

DATE: 01/10/92
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TURKEY POINT NUCLEAR PLANT UNIT 4
INSERVICE INSPECTION SUMMARY REPORT
SECOND INTERVAL, THIRD PERIOD, FIRST OUTAGE (1991)
CLASS 1 ALL STATUS COMPONENTS

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REACTOR PRESSURE VESSEL

ZONE NUMBER: 001	ASME SEC. XI	EXAM	PROCEDURE	N I O S O N G T T R S E H A E I O E T C G H R	REMARKS
SUMMARY EXAMINATION AREA NUMBER IDENTIFICATION	CATGY ITEM NO	UT 0 METHOD	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 NDE 5.12-2 NDE 5.12-2 NDE 5.12-2		**CALIBRATION BLOCK**
<u>4PSRV1 REF. DWG. NO. 4-V01</u>					
000100 4-WR-18 FLANGE TO UPPER SHELL CTHT, 58' LEVEL	B-A B1.30	UT 0 UT 45 UT 45T UT 60 UT 60T UT 50/70 UT 50/70T UT 1.5 UT 6.5 UT 11.5	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 NDE 5.12-2 NDE 5.12-2 NDE 5.12-2	C X - - - X - - - X - - - X - - - X - - - X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 33, 34, 35, 36, 37, & 39; EXAM LIMITED DUE TO FLANGE; 10/6/91 - UT COMPLETE FROM THE FLANGE SURFACE, EXAMINED FROM STUD HOLE 20 THROUGH STUD HOLE 1 (CLOCKWISE LOOKING DOWN ON VESSEL) **UT-1**
000200 4-WR-33 UPPER SHELL TO INTERMEDIATE SHELL CTHT, 58' LEVEL	B-A B1.11	UT 0 UT 45 UT 45T UT 60 UT 60T UT 50/70 UT 50/70	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 25, 26, 27, 28, 29, 30, 31, AND 32 **UT-1**
000300 4-WR-10 INTERMEDIATE SHELL TO LOWER SHELL CTHT, 58' LEVEL	B-A B1.11	UT 0 UT 45 UT 45T UT 60 UT 60T UT 50/70 UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 17, 18, 19, 20, 21, 22, 23, AND 24 **UT-1**
000400 4-WR-31 LOWER SHELL TO LOWER HEAD RING CTHT, 58' LEVEL	B-A B1.21	UT 0 UT 45 UT 45T UT 60 UT 60T UT 50/70 UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 9, 10, 11, 12, 13, 14, 15, AND 16; EXAM LIMITED DUE TO ANTI-ROTATION LUGS **UT-1, UT-3**

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FOR PRESSURE VESSEL

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		SEC. XI			S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		A E I O E	REMARKS
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	T C G M R	**CALIBRATION BLOCK**
<u>4PSRV1 REF. DWG. NO. 4-V01</u>						
000600	4-WR-9 LOWER HEAD RING TO BOTTOM HEAD CTMT, 58' LEVEL	B-A B1.21	UT 0 UT 45 UT 45T UT 60 UT 60T UT 50/70 UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI, EXAMS 1, 2, 3, 4, 5, 6, 7, AND 8, EXAM LIMITED DUE TO INSTRUMENTATION TUBES ON BOTTOM HEAD. **UT-1, UT-3**
<u>4PSRV1 REF. DWG. NO. 4-V04</u>						
000700	4-DI-A INLET NOZZLE TO SHELL @ 80 DEGREES CTMT, 25'5"	B-D B3.90	UT 0 UT 5 UT 45 UT 45T UT 60T UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 42, 43, AND 54 **UT-1**
000800	4-DO-A OUTLET NOZZLE TO SHELL @ 130 DEGREES CTMT, 25'5"	B-D B3.90	UT 0 UT 45 UT 45T UT 60T UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	A X - - - - - X - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 44, 45, AND 56, INTEGRAL EXTENSION AND SUPPORT LUG GEOMETRY, EXAM LIMITED DUE TO THE INTEGRAL EXTENSION. **UT-1, UT-15**
000900	4-DI-C INLET NOZZLE TO SHELL @ 200 DEGREES CTMT, 25'5"	B-D B3.90	UT 0 UT 5 UT 45 UT 45T UT 60T UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	C X - - - X - - - X - - - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 46, 47, AND 58 **UT-1, UT-15**
001000	4-DO-C OUTLET NOZZLE TO SHELL @ 250 DEGREES CTMT, 25'5"	B-D B3.90	UT 0 UT 45 UT 45T UT 60T UT 50/70T	TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15 TKY-AUT15	A X - - - - - X - X - - - X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 48, 49, AND 60; INTEGRAL EXTENSION AND SUPPORT LUG GEOMETRY; EXAM LIMITED DUE TO THE INTEGRAL EXTENSION **UT-1, UT-15**

