell	34010	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
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 mechanical snubbers with hydraulic snubbers on SARs*

7. Description of Work 3-50-0-1066A-RCPM-3A2-SS1, SS2, +SS3 per OE 11239

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* Date 11-24, 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 8-12-98 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.

*M.B. Chapman*  
Inspector's Signature

Commissions N C 914  
National Board, State, Providence and Endorsements

Date 12-1-24, 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 8-11-98

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 # 97049618  
 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 3-01A-0-2401B-R10	Grinnell	9460	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 3-01A-0-2401B-R10	Grinnell	34193	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 3-01A-D-2401B-R10

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 8-11, 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 7-14-98 to 8-11-98; 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.

M. B. Chapman  
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 8-11, 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 11-3-98

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 # 98032097  
 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 3-01A-D-2441-R9(A)	Grinnell	9455	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 Hydraulic Snubber on S/R 3-01A-D-2441-R9CA

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 DMason

Date 11-3, 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 10-12-98 to 11-3-98; 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

NC914

National Board, State, Providence and Endorsements

Date 11-3, 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 11-3-98

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 # 98032097  
 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 ASME 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 3-DIA-O-2441-RX(C)	Grinnell	9453	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 hydraulic snubber on S/R 3-01A-0-2441-R9(C)

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 11-3, 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 10-12-98 to 11-3-98; 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 11-3, 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 11-3-98

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 # 98032097  
 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>3-01A-2441-R7</u>	<u>Griener</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 Replaced end brackets on hydraulic snubber 3-01A-2441-R7

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 JB Mason

Date 11-3, 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 NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 11-3-98 to 11-3-98; 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.

JB Chapman  
Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 11-3, 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 11-3-98

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 # 98032097  
 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 1

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-50-D-2479A-H3A	Grinnell	Unavailable	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 3-50-D-2479A-H3A	Grinnell	34184	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 3-50-0-2479A-H3A

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 JB Mason

Date 11-3, 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 10-24-98 to 11-3-98; 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.

JB Chapman  
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 11-3, 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 11-10-98

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 # 970.36780  
 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>S/R</u> <u>3-01A-D-2441-H11</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 Replaced spring can on S/R 3-01A-0-2441-H11

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*  
 Owner or Owner's Designee, Title

Date 11-10, 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 5-15-97 to 11-11-98; 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.

*M. B. Chapman*  
 Inspector's Signature

Commissions N.C. 914

National Board, State, Providence and Endorsements

Date 11-11, 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 11-11-98

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 # 98034048  
 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)
<b>A</b>	<u>3A RBCU</u>	<u>NA</u>	<u>NA</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
<b>B</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

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

7. Description of Work Replaced bolting on 3A RBCLW

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 11-11, 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 10-19-98 to 11-11-98; 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.

*M.B. Chapman*  
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 11-11, 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 11-11-98

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 # 98036318  
 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 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	3B RBCU	NA	NA	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							<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 3B RBCU

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. Mason* Date 11-11, 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 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 10-26-98 to 11-11-98; 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.

*M.B. Chapman*  
 Inspector's Signature

Commissions NC914  
 National Board, State, Providence and Endorsements

Date 11-11, 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 11-11-98

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 # 480 36319  
 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	3C RBCU	NA	NA	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							<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 3C RBCU

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*  
Owner or Owner's Designee, Title

Date 11-11, 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 10-22-98 to 11-11-98; 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.

*M. S. Chapman*  
Inspector's Signature

Commissions NC914  
National Board, State, Providence and Endorsements

Date 11-11, 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 11-17-98

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 # 98091453  
 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 2

5. (a) Applicable Construction Code ANSI B31.7 1949 Edition, August 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	<sup>S/R</sup> 3B Pump Hanger # 2	DPC	NA	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	Piping	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.

7. Description of Work welded shim to correct clearance on SR 3B Pump - Hanger #2  
Replaced downstream block orifice associated w/ 3B HPI Pump.

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 E. S. Mason

Date 1-11, 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 10-23-98 to 1-12-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of 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 1-12, 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 2/22/97

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 # 95027076-22  
 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 # 32915

4. Identification of System 51A Class A

5. (a) Applicable Construction Code B31.7 1969 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> 3-51A-0-2479A-H1B	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	<u>H2E</u> 3-51A-0-2479E- <del>H2E</del>	DPC	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	<u>H13B</u> 3-51A-0-2479A- <del>H13B</del>	DPC	N/A	N/A	N/A	N/A	<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.

COMPONENT A:

REMOVED EXISTING SUPPORT AND INSTALLED NEW SUPPORT ITEMS

7. Description of Work 1 AND 2, REUSED ITEM 3 (SPRING CAN)

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 COMPONENTS B & C: SPRING CAN SETTINGS WERE RESET TO GREATER VALUE TO ACCOMMODATE LARGER VALVE.

