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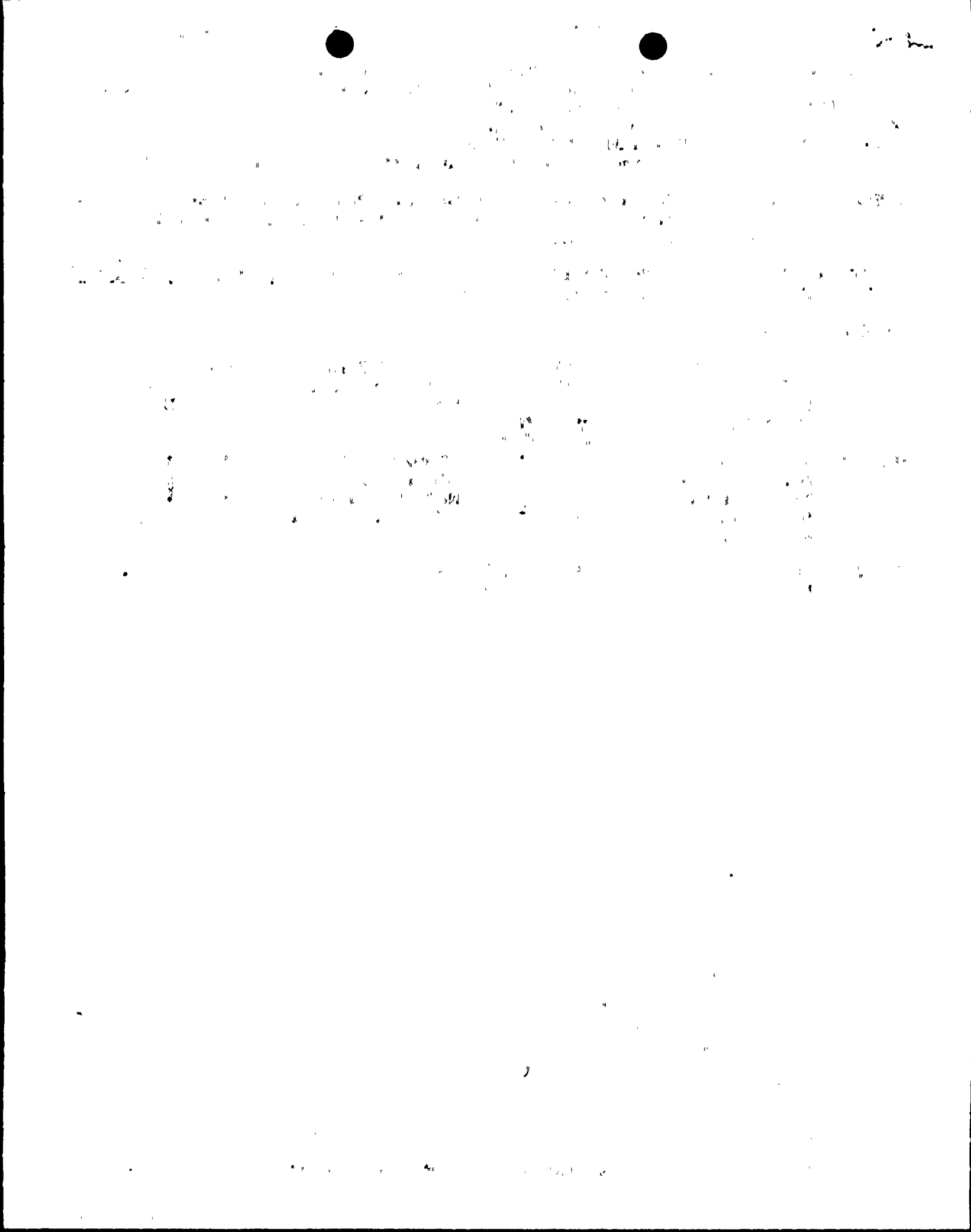
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DECEMBER 15 1987

L-87-581

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

Gentlemen:

Re: Turkey Point Unit 3
Docket No. 50-250
1987 Inservice Inspection Summary Report

Please find attached our 1987 Inservice Inspection Summary Report which is submitted pursuant to the requirement of Technical Specification 6.9.3.a.

Should there be any questions regarding this information, please contact us.

Very truly yours,

W/ C. O. Woody
Executive Vice President

COW/SDF/gp

Attachment

cc: Dr. J. Nelson Grace, Regional Administrator,
Region II, USNRC
Senior Resident Inspector, USNRC, Turkey Point Plant

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PDR ADDCK 05000250
Q PDR

SDF/015.IR

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1987 INSERVICE INSPECTION SUMMARY REPORT

PREPARED BY

FLORIDA POWER AND LIGHT COMPANY
700 UNIVERSE BLVD.
JUNO BEACH, FLORIDA 33408

FOR

TURKEY POINT NUCLEAR POWER PLANT
UNIT NO. 3
P.O. BOX 3088
FLORIDA CITY, FLORIDA 33034

COMMERCIAL SERVICE DATE: 14 DECEMBER 1972

DOCKET NUMBER: 50-250

DOCUMENT NUMBER: MCI-PTN-300-2

PREPARED BY: Edward L. Anderson DATE 8 Dec. 1987
ISI ENGINEER

REVIEWED BY: John C. O'Connell DATE 8 Dec. 1987
ISI SPECIALIST

APPROVED BY: Steve A. Cull DATE 10 Dec 1987
SUPERVISOR - C&P

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FORM NIS-1 OWNERS' DATA REPORT FOR INSERVICE INSPECTIONS

As required by the Provisions of the ASME Code Rules

page 2 of 13

1. Owner: Florida Power and Light Company 700 Universe Blvd. Juno Beach, Florida

(Name and Address of Owner)

2. Plant: TURKEY POINT NUCLEAR POWER PLANT P.O. BOX 3088, FLORIDA CITY, FLORIDA 33034

(Name and address of Plant)

3. Plant Unit: 3

4. Owner Certificate of Authorization (if required) N/A

5. Commercial Service Date : 14 DECEMBER 1972

6. National Board Number for Unit: N/A

7. Components Inspected:

COMPONENT OR APPURTENANCE	MANUFACTURER OR INSTALLER	MANUFACTURER OR INSTALLER SERIAL NUMBER	STATE OR PROVINCE NUMBER	NATIONAL BOARD NUMBER
REACTOR PRESSURE VESSEL	BABCOCK & WILCOX	3PSRV1	N/A	N/A
PRESSURIZER	WESTINGHOUSE	3T200	N/A	N/A
STEAM GENERATOR	WESTINGHOUSE	3E210A, 3E210B, 3E210C	N/A	N/A
REACTOR COOLANT PUMP	WESTINGHOUSE	3P200A, 3P200C	N/A	N/A
RESIDUAL HEAT EXCHANGER	WESTINGHOUSE	3E206A	N/A	N/A
EXCESS LETDOWN HT. EX.	ATLAS MANUFACTURING	3E202	N/A	N/A
MAIN REACTOR COOLANT	BECHTEL	N/A	N/A	N/A
SAFETY INJECTION	BECHTEL	N/A	N/A	N/A
CHEMICAL & VOLUME CONTROL	BECHTEL	N/A	N/A	N/A
REACTOR COOLANT	BECHTEL	N/A	N/A	N/A
MAIN STEAM	BECHTEL	N/A	N/A	N/A
MAIN FEEDWATER	BECHTEL	N/A	N/A	N/A
RESIDUAL HEAT REMOVAL	BECHTEL	N/A	N/A	N/A

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 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.

8. EXAMINATION DATES : 10 MARCH 1987 TO 21 SEPTEMBER 1987

9. INSPECTION INTERVAL: FROM 22 FEBURARY 1984 TO 22 FEBRUARY 1994

SECOND INSERVICE INSPECTION INTERVAL

a) INSPECTION PERIOD: FROM 22 FEBRUARY 1984 TO 22 JUNE 1987

FIRST INSERVICE INSPECTION PERIOD

10. ABSTRACT OF EXAMINATIONS: Include a list of examinations and a statement concerning the status of work required for the current Interval.

The Inservice Examinations (ISI) of selected Class I, II components of Florida Power and Light Company's (FPL) Turkey Point Plant (PTN), Unit No. 3, was performed during the refueling outage which began on 10 March 1987. These examinations constitute the SECOND OUTAGE of the FIRST 40-MONTH Period of Commercial Operation, of the SECOND TEN YEAR INSERVICE INSPECTION INTERVAL.

The components were selected in accordance with the Turkey Point Long-Term Inspection Plan which was prepared to meet the requirements of Section XI of the American Society of Mechanical Engineers Boiler and Pressure Vessel Code, "Rules for Inservice Inspection of Nuclear Power Plant Components," 1980 Edition with Addenda through Winter 1981.

Mechanized and Manual Ultrasonic, Liquid Penetrant, Magnetic Particle and Visual techniques were used in the performance of the Inservice Inspection Examinations.

Eddy Current examinations techniques were used in the inspection of Steam Generator tubes on generators 3E210A, 3E210B and 3E210C.

The Examinations conducted during the refueling outage of Snubbers consisted of 100% Visual (VT-3), 100% limited Visual (VT-4) and 10% functional testing of Mechanical Snubbers as required by the Plant Technical Specifications.

Examinations scheduled for this period and was not completed, were rescheduled for the next outage of the Second Inservice Inspection Period.



Representative samples of the following components and areas were examined with nondestructive examinations (NDE) techniques.