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		SEC. XI			S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G M R	**CALIBRATION BLOCK**	
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4PSRV1 REF. DWG. NO. 4-V04							
001100	4-DI-B	B-D	UT 0	TKY-AUT15	C X - - -	12/90 - PERFORMED BY SWRI; EXAMS 50, 51,	
	INLET NOZZLE TO SHELL @ 320	B3.90	UT 5	TKY-AUT15	X - - -	AND 62	
	DEGREES		UT 45	TKY-AUT15	X - - -		
	CTMT, 25'5"		UT 45T	TKY-AUT15	X - - -		
			UT 60T	TKY-AUT15	X - - -	**UT-1, UT-15**	
			UT 50/70T	TKY-AUT15	X - - -		
001200	4-DO-B	B-D	UT 0	TKY-AUT15	A X - - -	12/90 - PERFORMED BY SWRI; EXAMS 40, 41,	
	OUTLET NOZZLE TO SHELL @ 10	B3.90	UT 45	TKY-AUT15	- - X -	AND 52; INTEGRAL EXTENSION AND SUPPORT	
	DEGREES		UT 45T	TKY-AUT15	X - - -	LUG GEOMETRY; EXAM LIMITED DUE TO THE	
	CTMT, 25'5"		UT 60T	TKY-AUT15	X - - -	INTEGRAL EXTENSION	
			UT 50/70T	TKY-AUT15	X - - -	**UT-1, UT-15**	
001300	4-DI-A-IRS	B-D	UT 50/70	TKY-AUT15	C X - - -	12/90 - PERFORMED BY SWRI; EXAMS 55 AND	
	INLET NOZZLE INNER RADIUS	B3.100				64	
	CTMT, 25'5"					**UT-32**	
001400	4-DO-A-IRS	B-D	UT 50/70	TKY-AUT15	A X - - -	12/90 - PERFORMED BY SWRI; EXAM 57	
	OUTLET NOZZLE INNER RADIUS	B3.100					
	CTMT, 25'5"					**UT-32**	
001500	4-DI-C-IRS	B-D	UT 50/70	TKY-AUT15	C X - - -	12/90 - PERFORMED BY SWRI; EXAMS 59 AND	
	INLET NOZZLE INNER RADIUS	B3.100				65	
	CTMT, 25'5"					**UT-32**	
001600	4-DO-C-IRS	B-D	UT 50/70	TKY-AUT15	A X - - -	12/90 - PERFORMED BY SWRI; EXAM 61	
	OUTLET NOZZLE INNER RADIUS	B3.100					
	CTMT, 25'5"					**UT-32**	

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NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
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4PSRV1 REF. DWG. NO. 4-V04

001700	4-DI-B-IRS INLET NOZZLE INNER RADIUS CTMT, 25'5"	B-D B3.100	UT 50/70	TKY-AUT15	C X - - -	12/90 - PERFORMED BY SWRI; EXAMS 63 AND 66 **UT-32**
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001800	4-DO-B-IRS OUTLET NOZZLE INNER RADIUS CTMT, 25'5"	B-D B3.100	UT 50/70	TKY-AUT15	A X - - -	12/90 - PERFORMED BY SWRI; EXAM 53; SUPPORT LUG GEOMETRY **UT-32**
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THREADS IN FLANGE (LIGAMENTS) REF. DWG. NO. 4-V12

005102	4-LIG-21 THRU 40 THREADS IN FLANGE 58' LEVEL	B-G-1 B6.40	UT 0	NDE 5.12-1	C X - - -	10/6/91 - UT COMPLETE, EXAMINED THREAD AREAS 21 THROUGH 40 **UT-14**
005103	4-LIG-41 THRU 58 THREADS IN FLANGE 58' LEVEL	B-G-1 B6.40	UT 0	NDE 5.12-1	C X - - -	10/6/91 - UT COMPLETE, EXAMINED THREAD AREAS 41 THROUGH 58 **UT-14**



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NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>RPV CORE SUPPORT STRUCTURE REF. DWG. NO. 4-V01</u>						
011703 THERMOCOUPLE CONDUIT, CONNECTIONS, & SUPPORT BRKT W/ INST. B13.32 COLUMNS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, EXAMINED THERMOCOUPLE CONDUITS, CONNECTIONS, AND SUPPORT BRACKETS ASSOCIATED WITH INSTRUMENTATION PENETRATIONS AT 59 DEG, 149 DEG, 239 DEG, AND 329 DEG. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011706 INSTRUMENTATION COLUMNS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, EXAMINED COLUMNS AT 59 DEG, 149 DEG, 239 DEG, AND 329 DEG. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011712 FLOW MIXER DEVICES AND FASTENERS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011715 SUPPORT COLUMNS AND FASTENERS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011718 GUIDE TUBES (EXTERIOR ONLY) AND FASTNERS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011721 UPPER CORE PLATE AND FUEL ASSEMBLY GUIDE PINS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -		1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**

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NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