(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. McCleave  
Owner or Owner's Designee, Title

Date 2/22, 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 11-12-96 to 10-28-97; and state that to the best of my 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 10-28, 19 97

# **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 2/22/97

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

Sheet 1 of     

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

3a. Work Order # 96009036-14  
 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 # 32979/AM1

4. Identification of System OIA Class B

5. (a) Applicable Construction Code B31.1 1969 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)
<b>A</b>	<u>S/R</u> <u>3-OIA-3-0-2403D-H5</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>B</b>	<u>3-OIA-2403D-H4348</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>C</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

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

7. Description of Work SEE 9. REMARKS

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 A. ITEMS #1 THROUGH #7 WERE REMOVED AND REPLACED WITH  
ITEMS #11 THROUGH #19.  
B. NEW S/R WAS ADDED TO THE SYSTEM PER MODIFICATION.

(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 2/22, 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 \_\_\_\_\_ and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period \_\_\_\_\_ to \_\_\_\_\_; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature \_\_\_\_\_

Commissions \_\_\_\_\_

National Board, State, Providence and Endorsements \_\_\_\_\_

Date \_\_\_\_\_, 19 \_\_\_\_\_

# **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 4/17/97

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 # 97014492-01  
 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 OIA Class B

5. (a) Applicable Construction Code B31.1 19 69 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>3-OIA-D-2401B-R14</u>	<u>GRINNELL</u>	<u>22097</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.

*OIL RESERVOIR*  
REFURBISHED SNUBBER, BY REPLACING CYLINDER RESERVOIR

7. Description of Work BODY, SEALS, AND VENT PLUG WITH NEW PARTS.

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*

Date 4/17, 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 2-16-97 to 4-21-97; and state that to the best of my 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 4-21, 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 6/2/97

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 # 97039576-01  
 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 HPI Class B

5. (a) Applicable Construction Code B31.7 19 69 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>SUPPORT/RESTRAINT</u> <u>#1 AT 3B HPI PUMP</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>SUPPORT/RESTRAINT</u> <u>#2 AT 3B HPI PUMP</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
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.

TEMPORARY REMOVAL OF SUPPORTS. WELDED SUPPORTS BACK IN

7. Description of Work POSITION. SHIMMED AS NECESSARY. INSTALLED NEW ANCHORS ON S/R #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 \_\_\_\_\_

WDMC Clave

Date 6/2, 19 97

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 5-15-97 to 6-23-97; and state that to the best of my 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, 19 97

# **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 6/11/97

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 # 9703 7884-08  
 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 53B Class B

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
<b>A</b>	<u>S/R</u> <u>A3-53B-2436E-DE033</u>	<u>DPL</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>B</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F</b>							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Form NIS-2 (Back)

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

INSTALLED 2 NEW CONCRETE ANCHORS, ITEM # 7, DURING

7. Description of Work REPLACEMENT OF S/R INTO POSITION.

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 C. Clune  
Owner or Owner's Designee, Title

Date 6/11, 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 5-15-97 to 6-11-97; and state that to the best of my 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.

MR. Repman  
Inspector's Signature

Commissions \_\_\_\_\_

NC914

National Board, State, Providence and Endorsements

Date 6-11, 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 3-4-1-98

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 # 97112 710-01  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # n2

4. Identification of System OIA (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	Snubber 3-OIA-4-0-2403D-R8	Grinnell	10354	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 3-OIA-4-0-2403D-R8	Grinnell	33613	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 AND Replaced 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 Replacement Snubber was tested per  
SM/O/A/8/10/001

(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 Date 4-1, 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 2-11-98 to 3-7-1-98; 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 4-1, 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 8-6-98

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 # 98041363  
 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 Z

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August 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 3-538-5-0-24358-SR39	Grinnell	_____	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 Installed new reservoir cylinder body on SR3-53B-5-0-2435B-SR39

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 JB Mason Date 8-6, 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 7-30-98 to 8-10-98; 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 8-10, 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 8-10-98

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 # 98010086  
 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>S/R</u> <u>3-01A-1-1-0-2401B-H42</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 3-01A-1-L-D-2401B-H42

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 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 6-1-98 to 8-10-98; 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 8-10, 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 6-18-96

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 # 97037884  
 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 HPI Class 2

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	3B HPI Pump	INGERSOLL-RAND	43339	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	3B HPI Pump	Ingersoll-RAND	68332	N/A	<sup>CPI</sup> AT 6-18-96 UTC 962476	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							<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 3B HPT Pump, CASING bolts, and 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 \_\_\_\_\_

(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 8-4, 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 5-4-97 to 8-4-97; and state that to the best of my 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. M. B. Chapman  
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 8-4, 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 6-23-97