CLASS I

REACTOR PRESSURE VESSEL	3PSRV1
CLOSURE HEAD	3PSRV1
PRESSURIZER	3T200
STEAM GENERATORS	3E210A, 3E210B, 3E210C
REACTOR COOLANT PUMPS	3P200A, 3P200C

REACTOR COOLANT	SAFETY INJECTION	CHEMICAL & VOLUME CONTROL	REACTOR COOLANT
29-RCS-1304	2-SI-1301	3-CH-1301	4-RC-1304
29-RCS-1305	2-SI-1305	3-CH-1302	4-RC-1305
29-RCS-1308		2-CH-1301	3-RC-1302
		2-CH-1302	3-RC-1303
		2-CH-1306	2-RC-1305
		1.5-CH-1302	2-RC-1307
			2-RC-1310

CLASS II

MAIN STEAM	FEEDWATER	SAFETY INJECTION	RESIDUAL HEAT REMOVAL	CONTAINMENT SPRAY	BLOWDOWN
26-MSB-2302	18-FWA-2301	10-SI-2301	14-RHR-2301	6-CS-2301	6-BDA-2301
	18-FWB-2302	10-SI-2304	14-RHR-2305		6-BDC-2303
	18-FWC-2305	10-SI-2306	14-RHR-2306		
	14-FWA-2302	8-SI-2302	10-RHR-2305		
	14-FWB-2302	8-SI-2309			
	14-FWC-2305				
	6-FWA-2301				
	6-FWB-2302				

11. ABSTRACT OF CONDITIONS NOTED:

Described below by component is a summary of conditions noted during the Unit No. 4 examination activity:

ZONE 001 REACTOR PRESSURE VESSEL

Southwest Research Institute performed Mechanized Ultrasonic examinations on the three (3) Outlet Nozzle to shell welds and the three (3) Outlet Nozzle Inner Radius Sections. Geometric indications were noted due to the nozzle configuration. See SWRI FINAL REPORT FOR SPECIFIC EXAMINATION RESULTS AND DOCUMENTATION OF EXAMINATION RESULTS.

ZONE 002 RPV CLOSURE HEAD

The Flange to Dome weld from the center line of stud hole 30 to centerline of stud hole 50 was examined by ultrasonic and magnetic particle methods, (NO INDICATIONS WERE NOTED), the Closure head Studs no. 19 thru 39, Were examined by Visual, Magnetic Particle and Ultrasonic methods, (One Indication was noted by UT and determined to be acceptable per INB-3415.2). The closure head nuts no. 19 thru 39, were examined by the Visual and Ultrasonic examination method, (Boric Acid Residue was noted by VT and found to be acceptable). the closure head washers (large nos. 19 thru 39),and the (small nos. 19 thru 39) were examined by Visual and (Boric Acid Residue was noted, but determined to be acceptable). Two peripheral housing were examined Visually, (Boric Acid Residue and Light Surface Corrosion was noted and determined to be acceptable). Two (2) CRDM Housing (Binettalic) welds were examined by Liquid Penetrant method,(NO Indications Noted). Two (2) Conoseal welds were examined, (No Indications Noted). Two (2) Dummy Seal welds (6-7 and 6-9) were examined by the Liquid Penetrant Method, (Two round Indication were noted on the seal welds) These welds were cut out by Westinghouse and Replaced. The Closure head base metal was examined visually, (NO Surface Wastage was noted).

ZONE 003 STEAM GENERATOR A

Three hundred and twenty four (324) tubes were examined by the Eddy Current Method, (16 indications noted less than 20%), (2 indications greater than or equal to 20%, No Tubes Plugged).

ZONE 004 STEAM GENERATOR B

Three hundred and thirty two (332) tubes were examined by the Eddy Current Method, (12 indications were noted): (8 indications less than 20%), (4 indications greater than or equal to 20%) (No Tubes Plugged).

ZONE 005 STEAM GENERATOR C

Three hundred and seventy three (373) tubes were examined by the Eddy Current Method, (19 indications were noted): (15 indications less than 20%), (3 indications greater than or equal to 20%), (1 indication greater than or equal to 40% to 100%).

ZONE 006 PRESSURIZER

The upper shell to head weld, the safety nozzle inner radius was examined by the ultrasonic method, (No Indications Noted), and the manway bolting was examined visually, (No Indications Noted).

ZONE 008 RCS LOOP A HOT LEG

Southwest Research Institute performed Mechanized ultrasonic examination from the inside surface of the Reactor Pressure Vessel in conjunction with the Nozzle exams. A ultrasonic examination was performed in lieu of the surface exam (Relief Request No. 13), No Indications were noted.



ZONE 011 RCS LOOP B HOT LEG

Southwest Research Institute performed Mechanized ultrasonic examination from the inside surface of the Reactor Pressure Vessel in conjunction with the Nozzle exams. A ultrasonic examination was performed in lieu of surface exam (Relief Request No. 13), No Indications were Noted.

ZONE 012 RCS LOOP B COLD LEG

Two (2) Branch connections examined, One (1) by liquid penetrant method and One (1) by ultrasonic and liquid penetrant methods, Indications noted were non revelant caused by grinding marks.

ZONE 014 RCS LOOP C HOT LEG

Southwest Research Institute performed Mechanized ultrasonic examination from the inside surface of the Reactor Pressure Vessel in conjunction with the Nozzle exams. A ultrasonic examination was performed in lieu of surface exam (Relief Request No. 13), No Indications were Noted.

ZONE 016 PRZ. SURGE LINE

One (1) support examined, (No Indications Noted).

ZONE 020 PRZ. SPRAY LOOP B

Two (2) welds examined, (four (4) rounded indications noted, all acceptable per INB-3000.

ZONE 021 PRZ. SPRAY LOOP C

One (1) welds examined by UT and PT, (No Indications Noted). One weld (1) PT only, UT performed during the 1985 outage, No Indication Noted.

ZONE 024 RTD

One (1) support examined, (No Indications Noted).

ZONE 025 RTD LOOP C

Two (2) welds examined by PT, (No Indications Noted).

ZONE 030 RTD LOOP B HOT LEG

One (1) support examined, (No Indications Noted).

ZONE 032 RTD LOOP A COLD LEG

Six (6) welds examined by PT, and Two (2) supports visually, (No Indications Noted). Support 6-USI-13 does not exist.

ZONE 035 AUXILIARY SPRAY

Two (2) supports examined, (One nut and eye rod bottomed out, This was repaired).

ZONE 040 BORON INJECTION LOOP A

Three (3) supports examined, (No indications Noted).

ZONE 043 HPSI LOOP A

One (1) weld examined, (No Indications Noted, Three (3) supports examined, (No Indications Noted).

ZONE 045 CHARGING LINE LOOP C

Two (2) welds examined by PT, Three (3) valve bolting examined, and One (1) support examined, (No Indications Noted).

ZONE 046 CHARGING LINE LOOP A

Two (2) hangers examined, (No Indications Noted).

ZONE 048 LETDOWN LINE LOOP B

Three (3) welds examined, (No Indications Noted).

ZONE 049 LETDOWN LINE

One (1) weld examined by PT, (No Indications Noted), and Two (2) supports examined, (No Indications Noted).

ZONE 051 SEAL INJECTION LOOP B

Two (2) bolted flanges examined, (No Indications Noted).

ZONE 052 SEAL INJECTION LOOP C

Eight (8) welds examined by PT, (No Indications Noted). Two (2) flange bolting examined, (Minor nicks noted). Two (2) supports examined, (No Indications Noted).

ZONE 056 REACTOR COOLANT PUMP A

The pump flywheel was examined by the ultrasonic method. The bore and keyway was examined as required by Regulatory Guide 1.14. (No Indications Noted).

ZONE 058 REACTOR COOLANT PUMP C

The pump flywheel was ultrasonically examined from the bore and keyway as required by U. S. Regulatory Guide 1.14, (NO INDICATIONS NOTED), performed complete surface examination of the flywheel using the ultrasonic method in lieu of magnetic particle, (No Indications Noted).

ZONE 059 REGENERATIVE HEAT EXCHANGER

A visual (VT-3) examination was performed following the units shutdown. No leakage and no boric acid buildup was observed. One hanger was identified as exhibiting slippage on the pipe. Prior to the units return to service a visual (VT-2) examination was conducted during the RCS overpressure test. No leakage was observed. Both examinations comply with the NRC supplemental requirements identified in Relief Request No. 3.

CLASS 2 SYSTEMS

ZONE 063 RHR LOOP C

One (1) support examined, (No Indications Noted).

ZONE 064 RHR LOOP B

System functional test performed while system was in operation, (No Indications Noted).

ZONE 065 RHR LOOP B

System functional test performed while system was in operation, (No Indications Noted).

ZONE 066 RHR LOOP A SUCTION

Four (4) welds examined by pt, (No Indications Noted). System leakage test performed while the system was in operation, (No Indications Noted).

ZONE 067 RHR LOOP B SUCTION

Two (2) welds examined by PT, (No Indications Noted), and Two (2) supports examined, (No Indications Noted).

ZONE 068 RHR LOOP B

System functional tests performed while system was in operation, (No Indications Noted).

ZONE 071 RHE LOOP B

System functional tests performed while the system was in operation, (No Indications Noted).

ZONE 073 RHR LOOP B

System functional test performed while system was in operation, (No Indications Noted).