RPV CORE SUPPORT STRUCTURE REF. DWG. NO. 4-V01						
011724	UPPER CORE PLATE ALIGNMENT KEYWAYS AND FASTNERS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, EXAMINED KEYWAYS AND FASTENERS AT 0 DEG, 90 DEG, 180 DEG, AND 270 DEG. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011727	UPPER CORE PLATE 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011730	CORE BARREL FLANGE FLOW NOZZLES 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011736	FLANGE TO UPPER BARREL WELD 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
011742	UPPER CORE PLATE ALIGNMENT KEYS IN CORE BARREL 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/4/91 - VT COMPLETE, EXAMINED KEYS AT 90, 180, 270, AND 360 DEGREES. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011745	BAFFLE BOLTS AND LOCKING DEVICES IN TOP TWO ROWS OF FORMERS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/4/91 - VT COMPLETE. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011748	LOWER CORE PLATE 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**



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NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
				T C G M R **CALIBRATION BLOCK**	

RPV CORE SUPPORT STRUCTURE REF. DWG. NO. 4-V01					
011751	LOWER CORE PLATE SUPPORT COLUMN BOLTING 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011754	LOWER CORE PLATE INSTRUMENTA- TION GUIDE TUBE NUTS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011757	LOWER CORE PLATE ACCESS COVER BOLTING 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
60	LOWER CORE PLATE FUEL ASSEMBLY GUIDE PINS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/4/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011763	IRRADIATION SPECIMEN BASKET ATTACHMENT WELDS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/3/91 - VT COMPLETE, EXAMINED WELDS AT 30, 40, 50, 150, 230, 270, 280, AND 290 DEGREES. SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011766	OUTLET NOZZLE TO VESSEL INTERFACE SURFACES 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011769	CORE BARREL RADIAL SUPPORT KEYS 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - - 1/3/91 - VT COMPLETE, LIGHT RUB MARKS NOTED, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**

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NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
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RPV CORE SUPPORT STRUCTURE REF. DWG. NO. 4-V01

011772	SECONDARY CORE SUPPORT STRUCTURE 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
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011775	THERMAL SHIELD TO CORE BARREL ATTACHMENTS AT BOTTOM (FLEXURE) 58' LEVEL	B-N-3 B13.32	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
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INTERIOR ATTACHMENTS BEYOND BELTLINE REGION REF. DWG. NO. 4-V01

011778	REACTOR VESSEL RADIAL SUPPORT KEYWAYS 58' LEVEL	B-N-2 B13.31	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, LIGHT RUB MARKS NOTED, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
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REACTOR VESSEL INTERIOR REF. DWG. NO. 4-V01

011781	VESSEL INSTRUMENTATION PENETRATIONS 58' LEVEL	B-N-1 B13.10	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
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011784	VESSEL OUTLET NOZZLE TO CORE BARREL INNER RADIUS MATING SURFACE 58' LEVEL	B-N-1 B13.10	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS **N/A**
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011787	INLET NOZZLE INNER RADIUS 58' LEVEL	B-N-1 B13.10	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
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REACTOR VESSEL INTERIOR REF. DWG. NO. 4-V01

011790	VESSEL BOTTOM 58' LEVEL	B-N-1 B13.10	VT-3	ISI-88	C X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**
011793	VESSEL TO CLOSURE HEAD MATING SURFACE ON VESSEL 58' LEVEL	B-N-1 B13.10	VT-3	ISI-88	A X - - -	1/3/91 - VT COMPLETE, SEE WESTINGHOUSE REPORT FOR DETAILS. **N/A**



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REACTOR PRESSURE VESSEL CLOSURE HEAD

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REF. DWG. NO. 4-V02

011800	4-WH-12	B-A	MT	NDE 2.2-18	C	X - - -	3/4/91 - MT & UT COMPLETE, LIMITED EXAM
	FLANGE TO DOME WELD	B1.40	UT 0	NDE 5.14-1		X - - -	DUE TO ARROW AT 0 DEGREES AND LIFTING
	58' LEVEL		UT 45	NDE 5.14-1		X - - -	LUGS; EXAMINED FROM STUD HOLE 37 TO STUD
			UT 45T	NDE 5.14-1		X - - -	HOLE 5 LOOKING DOWN ON VESSEL
			UT 60	NDE 5.14-1		X - - -	**UT-2**
			UT 60T	NDE 5.14-1		X - - -	

REACTOR PRESSURE VESSEL BOLTING REF. DWG. NO. 4-V12

023520	4-CH-S-21 THRU 40	B-G-1	MT	NDE 2.2-22	C	X - - -	4/25/91 - MT COMPLETE; 4/23/91 - UT
	RPV STUDS	B6.30	UT	NDE 5.7-2		X - - -	COMPLETE
	58' LEVEL						**UT-11**

023540	4-CH-S-41 THRU 58	B-G-1	MT	NDE 2.2-22	C	X - - -	4/25/91 - MT COMPLETE; 4/23/91 - UT
	RPV STUDS	B6.30	UT	NDE 5.7-2		X - - -	COMPLETE
	58' LEVEL						**UT-11**