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 # 97037887  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System HPI Class 2

5. (a) Applicable Construction Code B31.7 1967 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>HPI PU 0001</u>	<u>Ingersoll-Rand</u>	<u>28101</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
B	<u>HPI PU 0001</u>	<u>Ingersoll-Rand</u>	<u>43408</u>	<u>N/A</u>	<u>UTC #</u> <u>962133</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							<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 "3A" HPI Pump

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

JB Mason QA Tech  
Owner or Owner's Designee, Title

Date 8-4, 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 5-5-97 to 8-4-97; and state that to the best of my 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 8-4, 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 11-7-97

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 # 97065998-4  
 Repair Organization Job # \_\_\_\_\_

3b. NSM or MM # N/A

4. Identification of System HPI Class 2

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	3B HPI Pump	Ingersoll-RAND	68332	N/A	HPI Pu 0002	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	3B HPI Pump	Ingersoll-RAND	43339	N/A	HPI Pu 0002	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							<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 3B HPI Pump

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

Pressure 3080 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 QA Spec  
Owner or Owner's Designee, Title

Date 11-7, 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 9-27-97 to 11-7-97; and state that to the best of my 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 11-7, 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 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 # 97108268-01  
 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 HP Class 2

5. (a) Applicable Construction Code B31.7 19 69 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	VALVE 3 HP-122	VEIAN	N/A	N/A	model B9-314B-13ms	4/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 balling valve 3HP-122

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 1-6, 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 12-17-97 to 1-6-98; 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 1-6, 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 10/21/98

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 # 98042021-04  
 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 # \_\_\_\_\_

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	Crane	Unknown	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 in Valve 3m5-33

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 Altohn OC Specialist  
Owner or Owner's Designee, Title

Date 10-21, 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 10-22-98 to 10-22-98; 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 10-22, 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 11-19-98

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 # 98011407-01  
 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 CS 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 3CS-12	Anchor/Darling	E1581-55-2	712	N/A	1986	<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 Bonnet Nut on Valve 3CS-12

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. Johnson QC Specialist Date 11-19, 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 11-3-98 to 11-19-98; 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 NC 914

National Board, State, Providence and Endorsements

Date 11-19, 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 12-3-98

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 # 97039973-01  
 Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM # \_\_\_\_\_

4. Identification of System LP Class 2

5. (a) Applicable Construction Code B31.7 1969 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 3LP-21	Powell	62546	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 2 Body/Bonnet Nuts on valve 3LP-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 Altohn QC Specialist Date 12-3, 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 10-29-98 to 12-3-98; 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 12-3, 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 11-18-98

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 # 98013326-01  
 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 1969 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 3CF-13	Crane	7913	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 3CF-13

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 Attoohr QC Specialist  
Owner or Owner's Designee, Title

Date 11-18, 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 11-19-98 to 11-19-98; 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 11-19, 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 12-9-98

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 # 98045463-01  
 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 1969 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 3CF-12	Crane	Unavailable	Unavailable	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 in valve 3CF-12

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 AL Johnson

QC Specialist

Date 12-9, 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 11-2-98 to 12-14-98; 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 12-14, 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 12-9-98

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 # 98013316-01  
 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 1969 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 3CF-11	Crane	Unavailable	Unavailable	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 in valve 3CF-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 Al Johnson QC Specialist Date 12-9, 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 11-2-98 to 12-14-98; 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 12-14, 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 1/7/99

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 # 98042018-04  
 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 # \_\_\_\_\_

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 3ms-24	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 and disc in valve 3ms-24

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 AL Johnson QC Specialist  
Owner or Owner's Designee, Title

Date 1-7, 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 11-2-98 to 1-7-99; 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.

MB Chapman  
Inspector's Signature

Commissions SC914

National Board, State, Providence and Endorsements

Date 1-7, 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 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 # 98009735  
 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 # 11461

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ASME III 19 65 Edition, SUMMER 1967 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 + 4 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	3B OTSG	B+W	620-0009-55-2	N128		1971	<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 REPAIRED TUBES IN 3B 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 Arthur Z. Blumhagen QA SPECIALIST Date 11-24, 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 11-5-98 to 11-25-98; 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 NC914  
 National Board, State, Providence and Endorsements

Date 11-25, 19 94

# **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 # 98009730  
 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~~ # 11460

4. Identification of System Re Class 1

5. (a) Applicable Construction Code ASME III 1965 Edition, Summer 1967 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 & 4 ACT. 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	3A OTSG	B+W	620-0009-55-1	N127		1971	<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 REPAIRED 3A OTSG TUBES.