ZONE 074 RHR LOOP B

Two (2) welds examined by PT, (No Indications Noted), One (1) support examined, (No Indications Noted). System leakage tests performed while system was in operation, (No Indications Noted).

ZONE 076 RHR LOOP A

System functional test performed while system was in operation, (No Indications Noted).

ZONE 077 SI FROM RWST

System functional test performed during pump run, (No Indications Noted).

ZONE 078 SI LOOP A

One (1) weld examined by PT, (No Indications Noted), and One (1) support examined, (No Indications Noted).

ZONE 081 LPSI

Two (2) welds examined by UT and PT, (No Indications Noted).

ZONE 082 SI SUCTION

Two (2) supports examined, (No Indications Noted), System leakage test performed during the pump run, (Boric Acid Buildup Noted).

ZONE 083 SI LOOP A SUCTION

System functional test performed during a pump run, (Boric Acid Buildup Noted).

ZONE 084 SI LOOP A

Three (3) hangers examined, (Light paint on spherical bearing).

ZONE 087 SI LOOP B SUCTION

System functional test performed during the pump run, (Boric Acid Buildup and a leak Noted).

ZONE 089 LPSI

Two (2) welds examined by UT and PT, (Non revelant indications noted).

ZONE 093 CONTAINMENT SPRAY LOOP A

One (1) weld cut out and replaced, System leakage test performed at operating pressure, installed a flow restricting orifice, Hydrostatic test conducted, Base line performed on replacement welds, (No Indications Noted).

ZONE 094 CONTAINMENT SPRAY LOOP B

System functional test performed at operating pressure, (No Indications Noted), Installed a flow restricting orifice, Baseline performed on new welds, (No Indications Noted).

ZONE 098 MS LOOP B

Nine welds examined by UT and MT, (Six (6) geometric indications nopted, determined to be caused by the root).

ZONE 101 MS OUTSIDE CONTAINMENT LOOP B

Two (2) welds examined by MT, (No Indications Noted).



ZONE 103 S/G BLOWDOWN LOOP A

Two (2) supports examined, (Dented insulation noted).

ZONE 105 S/G BLOWDOWN LOOP C

Two (2) supports examined, (Dented Insulation noted).

ZONE 109 MFW LOOP A

Eleven (11) welds examined by UT and MT, (Geometric indications caused by ID Surface, Root), and one (1) support examined, (No Indications Noted).

ZONE 110 MFW LOOP B

Three (3) welds examined, (Geometric indications determined to be caused by the ID surface).

ZONE 111 MFW LOOP C

Four (4) welds examined, (Geometric indications noted, determined to be caused by ID Root).

ZONE 112 FW BYPASS LOOP A

One (1) weld examined by MT, (No Indications Noted).

ZONE 115 RESIDUAL HEAT EXCHANGER A

The Head to Shell weld was examined by the ultrasonic examination method, (No Indications Noted).

ZONE 117 EXCESS LETDOWN HEAT EXCHANGER

The head to shell weld was examined by the ultrasonic examination method, (No Indications Noted).

ZONE 179 HIGH HEAD SAFETY INJECTION FROM PUMP B

System functional test performed while system was in operation, (No Indications Noted).

ZONE 180 HIGH HEAD SAFETY INJECTION FROM PUMP A

System functional test performed while system was in operation, (No Indications Noted).

SNUBBER EXAMINATIONS AND TESTS

The visual examinations and functional testing during the 1987 Turkey Point refueling outage was conducted by Paul Monroe.

All conditions noted that exceeded the examination or test criteria were submitted to FP&L engineering for evaluation and disposition.



PREVIOUS EXAMINATIONS

All recorded indications were verified against previous examination documentation.

We certify that the statements made in this report are correct and the examinations and corrective measures taken conform to the rules of the ASME Code, Section XI.

Date: 10 Dec 89 Signed: FLORIDA POWER AND LIGHT COMPANY

BY: [Signature]

OWNER

CERTIFICATE OF AUTHORIZATION NO. (IF APPLICABLE) N/A

EXPIRATION DATE: N/A

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County, Florida and employed by ARKWRIGHT MUTUAL INSURANCE COMPANY of NORWOOD, MASSACHUSETTS have inspected the components described in this OWNERS' Data Report during the period 03-10-87 to 09-21-87, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in the Owners' Data Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date: Dec 11, 1987

FACTORY MUTUAL SYSTEM

[Signature]
Inspector's Signature

COMMISSION NO. 4956 (N) (1)
National Board, State, Province and NO.

Those areas that were considered to be unacceptable for continued service and requiring corrective action were corrected in accordance with approved Plant procedures prior to the plants return to service.

The results of the examination and tests are included in the Paul Monroe Final Report, which is on file in the Turkey Point Plant document control.

CLASS 1 SYSTEM LEAKAGE

The system leakage tests and visual (VT-2) examinations of all class 1 systems prior to plant startup was performed by the FP&L construction department and the FP&L Plant Quality Control Department during the Reactor Coolant overpressure. The results of this examination are on file at the plant.

12. ABSTRACT OF CORRECTIVE MEASURES RECOMMENDED AND TAKEN:

The results of manual ultrasonic examinations were recorded on the applicable indication report sheet as specified in the appropriate NDE procedure. The information documented on these forms describes the parameters associated with those indications which were greater than the recording levels specified in the applicable NDE Procedure.

When required, the location and nature of the reflectors were determined by analyzing the indications parameters recorded on the forms described above. The analysis is documented on a resolution or plot sheet, which are included as part of the documentation data package.

Visual examinations, Magnetic Particle and Liquid Penetrant examinations records sheets were used to record the results of those examinations. The equipment and/or materials used in VT, MT and PT examination are also identified on the data sheet.

The summary tables, which are included from page 1 through page 127 of this report, provides information and results for the nondestructive examinations which were performed on all class 1, 2 and 3 components.

In the performance of the UT exams, the data recording level was established by the applicable NDE procedure.

Geometric indications were verified against the preservice records, and required no further action.

All indications noted were evaluated in accordance with the requirements of the ASME Boiler and Pressure Vessel Code, Section XI (where acceptance criteria exists). All indications exceeding the acceptance criteria were included in a nonconformance report and submitted to engineering for evaluation.



NIS-1 REPORT CONTINUED

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SUPPLEMENTAL SHEET NIS-1

1. OWNER: FLORIDA POWER and LIGHT COMPANY
700 UNIVERSE BLVD.
JUNO BEACH, FLORIDA

2. PLANT: TURKEY POINT NUCLEAR POWER PLANT
P.O. BOX 029100
MIAMI, FLORIDA

3. PLANT UNIT: 3

4. OWNERS CERTIFICATE OF AUTHORIZATION: N/A

5. COMMERCIAL SERVICE DATE: 14 December 1972

6. NATIONAL BOARD NUMBER FOR UNIT: N/A

10. REPORT NUMBER	ORGANIZATION	DESCRIPTION OF SERVICE
MCI-PTN-300-2	FP&L	Inservice Inspection, 1987 Final Report, Volume No. 1 through Volume No. 4
	FP&L	Eddy Current Examination of Steam Generators
	Westinghouse	Replacement of Reactor Pressure Vessel CRDM Penetration
	Paul Monroe	Snubber Visual Examination and Functional Testing Final Report







FORM NIS-BB OWNERS' DATA REPORT FOR EDDY CURRENT EXAMINATION RESULTS
As required by the provisions of the ASME Code Rules

page 1 of 7

SUMMARY OF EDDY CURRENT EXAMINATION RESULTS					
PLANT: TURKEY POINT NUCLEAR POWER PLANT UNIT NO. 3					
EXAMINATION DATES: JUNE 8, 1987 THRU JUNE 13, 1987					
STEAM GENERATOR NUMBER	TOTAL TUBES INSPECTED	TOTAL INDICATIONS > OR = TO 20% TO 39%	TOTAL INDICATIONS > OR = TO 40% TO 100%	TOTAL TUBES PLUGGED AS PREVENTIVE MAINT	TOTAL TUBES PLUGGED
3E210A	324	(16) 2	0	0	0
3E210B	332	(8) 4	0	0	0
3E210C	373	(15) 3	1	2*	3

* = SHORT STUB TUBE/SHOP PLUS
(X) = < 20 %

LOCATION OF INDICATIONS

STEAM GENERATOR	AVB BARS	DRILLED SUPPORT 1 THROUGH 6		TOP OF TUBE SHEET TO 1 DRILLED SUPPORT	
		HOT LEG	COLD LEG	HOT LEG	COLD LEG
3E210A	0	(7) 0	(6) 2	(1) 0	(2) 0
3E210B	(1)	(3) 2	(2) 1	(2) 1	(0) 0
3E210C	(3)	(5) 1	(5) 1	(2) 1	(0) 1

CERTIFICATION OF RECORD	
We certify that the statements in this record are correct and the tubes inspected were tested full length in accordance with the requirements of Section XI of the ASME Code.	
<div style="text-align: right;"> FLORIDA POWER and LIGHT COMPANY _____ (Organization) </div>	
Date: <u>8/28/87</u>	By: <u><i>[Signature]</i></u> NDE SUPERVISOR



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FORM NIS-BB OWNERS' DATA REPORT FOR EDDY CURRENT EXAMINATION RESULTS
As required by the provisions of the ASME Code Rules