029320	4-CH-N-21 THRU 40	B-G-1	MT	NDE 2.2-21	C	X - - -	4/24/91 - MT COMPLETE; 4/25/91 - UT
	RPV NUTS	B6.10	UT	NDE 5.10-1		X - - -	COMPLETE
	58' LEVEL						**UT-25**

029340	4-CH-N-41 THRU 58	B-G-1	MT	NDE 2.2-21	C	X - - -	4/24/91 - MT COMPLETE; 4/25/91 - UT
	RPV NUTS	B6.10	UT	NDE 5.10-1		X - - -	COMPLETE
	58' LEVEL						**UT-25**

035020	4-CH-LW 21 THRU 40	B-G-1	VT-1	NDE 4.1-14	C	X - - -	4/25/91 - VT COMPLETE
	RPV LARGE WASHERS	B6.50					
	58' LEVEL						**H/A**

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FOR PRESSURE VESSEL CLOSURE HEAD

ZONE NUMBER: 002		ASME	N I O				
		SEC. XI	S O N G T				
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H			
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G H R	**CALIBRATION BLOCK**	

REACTOR PRESSURE VESSEL BOLTING REF. DWG. NO. 4-V12

035040	4-CH-LW 41 THRU 58 RPV LARGE WASHERS 58' LEVEL	B-G-1 B6.50	VT-1	NDE 4.1-14	C X - - -	4/25/91 - VT COMPLETE **N/A**
040820	4-CH-SW-21 THRU 40 RPV SMALL WASHERS 58' LEVEL	B-G-1 B6.50	VT-1	NDE 4.1-15	C X - - -	4/25/91 - VT COMPLETE **N/A**
040840	4-CH-SW-41 THRU 58 RPV SMALL WASHERS 58' LEVEL	B-G-1 B6.50	VT-1	NDE 4.1-15	C X - - -	4/25/91 - VT COMPLETE **N/A**

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GENERATOR C PRIMARY SIDE

ZONE NUMBER: 005	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>REF. DWG. NO. 4-V09C</u>						
052700 4-SGC-I-IRS INLET NOZZLE INNER RADIUS SECTION CTMT	B-D B3.140	UT 45	NDE 5.13-2	C X - - -		3/15/91 - UT COMPLETE, LIMITED EXAMINATION DUE TO INSULATION SUPPORT RING AND STEAM GENERATOR SUPPORT **STEAM GENERATOR MOCKUP**
052800 4-SGC-O-IRS OUTLET NOZZLE INNER RADIUS SECTION CTMT	B-D B3.140	UT 45	NDE 5.13-2	C X - - -		3/15/91 - UT COMPLETE, LIMITED EXAMINATION DUE TO INSULATION SUPPORT RING AND STEAM GENERATOR SUPPORT **STEAM GENERATOR MOCKUP**
052900 4-SGC-I BOLTING INLET MANWAY BOLTING CTMT	B-G-2 B7.30	VT-1 CNR	NDE 4.1-16 91-4-052	C - - - X		5/13/91 - VT COMPLETE, BOLTS 2 AND 15 HAVE MINOR CORROSION, ACCEPTED AS-IS BY ENGINEERING EVALUATION **N/A**
053000 4-SGC-O BOLTING OUTLET MANWAY BOLTING CTMT	B-G-2 B7.30	VT-1 CNR	NDE 4.1-17 91-4-053	C - - - X		5/13/91 - VT COMPLETE, BOLTS 2, 7, 8, 10, AND 12 HAVE MINOR CORROSION, BOLT 8 HAS A MINOR PIT IN THREADS, ACCEPTED AS-IS BY ENGINEERING EVALUATION **N/A**

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PRESSURIZER

ZONE NUMBER: 006		ASME	N I O			
		SEC. XI	S O N G T			
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 41 REF. DWG. NO. 4-V05</u>						
053800	04-PCW-4	B-B	UT 0	NDE 5.1-4	C X - - -	3/4/91 - UT COMPLETE, ACCEPTABLE SLAG
	HEAD TO LOWER SHELL	82.11	UT 45	NDE 5.1-4	- - - X	AND PLATE SEGREGATE, ACCEPTED AS-IS
	CTMT		UT 45T	NDE 5.1-4	X - - -	
			UT 60	NDE 5.1-4	X - - -	
			UT 60T	NDE 5.1-4	X - - -	**UT-8**
			CNR	91-4-041		
053900	04-PLW-3	B-B	UT 0	NDE 5.1-5	C X - - -	2/26/91 - UT COMPLETE
	LOWER SHELL LONG SEAM	82.12	UT 45	NDE 5.1-5	X - - -	
	CTMT		UT 45T	NDE 5.1-5	X - - -	
			UT 60	NDE 5.1-5	X - - -	
			UT 60T	NDE 5.1-5	X - - -	**UT-8**
<u>SYSTEM NO. 41 REF. DWG. NO. 4-V06</u>						
053800	RV-04-551B-1R	B-D	UT	NDE 5.13-1	C X - - -	2/22/91 - UT COMPLETE
	SAFETY NOZZLE INNER RADIUS	83.120				
	SECTION					
	CTMT					**UT-8**
055200	RN-04-1-1R	B-D	UT	NDE 5.13-1	C X - - -	2/22/91 - UT COMPLETE
	RELIEF NOZZLE INNER RADIUS	83.120				
	SECTION					
	CTMT					**UT-8**
055500	04-PZR-1 THRU 16	B-G-2	VT-1	NDE 4.1-90-1503	C C - - -	08/02/90 - VT COMPLETE; NEW BOLTING
	MANWAY BOLTING	87.20	PWO	WA900801121509		INSTALLED
	CTMT, ON PZR HEAD					**N/A**
<u>SYSTEM NO. 41 REF. DWG. NO. 4-V05</u>						
055600	4T200	B-P	VT-2	NDE 4.2-1	C X - - -	10/24/91 - VT COMPLETE
	PRESSURIZER VESSEL	815.21				
						N/A