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 11-24, 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 11-3-98 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 \_\_\_\_\_

NC917  
National Board, State, Providence and Endorsements

Date 11-24, 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 11-30-98

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 # 98092876  
 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 B

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	BOLTING	NA	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
B	BOLTING	NA	NA	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

*MF DW*  
REPLACED BOLTING ON 3A OTSG RISER #20

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

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

Test Temp. \_\_\_\_\_ °F

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

Test Temp. \_\_\_\_\_ °F

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

Test Temp. \_\_\_\_\_ °F

9. Remarks

(Applicable Manufacturer's Data Records to be Attached)

## CERTIFICATE OF COMPLIANCE

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

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

Signed

*A. J. Blumhagen*  
QA SPECIALIST  
 Owner or Owner's Designee, Title

Date 11-30, 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 11-5-98 to 11-30-98; 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.

*YMB Chapman*  
 Inspector's Signature

Commissions

NC914

National Board, State, Providence and Endorsements

Date 11-30, 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 12-2-98

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 # 98092876  
 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 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	<u>PIPING</u>	<u>D.P. Co.</u>	<u>NA</u>	<u>NA</u>	<u>MFDW RISER FLANGE #20</u>	<u>12/74</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 PERFORMED BMR TO SEATING SURFACE ON MPDW RISER FLANGE TO OBTAIN ORIGINAL THICKNESS.

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 Arthur L. Bunting

Date 12-2, 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 10-22-98 to 12-2-98; 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 12-2, 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 12-8-98

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 # 98014936  
 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 ASME III 19 65 Edition, SUMMER 67 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	3B OTSG UPPER PRIMARY HANDHOLE BOLTING	B&W	STEAM GEN. S/N 620-0009-55-2	S.GEN. #N128		1971	<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 BELTING ON UPPER PRIMARY HANDHOLE,  
INSTALLED (1) NEW NUT ON STUD No. 1, FIRST NUT ON STUD.

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

Arthur B. Blumhagen **QA SPECIALIST**  
 Owner or Owner's Designee, Title

Date 12-8, 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 10-29-98 to 12-9-98; 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 12-9, 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 12-1-98

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 # 98095726  
 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 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</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>BOLTING</u>	<u>NA</u>	<u>NA</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							<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 BELTING ON MPDW RISER TO HEADER FLANGE: #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

Arthur L. Blumhagen **QA SPECIALIST**  
Owner or Owner's Designee, Title

Date 12-1, 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 10-29-98 to 12-9-98; 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 12-9, 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 12-9-98

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 # 98047357  
 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 2

5. (a) Applicable Construction Code ASME III 1965 Edition SUMMER 67 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	#2 HANDHOLE COVER ON 3B-OTSG (LWR. SECONDARY)	B+W	S/G S/N. 620-0009-55-2	S/G # N-128		1971	<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 REPLACE LWR. SEC. HANDHOLE COVER ON 3B-OTSG, HANDHOLE #2.

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 L. J. Blubaugh **QA SPECIALIST**

Date 12-9, 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 11-2-98 to 12-9-98; 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 12-9, 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 1-13-99

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 # 98095727  
 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 MFDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition MARCH 69 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>MFW RISER #</u> <u>28 ON OTSG 3A</u>	<u>B+W</u>	<u>NA</u>	<u>NA</u>	<u>#28</u>	<u>1971</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 ON RISER TO HEADER FLANGES,  
ON RISER # 28 ON OTSG 3A.

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/A

Signed

M. J. Blumhugh QA Specialist  
 Owner or Owner's Designee, Title

Date 1-13, 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 10-26-98 to 1-13-99; 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.

M. B. Chapman  
 Inspector's Signature

Commissions

NC 914

National Board, State, Providence and Endorsements

Date 1-13, 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 12-11-96

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 # 95027076  
 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 # 32975

4. Identification of System HP Class 1 (A)

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, AUGUST Addenda, NA Code Cases  
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, 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. 3HP-486	ANCHOR DARLING	EZ 496-1-7	1913		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 3HP-126	VELAN	962103-3	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	VLV. 3HP-487	ANCHOR DARLING	EZ 496-1-9	1915		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. 3HP-127	VELAN	962103-4	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	VLV. 3HP-489	ANCHOR DARLING	EZ 496-1-6	1912		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. 3HP-152	VELAN	962103-7	NA		NA	<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 REPLACED VLVs. 3HP-126, 3HP-127, 3HP-152, 3HP-153  
AND ADDED VLVs. 3HP-486, 3HP-487, 3HP-488, 3HP-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

E. S. Mason D.A. Spec  
 Owner or Owner's Designee, Title

Date 10-22, 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 11-12-96 to 10-28-97; and state that to the best of my 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 10-28, 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 12-11-96

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 # 95027076  
 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 # 32975

4. Identification of System HP Class 1 (A)

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, AUGUST Addenda, NA 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. 3HP-488	ANCHOR DARLING	E2496-1-8	1914		1996	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. 3HP-153	VELAN	962103-1	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	TIPING	D.P.C.	NA	NA		12/94	<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 See page 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 See page 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. S. Mason Q.A. Spec Date 10-22, 19 97