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EDDY CURRENT EXAMINATION RESULTS				
PLANT: TURKEY POINT NUCLEAR POWER PLANT UNIT NO. 3 STEAM GENERATOR: 3E210A				
EXAMINATION DATES: JUNE 8, 1987 THRU JUNE 13, 1987				
ROW	COLUMN	Z TUBE WALL PENETRATION	ORIGIN	LOCATION
28	20	12	HOT LEG	ABOVE FIRST SUPPORT
37	21	11	HOT LEG	ABOVE SIXTH SUPPORT
37	22	13	HOT LEG	ABOVE SIXTH SUPPORT
17	32	19	COLD LEG	ABOVE FIRST SUPPORT
37	35	11	HOT LEG	ABOVE SIXTH SUPPORT
23	48	4	COLD LEG	SLUDGE PILE
15	55	15	COLD LEG	SLUDGE PILE
9	59	13 11	HOT LEG	SLUDGE PILE ABOVE THIRD SUPPORT
29	59	15 8	COLD LEG	ABOVE FIFTH SUPPORT
9	60	19	HOT LEG	ABOVE SIXTH SUPPORT
22	60	13	COLD LEG	ABOVE THIRD SUPPORT
27	63	7	COLD LEG	ABOVE FIRST SUPPORT
40	63	2	COLD LEG	ABOVE THIRD SUPPORT

HOT LEG (INLET)
COLD LEG (OUTLET)

As required by the provisions of the ASME Code Rules

As required by the provisions of the ASME Code Rules page 4 of 7

[illegible]

HOT LEG (INLET)
COLD LEG (OUTLET)



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FORM NIS-BB OWNERS' DATA REPORT FOR EDDY CURRENT EXAMINATION RESULTS

As required by the provisions of the ASME Code Rules

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STEAM GENERATOR EDDY CURRENT EXAMINATION RESULTS				
PLANT: TURKEY POINT NUCLEAR POWER PLANT UNIT NO. 3		STEAM GENERATOR: 3E210B		
EXAMINATION DATES: JUNE 8, 1987		THRU JUNE 13, 1987		
ROW	COLUMN	% TUBE WALL PENETRATION	ORIGIN	LOCATION
5	8	12	HOT LEG	ABOVE BAFFLE
28	14	11	HOT LEG	ABOVE FIRST SUPPORT
39	25	6	HOT LEG	U-BEND
40	25	10	COLD LEG	ABOVE FIFTH SUPPORT
13	29	11	HOT LEG	ABOVE FOURTH SUPPORT
42	38	13	HOT LEG	SLUDGE PILE
45	45	6	HOT LEG	ABOVE FIFTH SUPPORT
5	8	22	HOT LEG	ABOVE FOURTH SUPPORT
42	37	27	HOT LEG	SLUDGE PILE
44	39	36	COLD LEG	ABOVE FIFTH SUPPORT
43	41	29	HOT LEG	ABOVE FIFTH SUPPORT

HOT LEG (INLET)
COLD LEG (OUTLET)



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FORM NIS-BB OWNERS' DATA REPORT FOR EDDY CURRENT EXAMINATION RESULTS

As required by the provisions of the ASME Code Rules

page 6 of 7

STEAM GENERATOR EDDY CURRENT EXAMINATION RESULTS				
PLANT: TURKEY POINT NUCLEAR POWER PLANT UNIT NO. 3 STEAM GENERATOR: 3E210C				
EXAMINATION DATES: JUNE 8, 1987 THRU JUNE 13, 1987				
ROW	COLUMN	Z TUBE WALL PENETRATION	ORIGIN	LOCATION
2	2	11	HOT LEG	ABOVE FIRST SUPPORT
37	21	7	HOT LEG	U-BEND
40	25	18	HOT LEG	U-BEND
27	30	15	HOT LEG	U-BEND
31	32	3	COLD LEG	ABOVE FOURTH SUPPORT
2	35	7 2	HOT LEG	SLUDGE PILE ABOVE SECOND SUPPORT
22	36	19	HOT LEG	ABOVE FOURTH SUPPORT
45	44	17	HOT LEG	ABOVE FOURTH SUPPORT
28	58	11	HOT LEG	ABOVE FIRST SUPPORT
28	58	4 8	COLD LEG	ABOVE FIRST SUPPORT
40	64	13	HOT LEG	ABOVE SIXTH SUPPORT
22	67	15	COLD LEG	ABOVE FOURTH SUPPORT
20	77	19	COLD LEG	ABOVE FIFTH SUPPORT



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As required by the provisions of the ASME Code Rules

STEAM GENERATOR EDDY CURRENT EXAMINATION RESULTS

EXAMINATION DATES: JUNE 8, 1987 THRU JUNE 13, 1987

HOT LEG (INLET)
COLD LEG (OUTLET)

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

1. Owner Florida Power & Light Date 3-31-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-560-86
CWO: D1-1816 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Support 3-BAH-20	N/A	N/A	N/A	N/A	N/A	Replace-ment	No
Support 3-BAH-24	N/A	N/A	N/A	N/A	N/A	Replace-ment	No
Support 3-BAH-23	N/A	N/A	N/A	N/A	N/A	Replace-ment	No

7. Description of Work Replace damaged U-bolts and add reinforcement plate to supports 3-BAH-20, 3-BAH-24 and 3-BAH-23.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure _____ psi Test Temp. _____ °F N/A

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-560-86. Welding performed in accordance with FPL
Weld Control manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Young Date 4-4 19 87
 Owner or Owner's Designee, Title MDT. (SITE MGR.)

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 22, 1986 to April 23, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

DE Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date July 24 19 87

(12/82)

** Arkwright-Boston Mfg's Mutual Insurance Company

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

1. Owner Florida Power & Light Date 3-31-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-444-86
Address CWO: D1-1816 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support "F"	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Replace U-bolt in support "F" downstream of valve 825-B.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-444-86
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Gunning PROJ. SITE MGR. Date 4-4, 19 87
 Owner or Owner's Designee, Title.

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 24, 1986 to April 12, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Rogers Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date July 24, 19 87

(12/82)

** Arkwright-Boston Mfg's Mutual Insurance Company

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

1. Owner Florida Power & Light Date 3-31-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<i>Support 3-ACH-40</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Replacement</i>	<i>No</i>

7. Description of Work Repair pipe support 3-ACH-40 by realigning support and adding reinforcement plate.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-451-86. Welding performed in accordance with FPL
Weld Control manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed H.T. Young PROT. SITE MGR. Date 4-4-87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
in this Owner's Report during the period Mar. 21, 1986 to May 27, 1986, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
Date July 24 1987

(12/82)

** Arkwright-Boston Mfg's Mutual Insurance Company

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

1. Owner Florida Power & Light Date 3-31-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-1294-86
CWO: D1-1792 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Steam Generator Blowdown
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Mechanical Shock Arrestor</u>	<u>Pacific-Scientific</u>	<u>18011</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Replaced</u>	<u>No</u>
<u>Mechanical Shock Arrestor</u>	<u>Pacific-Scientific</u>	<u>24415A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Replacement</u>	<u>No</u>

7. Description of Work Replaced damaged snubber (FPL tag location 3-1034).

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-1294-86. Welding performed in accordance with
FPL Weld Control manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H. T. Young PROJ. SITE MGR. Date 4-4, 1987
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Dec. 31, 1986 to Jan. 23, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
 Date May 15, 1987

(12/82)

** Arkwright-Boston Mfg's Mutual Insurance Company

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

1. Owner Florida Power & Light Date 4-20-87
Name
P.O. Box 529100, Miami, FL 33152
Address
Sheet 1 of 4
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-367 PCM: 86-207 P.S. 87-078
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Spent Fuel Pit Cooling System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Hanger 1	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 2	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 3	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 4	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 5	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Installed hanger 1-19 and Annubar Assembly.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure 14 psi Test Temp. 300 °F System Inservice Test

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
 Applicable Manufacturer's Data Reports to be attached
in accordance with Process Sheet 87-078 and PCM 86-207. Welding performed
in accordance with FPL Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H. T. Young PROS SITE. MGR Date 4/24, 1987
 Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
 or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
 in this Owner's Report during the period Mar. 4, 1987 to Mar. 12, 1987, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. C. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date May 15, 1987

(12/82)

** Arkwright-Boston Mfg's Mutual Insurance Company

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

1. Owner Florida Power & Light Date 4-20-87
Name
P.O. Box 529100, Miami, FL 33152
Address
 Sheet 2 of 4

2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address CWO: A-367 PCM: 86-207 P.S. 87-078
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
 Expiration Date N/A

4. Identification of System Spent Fuel Pit Cooling System

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Hanger 6	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 7	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 8	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 9	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 10	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 11	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 12	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Continued from Sht 1 of 4

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

1. Owner Florida Power & Light Date 4-20-87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 3 of 4

2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address CWO: A-367 PCM: 86-207 P.S. 87-078
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address

4. Identification of System Spent Fuel Pit Cooling System

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Hanger 13	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 14	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 15	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 16	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 17	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 18	N/A	N/A	N/A	N/A	N/A	Replacement	No
Hanger 19	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Continued from Sht 1 of 4

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

1. Owner Florida Power & Light Name
P.O. Box 529100, Miami, FL 33152 Address

Date 4-20-87

Sheet 4 of 4

2. Plant Turkey Point Name _____

Unit 3

P.O. Box 3088, Florida City, FL 33034
Address

CWO A-367 PCM: 86-207 P.S. 87-078
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Bechtel Construction, Inc.
Name
P.O. Box 3218 Florida City, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Spent Fuel Pit Cooling System

6. Identification of Components Repaired or Replaced and Replacement Components

[illegible]

7. Description of Work Continued from Sht 1 of 4 .

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

1. Owner Florida Power & Light Date 5/30/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-729-86
CWO: D1-1816 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Valve 3-835A	Crane	N/A	N/A	N/A	N/A	Replacement	No
Valve 3-835B	Crane	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Replaced studs and nuts with less than full thread engagement.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-729-86.

Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROJ. SITE MGR. Date 6/5, 19 87
 Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 22, 1986 to Sept. 18, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date June 11, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 5/30/87
Name
P.O. Box 529100, Miami, FL 33152
Address
Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-C-0025-87
CWO: D1-2043 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 , Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

7. Description of Work Reattached vertical hanger to its structural attachment.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel

Applicable Manufacturer's Data Reports to be attached

in accordance with NCR-C-0025-87.

Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H. T. Young REST. SITE MGR. Date 5/6, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period JAN. 26, 1987 to MAY 12, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date June 11, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 5/30/87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-C-0024-87
CWO: D1-2043 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1, 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

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

7. Description of Work Reattached vertical hanger to its structural attachment.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-C-0024-87.

Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H. T. Young PROJ. SITE MGR. Date 6/5, 1987
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Jan. 26, 1987 to May 12, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date June 11, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 5/30/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-C-412-87
CWO: D1-1971 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 , Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ICW Header "A"	N/A	N/A	N/A	N/A	N/A	Repair	No

7. Description of Work Repaired original lube water connection by removing and installing new fitting.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure 14 psi Test Temp. 84 °F System Leakage Test

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-C-412-87. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this <u>repair</u> conforms to the rules of the ASME Code, Section XI. <small>repair or replacement</small>			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>H.T. Young PROJ. SITE MGR.</u>	Date	<u>6/16</u> , 19 <u>87</u>
<small>Owner or Owner's Designee, Title</small>			

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Dade County</u> and employed by <u>**</u> of <u>Norwood, MA.</u>	
have inspected the components described in this Owner's Report during the period <u>April 18, 1987</u> to <u>May 7, 1987</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>D.E. Boyer</u> Inspector's Signature	Commissions <u>Factory Mutual 4956 (N) (I)</u> National Board, State, Province, and Endorsements
Date <u>July 13</u> , 19 <u>87</u>	

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 5/30/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2069 PCM: 86-162 P.S. 87-113
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

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

7. Description of Work Deleted the CCW supply and return piping segments associated with the primary shield coolers. This will leave the PSC's abandoned in place.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 175 psi Test Temp. 80 °F

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with CWO D1-2069 and PCM 86-162. Welding in accordance with
FPL Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Young PROJ. SITE MGR. Date 6-11, 19 87
 Owner or Owner's Designer, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period April 6, 1987 to April 17, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

DE Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date June 15, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 7-28-87
Name
P.O. Box 529100, Miami, FL 33152
Address
 Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-C-349-87P
Address CWO: D1-2096 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CCW Return line from	N/A	N/A	N/A	N/A	N/A	Repair	No
Emergency Cmtt Coolers							

7. Description of Work Removed unauthorized welding to pressure boundary.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-C-349-87P.
Quality Group C.

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>Repair</u> conforms to the rules of the ASME Code, Section XI. <small>repair or replacement</small>	
Type Code Symbol Stamp	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u> Expiration Date <u>N/A</u>
Signed <u>W. O. Brown</u> <small>Owner or Owner's Designee, Title</small>	<u>PROJ. CONST. SUPV.</u> Date <u>7-31</u> , 19 <u>87</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Dade County</u> and employed by <u>**</u> of <u>Norwood, MA.</u> have inspected the components described in this Owner's Report during the period <u>April 10, 1987</u> to <u>June 23, 1987</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>D. E. Boyer</u> <small>Inspector's Signature</small>	Commissions <u>Factory Mutual 4956 (N) (I)</u> <small>National Board, State, Province, and Endorsements</small>
Date <u>Aug 13</u>	19 <u>87</u>

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 7-28-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-C-267-87
Address CWO: D1-2047 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Reactor Coolant System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SR-49	Bergen Patterson	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Removed and reinstalled 5/8" diameter rod. Removed linear indications to adjacent piping by light buffing.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel

Applicable Manufacturer's Data Reports to be attached

in accordance with NCR-C-267-87.Quality Group A.

CERTIFICATE OF COMPLIANCE

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

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

Signed W.D. Blown PROJ. CONST. SUPV. Date 7-31, 1987
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 27, 1987 to July 7, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

DE Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date Aug 13, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-5-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-720-86
Address CWO: D1-1816 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
6" supply line to the Reactor	N/A	N/A	N/A	N/A	N/A	Repair	No
Head Coolant Pump Bearings							
Coolers							

7. Description of Work Removed weld attachment by grinding.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure * psi Test Temp. ** °F System Leakage Test
* Normal Operating Pressure ** Operating Temperature

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-720-86.
Applicable Manufacturer's Data Reports to be attached

Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed D.H. Coleman APSM Date 8/5, 19 87
Owner or Owner's Designee, Title
for H.T. Young

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 22, 1986 to July 29, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Aug 13, 19 87

(12/82)

****Arkwright Mutual Insurance Company**

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

1. Owner Florida Power & Light Date 8-5-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-C-772-87S
CWO: D1-1947 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
H-7 thru H-10	N/A	N/A	N/A	N/A	N/A	Replaced	No
H-A	N/A	N/A	N/A	N/A	N/A	Replacement	No
H-B	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Removed and replaced heavily corroded supports.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-C-772-87S. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed [Signature] APSM Date 8/5, 19 87
 Owner or Owner's Designee, Title OR H.I. Young

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
 or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
 in this Owner's Report during the period June 23, 1987 to July 31, 1987, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Aug. 10, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-5-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-C-460-87
CWO: C-361 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
H-19	N/A	N/A	N/A	N/A	N/A	Replaced	No
H-19	N/A	N/A	N/A	N/A	N/A	Replacement	No

Relief valve for Accumulator "C" was inadequately supported.

7. Description of Work
- Removed existing support H-19 and installed new support H-19.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-C-460-87. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed D.N. Coleman APSM Date 8/5, 19 87
 Owner or Owner's Designated Title for H.T. Young

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
 or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
 in this Owner's Report during the period April 27, 1987 to July 30, 1987, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Aug. 10, 19 87

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

1. Owner Florida Power & Light Date 8-5-87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name NCR-C-570-87
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2150 PCM: N/A
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Residual Heat Removal System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MOV-3-860B	Limatorque Corporation	95785A	N/A	N/A	N/A	Repair	No
FW-3	N/A	N/A	N/A	N/A	N/A	Repair	No
14" SS Piping	N/A	N/A	N/A	N/A	N/A	Repair	No

7. Description of Work Removed arc strikes by buffing and grinding.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-C-570-87.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed [Signature] APSM Date 8/5, 19 87
 Owner or Owner's Designee, Title PR H.T. YOUNG

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period May 9, 1987 to July 31, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date August 27, 19 87

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

1. Owner Florida Power & Light Date 8-5-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name NCR-C-512-87
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1816 PCM: N/A
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
20" inlet piping to CCW HTXR "B"	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Fabricated and installed saddles. Drilled and tapped for instrumentation connections.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 100 psi Test Temp. N/A °F System Inservice Test

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
 Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-C-512-87. Welding performen in accordance with FPL
Weld Control Manual and site prodedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROJ SITE MGR. Date 8/27, 19 87
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
 or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
 in this Owner's Report during the period April 28, 1987 to Sept. 8, 1987, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. Boz Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date Sept. 8, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-13-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2129 P.S. 87-170 PCM: 87-194
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Containment Spray System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pump "A"	Goulds Pumps, Inc.	N/A	N/A	3P214A	N/A	Replacement	No
Pump "B"	Goulds Pumps, Inc.	N/A	N/A	3P214B	N/A	Replacement	No

7. Description of Work Installed a flow restricting orifice in the discharge flange of each Unit 3 Containment Spray Pumps.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 485 psi Test Temp. 93 °F

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with CWO D1-2129, PCM 87-194 and P.S. 87-170. Welding
performed in accordance with FPL Weld Control Manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed H.T. Young PROJ. SITE. MGR. Date 8/17, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
in this Owner's Report during the period June 30, 1987 to Aug 10, 1987, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
Date Aug 19, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-13-87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-C-095-87
Address CWO: D1-2006 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Reactor Coolant System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Inlet Pipe Flange</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Replacement</u>	<u>No</u>

7. Description of Work Altered the inlet pipe flanges for the Pressurizer Safety Valves RV-551A, RV-551B and RV-551C.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ System Leakage Test
Other ☒ Pressure 2335 psi Test Temp. 547 °F (Performed by Plant using Operating Procedure 1004.1.)

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-C-095-87. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group A.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed H.T. Young Pres. Site MGR. Date 8/17, 19 87
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
in this Owner's Report during the period Feb. 23, 1987 to Aug. 11, 1987, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
Date Aug 19, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-13-87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 2
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-962-86
CWO: DI-1877 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Main Steam System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
H-29	N/A	N/A	N/A	N/A	N/A	Replaced	No
H-29	N/A	N/A	N/A	N/A	N/A	Replacement	No
H-33	N/A	N/A	N/A	N/A	N/A	Replaced	No
H-33	N/A	N/A	N/A	N/A	N/A	Replacement	No
H-34	N/A	N/A	N/A	N/A	N/A	Replaced	No

7. Description of Work H-29, H-33 and H-38 modified to an anchor. H-34 modified to a two directional support.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel

Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-962-86. Welding performed in accordance with FPL

Weld Control Manual and site procedures.

Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H. T. Young PROJ. SITE MGR. Date 8/17/87, 19____
Owner or Owner's Designer, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period June 20, 1986 to Aug 19, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Aug 19, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-13-87
Name
P.O. Box 529100, Miami, FL 33152
Address
Sheet 2 of 2
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-962-86
CWO: D1-1877 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Main Steam System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
H-34	N/A	N/A	N/A	N/A	N/A	Replacement	No
H-38	N/A	N/A	N/A	N/A	N/A	Replaced	No
H-38	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Continued from Sht 1 of 2



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

1. Owner Florida Power & Light Date 8-14-87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 4
Name NCR-617-86
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1638 PCM: N/A
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Auxiliary Feedwater System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SC	N/A	N/A	N/A	N/A	N/A	Replacement	No
A4A & B	N/A	N/A	N/A	N/A	N/A	Replacement	No
SF	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Piping inadequately supported. New supports added.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-617-86. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Young PROJ. SITE MGR. Date 8/17 19 87
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period March 22, 1986 to Aug. 7, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Aug 19 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8-14-87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-617-86
CWO: D1-1638 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Auxiliary Feedwater System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
A3A & B	N/A	N/A	N/A	N/A	N/A	Replacement	No
SF	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Piping inadequately supported. New supports added.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
Applicable Manufacturer's Data Reports to be attached
in accordance with NCR-617-86. Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Young PROJ. SITE MGR. Date 8/17, 19 87
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period March 27, 1986 to Aug. 7, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Aug 19, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 8/25/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name NCR-C-814-87
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2014 PCM: N/A
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MSA on PS-268	Pacific-Scientific	35900	N/A	3-1110	N/A	Replacement	No

7. Description of Work Removed rear bracket weld, straightened the snubber, and rewelded.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-C-814-87, Welding performed in accordance with FPL
Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed H.T. Young PROJ. SITE MGR. Date 8/25, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
in this Owner's Report during the period July 17, 1987 to August 18, 1987, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. O. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
Date August 27, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/3/87.
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-896-86
CWO: D1-1850 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Steam Generator Blowdown System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	H-1	N/A	Repair	No
Pipe Support	N/A	N/A	N/A	H-3	N/A	Repair	No
Pipe Support	N/A	N/A	N/A	H-5	N/A	Repair	No

7. Description of Work Removed unauthorized weld between pipe and support.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with NCR-896-86.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROS. SITE MGR. Date 9/4, 1987
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
in this Owner's Report during the period May 19, 1986 to Sept. 12, 1986, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector Signature National Board, State, Province, and Endorsements

Date Sept. 9 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/8/87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2042 PCM: N/A P.S. 87-100
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
30" Butterfly Valve	Henry Pratt Co.	N/A	N/A	tag no. 3-324	N/A	Replacement	No
30" Butterfly Valve	Henry Pratt Co.	N/A	N/A	tag no. 3-329	N/A	Replacement	No
30" Butterfly Valve	Henry Pratt Co.	N/A	N/A	tag no. 3-344	N/A	Replacement	No
30" Butterfly Valve	Henry Pratt Co.	N/A	N/A	tag no. 3-349	N/A	Replacement	No

7. Description of Work Replacement of the CCW Basket Strainer Isolation Valves.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 14 psi Test Temp. 84 °F System Leakage Test

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with CWO D1-2042, PCM N/A and P.S. 87-100.
Quality Group C.

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI. <small>repair or replacement</small>			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>H.T. Young</u> Owner or Owner's Designee, Title	Date	<u>SEPT 10, 1987</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Dade County</u> and employed by <u>**</u> of <u>Norwood, MA.</u>	
have inspected the components described in this Owner's Report during the period <u>Mar. 16, 1987</u> to <u>June 16, 1987</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be 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 <u>Factory Mutual 4956 (N) (I)</u> National Board, State, Province, and Endorsements
Date	<u>Sept. 17, 1987</u>

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/11/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-399/CFWO: 87-099/P.S. 87-099
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code N/A Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Basket Strainer	Zurn Industries	N/A	N/A	BS-3-1402	1987	Replacement	No
Basket Strainer	Zurn Industries	N/A	N/A	BS-3-1403	1987	Replacement	No

7. Description of Work Replaced the CCW Basket Strainers BS-3-1402 and BS-3-1403.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 14 psi Test Temp. 84 °F System Leakage Test

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
in accordance with CPWO 87-099.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed [Signature] CS Date 9/15, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period June 15, 1987 to Sept. 3, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Sept. 17, 19 87

(12/82)

****Arkwright Mutual Insurance Company**

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

1. Owner Florida Power & Light Date 9/23/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2120, CPWO: 87-223, P.S. 87-201
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Reactor Vessel Gas Vent System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	H-2	N/A	Replacement	No

7. Description of Work Modified existing support.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control manual and site
procedures.
Quality Group A.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H. T. Young PROJ. SITE MGR. Date 9/23, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Aug. 5, 1987 to Aug. 18, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. T. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
 Date Sept. 23, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/23/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 2
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address NCR-1145-86
CWO- D1-1816 PCM- N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	H-3'	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-3	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	HD	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	HD	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	HB	N/A	Replaced	No

7. Description of Work Removal, replacement, modification and weld repair performed on the above supports.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
 Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE *Repair/Replacement

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROS SIRE MGR. Date 9/24, 1987
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Oct. 10, 1986 to Sept. 11, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Berger Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date Sept. 25, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/23/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 2 of 2
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-1145-86
Address CWO: D1-1816 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Component Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 , Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	HB	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	HE	N/A	Replacement	No
Pipe Support	N/A	N/A	N/A	A-6327	N/A	Repair	No
Pipe Support	N/A	N/A	N/A	A-6350	N/A	Repair	No
Pipe Support	N/A	N/A	N/A	A-6349	N/A	Replacement	No

7. Description of Work Continued from Sht 1 of 2

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

1. Owner Florida Power & Light Date 9/23/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1622/PCM: 85-055/P.S. 86-180
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Fuel Oil System (EDG)
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80 , Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2" Check Valve	Dresser Industries	H818ABC	N/A	Tag no. 246	1982	Replacement	No
2" Globe Valve	Dresser Industries	H691ABG	N/A	Tag no. 247	1982	Replacement	No

7. Description of Work This modification provided the addition of an alternate fuel oil supply path.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
 Other ☐ Pressure 20 psi Test Temp. 50 °F

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
 Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young Pies Site MGR. Date 9/24, 1987
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period May 7, 1986 to June 27, 1986, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date Sept. 25, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/24/87
Name
P.O. Box 529100, Miami, FL 33152
Address
Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address
NCR-C-556-87
CWO; D1-2047 PCM: N/A
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System Residual Heat Removal System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Spring Can Support</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>3-SR-252</u>	<u>N/A</u>	<u>Repair</u>	<u>No</u>

7. Description of Work Permanent removal of support including the welded stanchion.

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

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.

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel
 Applicable Manufacturer's Data Reports to be attached
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROS. SITE MGR Date 9/24, 1987
 Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State
 or Province of Dade County and employed by ** of
Norwood, MA. have inspected the components described
 in this Owner's Report during the period May 6, 1987 to Sept 10, 1987, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D.E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements

Date Sept 25, 1987

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 9/25/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1619 PCM: 84-144 P.S. 86-300
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Containment Spray System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2" Y Pattern Globe Valve	Pacific Valve	N/A	N/A	Tag no. 3-896-T	N/A	Replaced	No
2"-1500# Globe Valve	Anchor Darling	E6534-1-1	N/A	Tag no. 3-896 T	N/A	Replacement	No

7. Description of Work Replaced valve 3-896 T for Containment Spray Recirculation test line.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure * psi Test Temp. 82 °F

*Suction side=250 PSIG *Discharge side=2190PSIG

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.

Applicable Manufacturer's Data Reports to be attached

Welding performed in accordance with FPL Weld Control Manual and site
procedures.

Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young Part Site MGR Date 9/25, 19 87
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period April 19, 1987 to July 21, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Sept. 25, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/9/87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 NCR-408-85
Address CWO: D1-1639 P.S. 86-152
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Instrument Air System (at Penetration 29)
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>Seismic Anchor</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1987</u>	<u>Replacement</u>	<u>No</u>

7. Description of Work Fabricated and installed new seismic anchor.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ N/A
Other ☐ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site
procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed Bill Coleman CONST. Supt. Date 10-12, 19 87
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Mar. 17, 1986 to Aug. 25, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

DE. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Oct. 20, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/9/87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2123 CPWO: 87-219 P.S. 87-189
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Chemical and Volume Control, Charging and Letdown System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Hanger	N/A	N/A	N/A	3-PRWH-36	N/A	Replaced	No
Pipe Hanger	N/A	N/A	N/A	3-PRWH-36	1987	Replacement	No
Pipe Hanger	N/A	N/A	N/A	3-PRWH-37	N/A	Replaced	No
Pipe Hanger	N/A	N/A	N/A	3-PRWH-37	1987	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-302-011	N/A	Replaced	No

7. Description of Work Removed existing supports, degraded due to excessive corrosion. Fabricated and installed new supports.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site
procedures.
Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed D. Coleman CONST. SUPT. Date 10-12, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period July 2, 1987 to July 30, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
 Date Oct. 16 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/9/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 2 of 2
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-2123 CPWO: 87-219 P.S. 87-189
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218, Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Chemical and Volume Control, Charging and Letdown System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Hanger	N/A	N/A	N/A	H-302-011	1987	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-302-012	N/A	Replaced	No
Pipe Hanger	N/A	N/A	N/A	H-302-012	N/A	Replacement	No

7. Description of Work Continued from sheet 1 of 2



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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Injection Nozzle	Taprogge Gmbh	N/A	N/A	tag no 3S225A	N/A	Replacement	No
Injection Nozzle	Taprogge Gmbh	N/A	N/A	tag no 3S225B	N/A	Replacement	No
Injection Nozzle	Taprogge Gmbh	N/A	N/A	tag no 3S225C	N/A	Replacement	No
Recirculation Pump	Taprogge Gmbh	N/A	N/A	tag no 3P238A	N/A	Replacement	No
Recirculation Pump	Taprogge Gmbh	N/A	N/A	tag no 3P238B	N/A	Replacement	No

7. Description of Work Addition of the Continuous Tube Cleaning Capability (cont. pg. 3 of 7)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure ** psi Test Temp. > 60 °F System Inservice Test

** Operating

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site
procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed D. L. Coleman - CONST. Supt. Date 10-12, 19 87
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period March 11, 1987 to July 21, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual 4956 (N) (I)
 Inspector's Signature National Board, State, Province, and Endorsements
 Date Oct 19 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 2 of 6
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218, Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Recirculation Pump	Taprogge Gmbh	N/A	N/A	tag no 3P238C	N/A	Replacement	No
Strainer Assembly	Taprogge Gmbh	N/A	N/A	tag no 3F228A	N/A	Replacement	No
Strainer Assembly	Taprogge Gmbh	N/A	N/A	tag no 3F228B	N/A	Replacement	No
Strainer Assembly	Taprogge Gmbh	N/A	N/A	tag no 3F228C	N/A	Replacement	No
Ball Collector	Taprogge Gmbh	N/A	N/A	tag no 3S223A	N/A	Replacement	No
Ball Collector	Taprogge Gmbh	N/A	N/A	tag no 3S223B	N/A	Replacement	No
Ball Collector	Taprogge Gmbh	N/A	N/A	tag no 3S223C	N/A	Replacement	No
Strainer Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-739A	N/A	Replacement	No
Strainer Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-739B	N/A	Replacement	No
Strainer Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-739C	N/A	Replacement	No

7. Description of Work Continued from sheet 1 of 6 in the ICW system to the CCW Heat Exchangers (A,B & C), including the addition of the CTC Strainer Assemblies, CTC Injection Nozzles, CTC Recirculation Pumps, CTC Ball Collectors and associated spools, valves and pipe supports.



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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 3 of 6
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218, Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CTC Pump Inlet Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-740A	N/A	Replacement	No
CTC Pump Inlet Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-740B	N/A	Replacement	No
CTC Pump Inlet Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-740C	N/A	Replacement	No
CTC Ball Coll. Inlet Valve	Taprogge Gmbh	N/A	N/A	tag no 50-741A	N/A	Replacement	No
CTC Ball Coll. Inlet Valve	Taprogge Gmbh	N/A	N/A	tag no 50-741B	N/A	Replacement	No
CTC Ball Coll. Inlet Valve	Taprogge Gmbh	N/A	N/A	tag no 50-741C	N/A	Replacement	No
CTC Ball Coll. Disch. Valve	Taprogge Gmbh	N/A	N/A	tag no 50-742A	N/A	Replacement	No
CTC Ball Coll. Disch. Valve	Taprogge Gmbh	N/A	N/A	tag no 50-742B	N/A	Replacement	No
CTC Ball Coll. Disch. Valve	Taprogge Gmbh	N/A	N/A	tag no 50-742C	N/A	Replacement	No
CTC Str. Cross Conn. Valve	Posi-Seal Gmbh	N/A	N/A	tag no 50-744	N/A	Replacement	No

7. Description of Work Continued from sheet 1 of 6



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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 4 of 6
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218, Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CTC Str. Cross Conn. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-745	N/A	Replacement	No
CTC Str. Cross Conn. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-746	N/A	Replacement	No
CTC Str. Cross Conn. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-747	N/A	Replacement	No
CTC Str. Cross Conn. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-748	N/A	Replacement	No
CTC Str. Cross Conn. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-749	N/A	Replacement	No
CTC Inj. Noz. Cr. Conn. Vlv	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-750	N/A	Replacement	No
CTC Inj. Noz. Cr. Conn. Vlv	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-751	N/A	Replacement	No
CTC Inj. Noz. Cr. Conn. Vlv	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-752	N/A	Replacement	No
CTC Inj. Noz. Cr. Conn. Vlv	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-753	N/A	Replacement	No
CTC Inj. Noz. Cr. Conn. Vlv	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-754	N/A	Replacement	No

7. Description of Work Continued from sheet 1 of 6



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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 5 of 6
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218, Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CTC Inj. Noz.	Posi-Seal			tag no		Replace-	
Cr. Conn. Vlv	Int'l Gmbh	N/A	N/A	50-755	N/A	ment	No
3" Pipe	Energy Stl.					Replace-	
Spools	& Supply Co.	N/A	N/A	N/A	N/A	ment	No
20" Pipe	Energy Stl.					Replace-	
Spools	& Supply Co.	N/A	N/A	N/A	N/A	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-01	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-02	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-03	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-04	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-05	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-06	1987	ment	No
Pipe						Replace-	
Restraint	N/A	N/A	N/A	H-717-07	1987	ment	No

7. Description of Work Continued from sheet 1 of 6



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

1. Owner Florida Power & Light Date 10/12/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 6 of 6
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: A-432 PCM: 86-194 P.S. 87-132
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218, Florida City, FL 33034 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Restraint	N/A	N/A	N/A	H-717-08	1987	Replacement	No
Pipe Restraint	N/A	N/A	N/A	H-717-09	1987	Replacement	No
CTC Inj. Noz. Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-743A	N/A	Replacement	No
CTC Inj. Noz. Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-743B	N/A	Replacement	No
CTC Inj. Noz. Isol. Valve	Posi-Seal Int'l Gmbh	N/A	N/A	tag no 50-743C	N/A	Replacement	No

7. Description of Work Continued from sheet 1 of 6



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

1. Owner Florida Power & Light Date 10/21/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 2
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1972 PCM: 85-147 P.S. 87-136
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Spent Fuel Pool Cooling System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section-XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Rigid Strut	N/A	N/A	N/A	H-690-01	N/A	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-690-06	N/A	Replacement	No
Rigid Strut	N/A	N/A	N/A	H-690-07	N/A	Replacement	No
Pipe Restraint	N/A	N/A	N/A	H-690-08	1987	Replacement	No
Rigid Strut	N/A	N/A	N/A	H-690-09	1987	Replacement	No

7. Description of Work Modified existing supports. Fabricated and installed new supports. Fabricated and installed new thermal loop piping.
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 169 psi Test Temp. N/A °F

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.

Applicable Manufacturer's Data Reports to be attached

Welding performed in accordance with FPL Weld Control Manual and site
procedures.
Quality Group C.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned H. T. Young PROS SITE MGR. Date 10/22, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA.

have inspected the components described in this Owner's Report during the period April 23, 1987 to August 6, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. F. Rogers Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Oct. 23, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/21/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 2 of 2
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1972 PCM: 85-147 P.S. 87-136
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218, Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Spent Fuel Pool Cooling System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Rigid Strut	N/A	N/A	N/A	H-690-10	1987	Replacement	No
Pipe Support/Restraint	N/A	N/A	N/A	H-691-01	N/A	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-691-03	1987	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-691-04	1987	Replacement	No
Pipe Restraint	N/A	N/A	N/A	H-691-05	1987	Replacement	No
Pipe Restraint	N/A	N/A	N/A	H-692-03	N/A	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-692-04	1987	Replacement	No
Pipe Hanger	N/A	N/A	N/A	H-692-05	1987	Replacement	No
Thermal Loop Piping	N/A	N/A	N/A	N/A	1987	Replacement	No

7. Description of Work Continued from sheet 1 of 2 . New Thermal Loop Piping is
a modification to the existing Spent Fuel Pool Cooling System.

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

1. Owner Florida Power & Light Date 10/21/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 2
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1996 PCM: 86-181 P.S. 87-142
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section-XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	H-733-01	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-733-01	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	H-733-02	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-733-02	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	H-733-03	N/A	Replaced	No

7. Description of Work Replaced existing supports. Fabricated and installed new supports.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.

Applicable Manufacturer's Data Reports to be attached

Welding performed in accordance with FPL Weld Control Manual and site
procedures.

Quality Group B.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed H.T. Young PROS SITE MGR. Date 10/22, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period April 29, 1987 to June 6, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

D. F. Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements

Date Oct. 23, 19 87

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 11/11/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 1 of 1
Address
2. Plant Turkey Point Unit 3
Name CWO: D1-2302 PCM: DEEP 87-335
P.O. Box 3088, Florida City, FL 33034 P.S. 87-230
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218 Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Chemical and Volume Control System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	SR-36	N/A	Replacement	No

7. Description of Work Modified existing support.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
 Applicable Manufacturer's Data Reports to be attached
Quality Group A.