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SURIZER

ZONE NUMBER: 006		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 41 REF. DWG. NO. 4-V05

055750	4-PZR-SUPPORT	F-A	VT-3	NDE 4.3-45	C X - - - 2/11/91 - VT COMPLETE
	PRESSURIZER VESSEL SUPPORT	F1.10			
	CTHT				

N/A

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REACTOR COOLANT SYSTEM LOOP A INTERMEDIATE LEG

ZONE NUMBER: 007	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A - E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A01

056540	31"-RCS-1401-23	B-J	PT	SEE REMARKS	C	1/21/91 - BASELINE PT COMPLETE, LISTED AS WELD 4A-2 IN WESTINGHOUSE REPORT
	PIPE TO CAP	89.21				
	CTMT, 19'3"					**N/A**



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FOR COOLANT SYSTEM LOOP A HOT LEG

ZONE NUMBER: 008		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G M R **CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A02

056600	29"-RCS-1404-1	B-F	UT 0	TKY-AUT14	C X - - - 12/90 - PERFORMED BY SWRI; EXAMS 69,75,
	RPV NOZZLE TO PIPE	B5.10	UT 45	TKY-AUT14	- - X - 81S, AND 87; WELD BUTTERING INTERFACE
	CTMT, 25'8", IN RPV		UT 45T	TKY-AUT14	X - - - FOUND WITH SHEAR EXAM; SURFACE
			UT 50/70	TKY-AUT14	X - - - EXAMINATION NOT REQUIRED PER RELIEF
			UT 50/70T	TKY-AUT14	X - - - REQUEST NO. 2
					UT-32



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RECTOR COOLANT SYSTEM LOOP A COLD LEG

ZONE NUMBER: 009	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
-----	-----	-----	-----	-----	T C G M R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A03

057500	27.5"-RCS-1407-14 ELBOW TO RPV NOZZLE CTMT, 25'5", IN RPV	B-F B5.10	UT 50/70 UT 50/70T	TKY-AUT14 TKY-AUT14	P X - - - X - - -	12/90 - PERFORMED BY SWRI; EXAMS 68 AND 74; PT EXAM IS SCHEDULED FOR THE NEXT OUTAGE **UT-32**
057840	27.5"-RCS-1407-25 PIPE TO CAP CTMT, 28'5"	B-J B9.40	PT	SEE REMARKS	C	1/91 - BASELINE PT COMPLETE, LISTED AS WELD 4A-3 IN WESTINGHOUSE REPORT **H/A**



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FOR COOLANT SYSTEM LOOP B INTERMEDIATE LEG

ZONE NUMBER: 010	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A04

058400	31"-RCS-1402-10	B-J	PT	NDE 3.3-35	C	X - - -	3/8/91 - PT COMPLETE; 3/11/91 - UT
	ELBOW TO RC PUMP CASING	B9.11	UT 45	NDE 5.5-2		- - X -	COMPLETE, INSIDE SURFACE GEOMETRY
	CTHT, 21'0"		UT 45T	NDE 5.5-2		X - - -	
							UT-26
058640	31"-RCS-1402-24	B-J	PT	SEE REMARKS	C		1/91 - BASELINE PT COMPLETE, LISTED AS
	PIPE TO CAP	B9.21					WELD 4B-2 IN WESTINGHOUSE REPORT
	CTHT, 19'9"						**N/A**



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FOR COOLANT SYSTEM LOOP B HOT LEG

ZONE NUMBER: 011	ASME	SEC. XI	CATGY	EXAM	ITEM NO	METHOD	PROCEDURE	N I O	S O N G T	T R S E H	A E I O E	REMARKS
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	T	C	G	H	R	**CALIBRATION BLOCK**		