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 11-17-96 to 10-28-97; and state that to the best of my 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 NC914  
National Board, State, Providence and Endorsements

Date 10-28, 19 97

# 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 11-12-96

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 # 95027076-01  
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 # 32975

4. Identification of System HPI Class 1 (A)

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, AUGUST 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. 3HP-127	VELAN ENGINEERING	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. 3HP-126	"	34	NA			<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	VLV. 3HP-153	"	31	NA			<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	VLV. 3HP-152	"	32	NA			<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 See page 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 See page 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 Date 10-22, 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 11-12-97 to 10-28-97; and state that to the best of my 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 10-28, 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 **2-25-97**

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 # **96084197**  
 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 **ASME III** 19 **65** Edition, **SUMMER 69** Addenda, **NA** 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	<b>A STM.GEN. MFDW NOZZLE</b>	<b>BABCOCK &amp; WILCOX</b>	<b>620-0009-55-1</b>	<b>N-127</b>		<b>1971</b>	<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 No. 3A OTSG-MFDW  
RISER No. 20 GASKET 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 *J. S. Mason*

Date 1-13, 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 11-5-96 to 1-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of 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 1-14, 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 2-26-97

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 # 96013880  
 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 # 32989

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ASME B31.1 19 67 Edition JULY Addenda, NA 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.C.</u>	<u>NA</u>	<u>NA</u>		<u>12/74</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 THERMOWELL & REINFORCING COLLAR.

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 PERFORMED TESTING & NDE PER 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 J. S. Mason

Date 1-18, 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 NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 12-8-98 to 1-18-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman  
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 1-18, 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

6-2-97

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 #

97039576

Repair Organization Job #

3b. NSM or MM #

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ASME B31.7 1969 Edition, AUGUST Addenda, \_\_\_\_\_

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

Code Cases

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>NA</u>	<u>12/74</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 + INSPECTED 3B HPI PUMP MIN. FLOW ORFICES AND REINSTALLED.

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

QASpec

Date 6-19, 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 5-15-97 to 6-23-97; and state that to the best of my 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 6-23, 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 5-26-97

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 # 97037962  
 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 # 10390

4. Identification of System RC Class 1

5. (a) Applicable Construction Code B31.7 19 69 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>PIPINS</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>		<u>12-1974</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 piping and thermal sleeve 3A1 nozzle

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 W. B. Mason QA Tech Date 8-4, 19 97  
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 5-8-97 to 8-4-97; and state that to the best of my 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 8-4, 19 97

# **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 10-17-97

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 # 97087156  
 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 LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition JULY 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	3LPS-FX-0009 FLEX HOSE	PARKER HANNIFAN	030	N/A		1991	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	3LPS-FX-0009 FLEX HOSE	UNKNOWN	UNKNOWN	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
C	PIPING	D.P.C.	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	<del>PH 10/17/97 Flex line</del>	<del>DPC</del>	<del>NA</del>	<del>NA</del>			<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E	<del>S/R 1-148-0-248A-H24A</del>	<del>DPC</del>	<del>N/A</del>	<del>N/A</del>		<del>N/A</del>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	<del>Wm 1/12/98</del>						<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 U-BOLT ON SUPPORT RESTRAINT.~~ WTM 1/12/98

7. Description of Work REPLACED FLEX HOSE and flange bolting

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

Pressure 130 psig

Test Temp. 92.0 °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 QA Spec Date 10-21, 19 97

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 10-7-97 to 10-21-97; and state that to the best of my 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 10-21, 19 97

# **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 10-17-97

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 # 97087963  
 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 LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition July Addenda, NA 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>FLEX HOSE</u> <u>LPS FX 0005</u>	<u>PARKER</u> <u>HANNIFIN</u>	<u>035</u>	<u>NA</u>		<u>1991</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>PIPING</u>	<u>D.P.C.</u>	<u>NA</u>	<u>NA</u>		<u>12/74</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>FLEX HOSE</u>	<u>UNKNOWN</u>	<u>UNKNOWN</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
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 FLEX HOSE CPS FX 0005

8. Test Conducted:



Hydrostatic



Pneumatic



Nominal Operating Pressure



Other



Exempt

Pressure 130 psigTest Temp. 92.2 °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 QA SpecDate 10-21, 19 97

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 10-9-97 to 10-21-97; and state that to the best of my 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 10-31, 19 97

# **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 10-17-97

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 # 97087963-01  
 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 LPS 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>Flex line</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>LPS FX 0005</u>	<u>1974</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>S/R</u> <u>1-14B-0-2480A-H35A</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
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.