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right;">repair or replacement</div>	
Type Code Symbol Stamp	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u> Expiration Date <u>N/A</u>
Signed <u>H.T. Young</u> Owner or Owner's Designee, Title	Date <u>11/12</u> , 19 <u>87</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Dade County</u> and employed by <u>**</u> of <u>Norwood, MA.</u> have inspected the components described in this Owner's Report during the period <u>Oct. 19, 1987</u> to <u>Oct. 30, 1987</u> , and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>D. Boyer</u> Inspector's Signature	Commissions <u>Factory Mutual 4956 (N) (I)</u> National Board, State, Province, and Endorsements
Date <u>Nov. 13</u> , 19 <u>87</u>	

(12/82)

**Arkwright Mutual Insurance Company

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

1. Owner Florida Power & Light Date 10/21/87
Name
P.O. Box 529100, Miami, FL 33152 Sheet 2 of 2
Address
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034 CWO: D1-1996 PCM: 86-181 P.S. 87-142
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
P.O. Box 3218, Florida City, FL 33034 Expiration Date N/A
Address
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1980 , Edition, Winter 1981 Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pipe Support	N/A	N/A	N/A	H-733-03	1987	Replacement	No
Pipe Support	N/A	N/A	N/A	H-733-04	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-733-04	1987	Replacement	No

7. Description of Work Continued from sheet 1 of 2



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

1. Owner Florida Power & Light Date 11/11/87
Name
P.O. Box 529100, Miami, FL 33152
Address Sheet 1 of 1
2. Plant Turkey Point Unit 3
Name
P.O. Box 3088, Florida City, FL 33034
Address CWO: D1-2302 PCM: DEEP 87-335
P.S. 87-230
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Bechtel Construction, Inc. Type Code Symbol Stamp N/A
Name
P.O. Box 3218 Florida City, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 80, Edition, Winter 1981 Addenda
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Whip Restraint	N/A	N/A	N/A	SI-13	N/A	Replacement	No

7. Description of Work Modified existing support.

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

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

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.
Applicable Manufacturer's Data Reports to be attached
Welding performed in accordance with FPL Weld Control Manual and site procedures.
Quality Group A.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed H.T. Jimmy PROJ SITE MGR. Date 11/12, 19 87
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Dade County and employed by ** of Norwood, MA. have inspected the components described in this Owner's Report during the period Oct 19, 1987 to Oct. 30, 1987, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

De Boyer Commissions Factory Mutual 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
 Date Nov. 13 19 87

(12/82)

**Arkwright Mutual Insurance Company

B

SHEET 1 OF 2

(REPAIR ORGANIZATION P.O. NO., JOB NO., etc)

TYPE CODE SYMBOL STAMP: N/A
AUTHORIZATION NO. : N/A
EXPERATION DATE: N/A

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

21



9. REMARKS:

FP&L submitted and recieved approval of Relief Request No. 16, which allowed exception to the direct visual (VT-2) examination of the Repaired CRDM.

Westinghouse performed the Visual and Liquid Penetrant examinations, FP&L performed the Radiographic examinations.

CERTIFICATE OF COMPLIANCE

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

(Repair/Replacement)

Type Code Syabol Stamp: N/A

Certificate of Authorization No.: N/A

Expiration Date: N/A

Signed

Date 10 Dec, 1987

OWNER OR OWNERS' DESIGNEE, TITLE

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of DADE COUNTY, FLORIDA and employed by ARKWRIGHT MUTUAL INSURANCE COMPANY of NORWOOD, MASSACHUSETTS have inspected the components described in this Owners' Report during period May 7 1987 to Aug 24 1987 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owners' Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certification neither the inspector nor his employer makes any warrenty, expressed or implied, concerning the examinations and correcteive 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 loss of any kind arising from or connected with this inspection.

INSPECTOR'S SIGNATURE

COMMISSION NUMBER: 4956 (N) (I)

(NATIONAL BOARD, STATE, PROVINCE and ENDORSEMENTS)

DATE: Dec 11 19 87



INSERVICE INSPECTION SUMMARY TABLES

INTRODUCTION

Florida Power and Light Company is currently in the process of converting the Inservice Inspection Program to a new computer data base management system which will allow for the tracking and reporting of ISI activities for the forty (40) year lifetime of our Nuclear Operating Plants.

In order to aid in the review of the ISI Summary Tables, described below is an explanation of the summary tables inclosed within the Turkey Point 1987 Inservice Inspection Summary Report.

DATE: 1
REVISION: 4

PLANT/UNIT 2
INSERVICE INSPECTION SUMMARY
OUTAGE 5(6), 7 PERIOD, 8 INTERVAL
CLASS 9 COMPONENTS

PAGE: 3

SYSTEM 10

ZONE NUMBER: 11

SUMMARY NUMBER	EXAMINATION AREA IDENTIFICATION	ASME SEC. XI CATGY ITEM NO	EXAM METHOD	PROCEDURE	N I O O N G T R S E H E I O E C G M R				REMARKS **CAL BLK
					17	18	19	20	
12	13	14	15	16	17	18	19	20	22
	23	24						21	

1. DATE - THE DATE THE TABLES WERE RUN OFF.
2. PLANT/UNIT - SELF EXPLANATORY
3. PAGE - THE HEADING WILL PROVIDE THE PAGE NUMBER OF EACH TABLE.
4. REVISION - THE CURRENT REVISION OF THE COMPUTER DATA BASE IN RELATION TO THE ISI PROGRAM.
5. OUTAGE - PROVIDES THE CURRENT OUTAGE NUMBER FOR THE INTERVAL
6. YEAR - PROVIDES THE OUTAGE YEAR APPLICABLE TO THE TABLES
7. PERIOD - PROVIDES THE CURRENT PERIOD THAT THESE TABLE ARE APPLICABLE TO
8. INTERVAL - IDENTIFIES THE CURRENT INTERVAL APPLICABLE TO THESE TABLES
9. CLASS - THE TABLES WILL ALSO PROVIDE THE APPLICABLE CLASS (1, 2 OR 3) APPLICABLE TO THE RESULTS.



INSERVICE INSPECTION SUMMARY TABLES CONTINUED

10. SYSTEM - IDENTIFIES THE SYSTEM APPLICABLE TO THE TABLES
11. ZONE NUMBER - IDENTIFIES THE APPLICABLE ZONE THAT IS COVERED BY THE TABLES
12. SUMMARY NUMBER - IDENTIFIES THE WELD, COMPONENT OR ITEM FOR THE PURPOSE OF ADMINISTRATIVE CONTROL AND TO PROVIDE A UNIFORM FORMAT IDENTIFICATION FOR ACCESSING MULTIPLE DATA BASES
13. EXAM IDENTIFICATION - IDENTIFIES THE UNIQUE COMPONENT OR WELD IDENTIFICATION NUMBER
14. ASME CODE CATEGORY - LISTED IN THIS COLUMN IS THE APPROPRIATE CATEGORY FROM TABLE IWB, IWC, IWD, IWF-2500 TABLES
15. EXAM METHOD - IDENTIFIES THE APPLICABLE EXAMINATION METHOD USED
16. PROCEDURE - IDENTIFIES THE APPLICABLE NDE PROCEDURE USED AND THE EXAMINATION DATA SHEET ID NUMBER FOR THE EXAM.
17. NOREC - IDENTIFIES THOSE EXAMINATION RESULTS THAT HAD NO RECORDABLE INDICATIONS
18. INSIG - INSIGNIFICANT WAS APPLIED WHEN (1) THE AMPLITUDE OF ANY INDICATION OBSERVED WAS EQUAL TO OR GREATER THAN THE RECORDING LEVEL, BUT LESS THAN 100% OF THE DAC CURVE, AND WAS DETERMINED AS BEING NOT RELEVANT OR (2) NONRELEVANT SUCH AS REFLECTION DUE TO STANDING WAVE, TRAPPED COUPLANT, ETC.
19. GEOM - THE TERM GEOMETRY WAS APPLIED WHEN (1) INDICATIONS WHICH HAVE AN AMPLITUDE EQUAL TO OR GREATER THAN 100% OF THE DAC CURVE, AND HAVE BEEN DOCUMENTED TO BE GEOMETRIC IN NATURE, OR (2) INDICATIONS THAT ARE LESS THAN 100% OF THE DAC CURVE BUT WERE SUSPECTED BY THE LEVEL II EXAMINER TO BE OTHER THAN GEOMETRIC IN NATURE, AND WERE DETERMINED AND DOCUMENTED TO BE GEOMETRIC.
20. OTHER - INCLUDE THOSE INDICATIONS EVALUATED TO BE OTHER THAN INSIGNIFICANT OR GEOMETRIC.
21. REMARKS - THIS COLUMN IDENTIFIES THE ADDITIONAL EXAMINATION REMARKS OR COMMENTS APPLIED TO A PARTICULAR ITEM
22. COMPONENT DESCRIPTION - DESCRIBES A BRIEF DESCRIPTION OF THE COMPONENT OR IN THE CASE OF WELDS, THE PARTS BEING JOINED.
23. CODE ITEM NO. - IDENTIFIES THE ASME CODE ITEM NUMBER APPLICABLE TO THE ITEM EXAMINED.
24. CALIBRATION BLOCK - IDENTIFIES THE ULTRASONIC CALIBRATION BLOCK USED FOR THE CONDUCT OF THE EXAMINATION.