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A05

058700	29"-RCS-1405-1	B-F	UT 0	TKY-AUT14	C	X	-	-	-	12/90 - PERFORMED BY SWRI; EXAMS 67, 73,
	RPV NOZZLE TO PIPE	85.10	UT 45	TKY-AUT14		-	-	X	-	79S, AND 85; SURFACE EXAMINATION NOT
	CTMT, 25'8", IN RPV		UT 45T	TKY-AUT14		X	-	-	-	REQUIRED PER RELIEF REQUEST NO. 2
			UT 50/70	TKY-AUT14		X	-	-	-	
			UT 50/70T	TKY-AUT14		-	-	X	-	**UT-32**

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FOR COOLANT SYSTEM LOOP B COLD LEG

ZONE NUMBER: 012	ASHE				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A06

059600	27.5"-RCS-1406-14 ELBOW TO RPV NOZZLE CTHT, 25'8", IN RPV	B-F B5.10	UT 50/70 UT 50/70T	TKY-AUT14 TKY-AUT14	P X - - - X - - -	12/90 - EXAMS 72 AND 78 PERFORMED BY SWRI; SURFACE EXAMINATION IS SCHEDULED FOR THE NEXT OUTAGE **UT-32**
059900	27.5"-RCS-1406-BC-17 BRANCH CONNECTION TO 2"-CH-1401 CTHT, 27'9"	B-J B9.32	PT	NDE 3.3-26	C X - - -	3/4/91 - PT COMPLETE **N/A**
060040	27.5"-RCS-1406-26 PIPE TO CAP CTHT, 28'5"	B-J B9.40	PT	SEE REMARKS	C	1/91 - BASELINE PT COMPLETE, LISTED AS WELD 4B-3 IN WESTINGHOUSE REPORT **N/A**



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STEAM GENERATOR COOLANT SYSTEM LOOP C INTERMEDIATE LEG

ZONE NUMBER: 013		ASME	N I O			
		SEC. XI	S O N G T			
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A07

060100	31"-RCS-1403-5 STEAM GENERATOR NOZZLE TO ELBOW CTMT, 27'0"	B-F B5.30	PT UT 45 UT 45T	NDE 3.3-42 NDE 5.5-3 NDE 5.5-3	C X - - - - - X - X - - -	3/12/91 - PT & UT COMPLETE; ROOT GEOMETRY **UT-26**
060400	31"-RCS-1403-8 ELBOW TO PIPE CTMT, 17'1"	B-J B9.11	PT UT 45 UT 45T	NDE 3.3-42 NDE 5.5-3 NDE 5.5-3	C X - - - - - X - X - - -	3/12/91 - PT & UT COMPLETE; ROOT GEOMETRY **UT-12, UT-26, UT-46**
060840	31"-RCS-1403-24 PIPE TO CAP CTMT, 19'9"	B-J B9.21	PT	SEE REMARKS	C	1/90 - BASELINE PT COMPLETE, LISTED AS WELD 4C-4 IN WESTINGHOUSE REPORT **N/A**

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FOR COOLANT SYSTEM LOOP C HOT LEG

ZONE NUMBER: 014		ASME	M I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G M R **CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A08

060900	29"-RCS-1408-1	B-F	UT 0	TKY-AUT14	C X - - -	12/90 - PERFORMED BY SWRI; EXAMS 71, 77,
	RPV NOZZLE TO PIPE	B5.10	UT 45	TKY-AUT14	X - - -	83S, AND 89; SURFACE EXAMINATION NOT
	CTMT, 25'8", 1N RPV		UT 45T	TKY-AUT14	X - - -	REQUIRED PER RELIEF REQUEST NO. 2
			UT 50/70	TKY-AUT14	X - - -	
			UT 50/70T	TKY-AUT14	X - - -	**UT-32**
061200	29"-RCS-1408-4	B-F	PT	NDE 3.3-41	C - - - X	3/11/91 - PT COMPLETE, 3 LINEAR
	ELBOW TO STEAM GENERATOR	B5.30	PT	NDE 3.3-48	X - - -	INDICATIONS; 3/11/91 - UT COMPLETE;
	NOZZLE		UT 45	NDE 5.5-1	- - X -	LIMITED EXAMINATION DUE TO STRUCTURAL
	CTMT, 26'8"		UT 45T	NDE 5.5-1	X - - -	STEEL; 7/29/91 - PT RE-EXAM COMPLETE,
			CNR	91-4-045		LINEAR INDICATIONS WERE DETERMINED TO BE
			NCR	N91-0340		NON-RELEVANT
						UT-26

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FOR COOLANT SYSTEM LOOP C COLD LEG