~~B) REPLACED LL BOLT ON SUPPORT / RESTRAINT.~~ WTM 11/2/98

7. Description of Work Replaced bolting ON Fkx line LPS FX 005 Flanges

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. Henson QA Specialist Date 10-17, 19 97  
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 10-9-97 to 10-21-97; and state that to the best of my 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 10-21, 19 97

# **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 11-3-98

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 # 98077760  
 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 LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 19 69 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	PIPING	D.P.Co.	N/A	N/A		12/74	<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	L'						<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 FLANGES ON SPARE OIL COOLER FOR RCP MOTOR. 3A-1

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

Pressure 145 psig

Test Temp. 71.1 °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. B. Mason

Date 11-5, 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 10-13-98 to 11-10-98; 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 11-10, 1998

## 11.0 Pressure Testing

There are three refueling outages scheduled for the second period of the third inspection interval for Duke Power Company's Oconee Nuclear Station Unit 3. This section describes Pressure Tests performed during the 1998 refueling outage (also referred to as EOC-17).

<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)	3	1	33.3%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	38	2	5.3%
C-H	System Hydrostatic Test (IWC-5222)	7	1	1.4%

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.

### 11.1 Required Examinations This Outage:

A listing of each VT-2 Visual Examination required for EOC-17 is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
Flow Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

Duke Energy Corporation - Oconee Unit 3  
Pressure Testing Item Number Listing

Outage 17

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	RC SYSTEM	VT-2	QAL-15	Drawings that make up the Class A Leakage Boundary: OFDL-100A-3.1/0, OFDL-100A-3.2/0, OFDL-100A-3.3/0, OFDL-101A-3.1/0, OFDL-101A-3.4/0, OFDL-101A-3.5/0, OFDL-102A-3.1/0, OFDL-102A-3.2/0, OFDL-102A-3.3/0, OFDL-110A-3.1/0, OFDL-110A-3.4/0, OFDL-127B-3.2/0

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing Item Number Listing**

**Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.030.001	OFD-101A-3.1	INS/FUN	HPI SYSTEM	VT-2	QAL-15	Penetrations 6 and 7 - Test Pkg. #31L-300. EOC#16 station pkg #33S-301, #32FRN-352, 32SI-401. EOC-17 Station Pkg #32S-451.
C07.030.002	OFD-101A-3.2	INSERT	HPI SYSTEM	VT-2	QAL-15	Test Pkg. #32FRN-329. EOC-16 Station Pkg.# 32F-354, 32F-355, 32F-356A, 32F-356B, # 32F-361B
C07.030.003	OFD-101A-3.3	INSERT	HPI SYSTEM	VT-2	QAL-15	Test Pkg. #32F-331, #32F-332, #32FRN-342. EOC-16 Station Pkg.# 32F-356A, 32SI-404, 32FI-405, 32FI-407, 32FI-408, 32SI-401, 32SI-406
C07.030.004	OFD-101A-3.4	INS/FUN	HPI SYSTEM	VT-2	QAL-15	Penetrations 8, 9, 10, 23 and 52 - Test Pkg. #32S-324, #32FRN-342, #32FRN-326. EOC-16 Station Pkg.# 33S-301, 32SI-401. EOC-17 Station Pkg.#32S-451.
C07.030.005	OFD-101A-3.5	INSERT	HPI SYSTEM	VT-2	QAL-15	Station Pkg. #32F-359, #31LRN-351
C07.030.006	OFD-102A-3.1	INS/FUN	LPI SYSTEM	VT-2	QAL-15	This test shall include VT-2 for Telltale hole of Item No. C02.033.001 - Test Pkg. #32F-331, #32F-332. EOC-16 Station Pkg.# 32F-361A, # 32F-361B. EOC-17 Station Pkg.#32FI-409, 32FI-410, 32IDPT-306, 32SI-406
C07.030.007	OFD-102A-3.2	INS/FUN	LPI SYSTEM	VT-2	QAL-15	Penetrations 15 and 16 - Test Pkg. #32FRN-333, #32F-331, #32F-332. EOC-16 Station Pkg. # 32F-361B, # 32F-362A, #32F-362B, 32HR-438. EOC-17 Station Pkg.# 32F-462, 32F-463. C02.033.002 & C02.033.003.

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing Item Number Listing**

**Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.030.008	OFD-102A-3.3	FUNCT	LPI SYSTEM	VT-2	QAL-15	Penetrations 39 and 59 - Test Pkg. #32F-305, #32S-304, #32IDPT-307. EOC-17 Station Pkg.#32S-464.
C07.030.010	OFD-104A-3.1	FUNCT	SF SYSTEM	VT-2	QAL-15	Penetration 56. EOC-16 Station Pkg.# 32F-359, #32F-363, #32SI-406. EOC-17 Station Pkg.#32F-465.
C07.030.031	OFD-124B-3.2	FUNCT	LPSW SYSTEM	VT-2	QAL-15	Penetrations 30, 31, 32, 33, 34 and 35 - Test Pkg. #32S-320, #33SI-425
C07.030.032	OFD-124B-3.4	INSERT	LPSW SYSTEM	VT-2	QAL-15	Penetrations 21 and 22 - Test Pkg. #32S-321, #33SI-425
C07.040.002	OFD-101A-3.2	HYDRO	HPI SYSTEM	VT-2	QAL-15	
C07.040.003	OFD-101A-3.3	HYDRO	HPI SYSTEM	VT-2	QAL-15	
C07.040.006	OFD-102A-3.1	HYDRO	LPI SYSTEM	VT-2	QAL-15	This test shall include VT-2 for Telltale hole of Item No. C02.033.001. EOC-17 Station Pkg.#32SN-460.
C07.040.007	OFD-102A-3.2	HYDRO	LPI SYSTEM	VT-2	QAL-15	Penetrations 15 and 16
C07.040.011	OFD-104A-3.2	HYDRO	SF SYSTEM	VT-2	QAL-15	

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing Item Number Listing**

**Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
D01.011.001	OFD-100A-3.3	INSERT	RC SYSTEM	VT-2	QAL-15	EOC-17 Station Pkg.#32S-451
D01.011.002	OFD-101A-3.1	INSERT	HPI SYSTEM	VT-2	QAL-15	EOC-16 Station Pkg.# 33S-301. EOC-17 Station Pkg.#32S-451
D01.011.005	OFD-101A-3.4	INSERT	HPI SYSTEM	VT-2	QAL-15	EOC-16 Station Pkg.# 33S-301, 32SI-401. EOC-17 Station Pkg.#32S-451
D01.011.006	OFD-101A-3.5	INSERT	HPI SYSTEM	VT-2	QAL-15	EOC-16 Station Pkg.# 33S-301. EOC-17 Station Pkg.# 32S-451
D02.011.002	OFD-121A-3.3	FUNCT	C SYSTEM	VT-2	QAL-15	Station Pkg. # 33F-374
D02.011.004	OFD-121A-3.8	FUNCT	C SYSTEM	VT-2	QAL-15	Station Pkg. # 33F-374, 32FI-421
D02.011.007	OFD-121D-3.1	FUNCT	EFW SYSTEM	VT-2	QAL-15	Test Pkg. #33FRN-316A, #33FRN-317A, #33FRN-318, #32SRN-311, # 32F-364, # 33F-365, # 33F-366, #32FI-421
D02.011.013	OFD-124B-3.1	FUNCT	LPSW SYSTEM	VT-2	QAL-15	Test Pkg. #33S-339, #33S-340, 32SI-427, #33FI-425. EOC-17 Station Pkg.#33FRN-490

## 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, Class 2, and Class 3 listing format included in this section of the report:

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
Flow Drawing	=	Detail Drawing of Inspection Boundary
Examination Date	=	VT-2 Examination Date
Required Test	=	Type of Pressure Test Required
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear, Recordable, or Reportable
VT-2 Date	=	Date of VT-2 visual examination
Comments	=	General and/or Detail Description

**Duke Energy Corporation - Oconee Unit 3**  
**Pressure Testing VT-2 Results For Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	PARTIAL	CLEAR	12/05/98	Drawings that make up the Class A Leakage Boundary: OFDL-100A-3.1/0, OFDL-100A-3.2/0, OFDL-100A-3.3/0, OFDL-101A-3.1/0, OFDL-101A-3.4/0, OFDL-101A-3.5/0, OFDL-102A-3.1/0, OFDL-102A-3.2/0, OFDL-102A-3.3/0, OFDL-110A-3.1/0, OFDL-110A-3.4/0, OFDL-127B-3.2/0