ZONE NUMBER: 015	ASME SEC. XI				N I O S O N G T T R S E H A E I O E T C G M R	REMARKS
SUMMARY EXAMINATION AREA NUMBER IDENTIFICATION	CATGY ITEM NO	EXAM METHOD	PROCEDURE			**CALIBRATION BLOCK**
<u>SYSTEM NO. 41, 5614-P-766-S SH. 1 OF 1 REF. DWG. NO. 4-A09</u>						
061700 27.5"-RCS-1409-14 ELBOW TO RPV NOZZLE CTHT, 25'8", IN RPV	B-F B5.10	UT 50/70 UT 50/70T	TKY-AUT14 TKY-AUT14	P X - - - X - - -		12/90 - EXAMS 70 AND 76 PERFORMED BY SWRI; SURFACE EXAMS SCHEDULED FOR NEXT OUTAGE **UT-32**
061900 27.5"-RCS-1409-BC-16 BRANCH CONNECTION TO 4"-RC-1405 CTHT, 27'9"	B-J B9.31	PT UT 45 UT 45T	NDE 3.3-43 NDE 5.5-4 NDE 5.5-4	C X - - - - - X - X - - -		3/21/91 - PT COMPLETE; 3/21/91 - UT COMPLETE, INNER RADIUS GEOMETRY **UT-12, UT-46**
062000 27.5"-RCS-1409-BC-17 BRANCH CONNECTION TO 10"-SI-1403 CTHT, 27'9"	B-J B9.31	PT UT 45 UT 45T	NDE 3.3-43 NDE 5.5-4 NDE 5.5-4	C X - - - - - X - X - - -		3/21/91 - PT COMPLETE; 3/21/91 - UT COMPLETE, INNER RADIUS GEOMETRY **UT-12, UT-46**
062200 27.5"-RCS-1409-22 PIPE TO CAP CTHT, 28'5"	B-J B9.40	PT	SEE REMARKS	C		1/90 - BASELINE PT COMPLETE, LISTED AS WELD 4C-5 IN WESTINGHOUSE REPORT **N/A**



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FOR COOLANT SYSTEM PRESSURIZER SURGE LINE

ZONE NUMBER: 016	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G M R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-760-S SH. 1 OF 1 REF. DWG. NO. 4-A10						
062250 14"-RC-1401	NRC	VT-1	NDE 4.1-3	A - - - X		2/19/91 - VT COMPLETE, DAMAGED
GENERAL VISUAL FOR EVIDENCE OF 88-80	CNR		91-4-034			INSULATION, SAME CONDITION WAS NOTED
MOVEMENT						DURING PREVIOUS OUTAGES, ACCEPTED AS-IS
CTMT						BY ENGINEERING EVALUATION
						N/A
062500 12"-RC-1401-2	B-J	PT	NDE 3.3-33	C X - - -		3/6/91 - PT COMPLETE; 3/7/91 - UT
PIPE TO PIPE	B9.11	UT 45	NDE 5.4-8	- - X -		COMPLETE, ROOT AND COUNTERBORE GEOMETRY
CTMT, 25'7"		UT 45T	NDE 5.4-8	X - - -		
		UT 60	NDE 5.4-8	- - X -		
						UT-34
062710 SR-400	F-C	VT-3	NDE 4.1-3	A - - - X		2/19/91 - VT COMPLETE, DEBRIS INSIDE
DUAL SPRING HANGER	F3.50	VT-1	NDE 4.1-12	X - - -		SPRING CAN; 3/26/91 - VT ON INTEGRAL
CTMT, 25'7"		CNR	91-4-034			ATTACHMENTS COMPLETE, SPRING CAN CLEANED
						N/A



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ATOR COOLANT SYSTEM PRESSURIZER SAFETY LOOP C

ZONE NUMBER: 019	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-564-S SH. 2 OF 3 REF. DWG. NO. 4-A13

066450	4"-RC-1403-FB	B-G-2	VT-1	NDE 4.1-2	C - - - X	2/11/91 - VT COMPLETE, BORIC ACID
	FLANGE BOLTING	87.50	VT-1	91-2627	X - - -	RESIDUE, CLEANED; 8/23/91 - VT RE-EXAM
	CTHT, 69'3"		CNR	91-4-027		COMPLETE
			PWO	WA900724132442		**N/A**
066500	RV-4-551C BOLTING	---	VT-1	NDE 4.1-1	C - - - X	2/8/91 - VT COMPLETE, BORIC ACID
	VALVE BOLTING	---	VT-1	91-2627	X - - -	RESIDUE; 8/23/91 - VT RE-EXAM COMPLETE;
	CTHT		CNR	91-4-026		THIS IS NOT A SECTION XI EXAM
			PWO	WA910212102239		**N/A**

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FOR COOLANT SYSTEM PRESSURIZER SPRAY TO PRZ.

ZONE NUMBER: 020	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 41, 5614-P-566-S SH. 1 OF 2 REF. DWG. NO. 4-A14

067500	4"-RC-1404-10 PIPE TO ELBOW CTHT, 22'0"	B-J 89.11	PT UT 45 UT 45T UT 60	NDE 3.3-34 NDE 5.4-5 NDE 5.4-5 NDE 5.4-5	C X - - - - - X - X - - - X - - -	3/6/91 - PT COMPLETE; 3/7/91 - UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY **UT-53**
068400	4"-RC-1404-19 ELBOW TO PIPE CTHT, 22'6"	B-J 89.11	PT UT 45 UT 45T UT 60	NDE 3.3-34 NDE 5.4-5 NDE 5.4-5 NDE 5.4-5	C X - - - - - X - X - - - X - - -	3/6/91 - PT COMPLETE; 3/7/91 - UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY **UT-53**
068860	ABANDONED VALVE BOLTING BOLTING CTHT, 73'0"	B-G-2 87.50	VT-1 VT-1 PWO PWO	NDE 4.1-90-1458 NDE 4.1-90-1481 WA900717121119 WA900721094602	C C - - - C - - - 	7/24/90 - VT COMPLETE, BASELINE EXAMINATION ON NEWLY INSTALLED BOLTING **N/A**