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing VT-2 Results For Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.001	OFD-101A-3.1	INS/FUN	PARTIAL	CLEAR	12/05/98	Penetrations 6 and 7 - Test Pkg. #31L-300. EOC#16 station pkg #33S-301, #32FRN-352, 32SI-401. EOC-17 Station Pkg #32S-451.
C07.030.002	OFD-101A-3.2	INSERT	PARTIAL	CLEAR	11/30/98	Test Pkg. #32FRN-329. EOC-16 Station Pkg.# 32F-354, 32F-355, 32F-356A, 32F-356B, # 32F-361B
C07.030.003	OFD-101A-3.3	INSERT	PARTIAL	CLEAR	12/04/98	Test Pkg. #32F-331, #32F-332, #32FRN-342. EOC-16 Station Pkg.# 32F-356A, 32SI-404, 32FI-405, 32FI-407, 32FI-408, 32SI-401, 32SI-406
C07.030.004	OFD-101A-3.4	INS/FUN	PARTIAL	CLEAR	12/05/98	Penetrations 8, 9, 10, 23 and 52 - Test Pkg. #32S-324, #32FRN-342, #32FRN-326. EOC-16 Station Pkg.# 33S-301, 32SI-401. EOC-17 Station Pkg.#32S-451.
C07.030.005	OFD-101A-3.5	INSERT	COMPLETE	RECORDABLE	11/18/98	Station Pkg. #32F-359, #31LRN-351
C07.030.006	OFD-102A-3.1	INS/FUN	PARTIAL	CLEAR	11/30/98	This test shall include VT-2 for Telltale hole of Item No. C02.033.001 - Test Pkg. #32F-331, #32F-332. EOC-16 Station Pkg.# 32F-361A, # 32F-361B. EOC-17 Station Pkg.#32FI-409, 32FI-410, 32IDPT-306, 32SI-406
C07.030.007	OFD-102A-3.2	INS/FUN	PARTIAL	CLEAR	11/30/98	Penetrations 15 and 16 - Test Pkg. #32FRN-333, #32F-331, #32F-332. EOC-16 Station Pkg. # 32F-361B, # 32F-362A, #32F-362B, 32HR-438. EOC-17 Station Pkg.# 32F-462, 32F-463. C02.033.002 & C02.033.003.

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing VT-2 Results For Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.030.008	OFD-102A-3.3	FUNCT	PARTIAL	CLEAR	10/08/98	Penetrations 39 and 59 - Test Pkg. #32F-305, #32S-304, #32IDPT-307. EOC-17 Station Pkg.#32S-464.
C07.030.010	OFD-104A-3.1	FUNCT	PARTIAL	RECORDABLE	11/18/98	Penetration 56. EOC-16 Station Pkg.# 32F-359, #32F-363, #32SI-406. EOC-17 Station Pkg.#32F-465.
C07.030.031	OFD-124B-3.2	FUNCT	PARTIAL	CLEAR	11/16/98	Penetrations 30, 31, 32, 33, 34 and 35 - Test Pkg. #32S-320, #33SI-425
C07.030.032	OFD-124B-3.4	INSERT	COMPLETE	RECORDABLE	11/15/98	Penetrations 21 and 22 - Test Pkg. #32S-321, #33SI-425
C07.040.002	OFD-101A-3.2	HYDRO	PARTIAL	CLEAR	11/30/98	
C07.040.003	OFD-101A-3.3	HYDRO	PARTIAL	CLEAR	11/30/98	
C07.040.006	OFD-102A-3.1	HYDRO	PARTIAL	CLEAR	11/30/98	This test shall include VT-2 for Telltale hole of Item No. C02.033.001. EOC-17 Station Pkg.#32SN-460.
C07.040.007	OFD-102A-3.2	HYDRO	PARTIAL	CLEAR	11/30/98	Penetrations 15 and 16
C07.040.011	OFD-104A-3.2	HYDRO	COMPLETE	CLEAR	11/30/98	

**Duke Energy Corporation - Oconee Unit 3  
Pressure Testing VT-2 Results For Outage 17**

<u>Item Number</u>	<u>Flow Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
D01.011.001	OFD-100A-3.3	INSERT	COMPLETE	CLEAR	10/08/98	EOC-17 Station Pkg.#32S-451
D01.011.002	OFD-101A-3.1	INSERT	COMPLETE	CLEAR	10/08/98	EOC-16 Station Pkg.# 33S-301. EOC-17 Station Pkg.#32S-451
D01.011.005	OFD-101A-3.4	INSERT	PARTIAL	CLEAR	10/08/98	EOC-16 Station Pkg.# 33S-301, 32SI-401. EOC-17 Station Pkg.#32S-451
D01.011.006	OFD-101A-3.5	INSERT	COMPLETE	CLEAR	10/08/98	EOC-16 Station Pkg.# 33S-301. EOC-17 Station Pkg.# 32S-451
D02.011.002	OFD-121A-3.3	FUNCT	COMPLETE	CLEAR	11/18/98	Station Pkg. # 33F-374
D02.011.004	OFD-121A-3.8	FUNCT	PARTIAL	CLEAR	11/18/98	Station Pkg. # 33F-374, 32FI-421
D02.011.007	OFD-121D-3.1	FUNCT	PARTIAL	CLEAR	11/29/98	Test Pkg. #33FRN-316A, #33FRN-317A, #33FRN-318, #32SRN-311, # 32F-364, # 33F-365, # 33F-366, #32FI-421
D02.011.013	OFD-124B-3.1	FUNCT	PARTIAL	CLEAR	11/03/98	Test Pkg. #33S-339, #33S-340, 32SI-427, #33FI-425. EOC-17 Station Pkg.#33FRN-490

11.3 Reportable Indications:

None