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OR COOLANT SYSTEM PRESSURIZER SPRAY LINE

ZONE NUMBER: 021	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 41, 5614-P-566-S SH. 2 OF 2 REF. DWG. NO. 4-A15</u>						
071320 4-RCH-30A SNUBBER CTMT, 20'2"	---	VT-3 CHN PWO	NDE 4.3-58 91-4-044 WA910322100259	A - - - X		3/7/91 - VT COMPLETE, BORIC ACID RESIDUE, THIS EXAM IS PERFORMED UNDER PLANT TECHNICAL SPECIFICATIONS AND IS NOT REQUIRED BY THIS PROGRAM **H/A**
071500 4"-RC-1405-4 ELBOW TO PIPE CTMT, 16'3"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-40 NDE 5.4-10 NDE 5.4-10 NDE 5.4-10	C X - - - X - - - X - - - X - - -		3/11/91 - PT & UT COMPLETE **UT-53**
071550 4-RCH-30 SPRING SUPPORT CTMT, 16'3"	F-C F3.50	VT-3 CHN	NDE 4.3-59 91-4-044	A X - - -		3/7/91 - VT COMPLETE, BORIC ACID RESIDUE **H/A**
073800 4"-RC-1405-27 PIPE TO TEE CTMT, 73'0"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-45 NDE 5.4-11 NDE 5.4-11 NDE 5.4-11	C X - - - - - X - X - - - X - - -		4/4/91 - PT & UT COMPLETE, ROOT GEOMETRY **UT-53**

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FOR COOLANT SYSTEM PRESSURIZER RELIEF LINE

ZONE NUMBER: 022		ASME	N I O			
		SEC. XI	S O N G T			
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 41, 5614-P-564-S SH. 1 OF 3 REF. DWG. NO. 4-A16</u>						
076700	4"-RC-1406-1A NOZZLE TO SAFE-END CTHT, 70'3"	B-F 85.40	PT UT 45 UT 45T UT 60	NDE 3.3-7 NDE 5.11-1 NDE 5.11-1 NDE 5.11-1	C X - - - X - - - X - - - X - - -	2/8/91 - PT COMPLETE; 2/11/91 - UT COMPLETE; LIMITED EXAM UPSTREAM DUE TO NOZZLE CONFIGURATION, NO EXAM DOWNSTREAM DUE TO WELD 4"-RC-1406-1 **UT-53**
077450	4"-RCH-4 SPRING SUPPORT CTHT, 71'9"	F-C F3.50	VT-3 CHR NCR PWO	NDE 4.3-27 91-4-014 N-91-0162 WA910406094430	C - - - X	1/31/91 - VT COMPLETE, SETTINGS ON SPRING CAN DO NOT AGREE WITH DRAWING, ACCEPTED AS-IS, NCR HAD SETTINGS ON SPRING CAN RELOCATED TO CORRECT VALUES **N/A**
077500	4"-RC-1406-8 TEE TO PIPE CTHT, 71'9"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-5 NDE 5.4-1 NDE 5.4-1 NDE 5.4-1	C X - - - X - - - X - - - X - - -	1/31/91 - PT COMPLETE; 2/11/91 - UT COMPLETE; LIMITED EXAM DUE TO WELDED ATTACHMENT AND SHORT RADIUS OF ELBOW **UT-53**
078400	3"-RC-1405-4 ELBOW TO ELBOW CTHT, 71'8"	B-J B9.21	PT	NDE 3.3-5	C X - - -	1/31/91 - PT COMPLETE **N/A**
078500	3"-RC-1405-5 ELBOW TO VALVE 4-456 CTHT, 71'6"	B-J B9.21	PT	NDE 3.3-5	C X - - -	1/31/91 - PT COMPLETE **N/A**

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WASTE DISPOSAL SYSTEM - LIQUID, RC LOOP C DRAIN

ZONE NUMBER: 028		ASME	N I O			
		SEC. XI	S O N G T			
		CATGY	EXAM	T R S E H		
SUMMARY EXAMINATION AREA		ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS	
NUMBER	IDENTIFICATION				T C G H R **CALIBRATION BLOCK**	

SYSTEM NO. 61, 5614-P-577-S SH. 2 OF 9 REF. DWG. NO. 4-A22

084500	2"-RC-1403-5	B-J	PT	NDE 3.3-24	C X - - -	2/22/91 - PT COMPLETE
	VALVE 4-505A TO PIPE	B9.40				
	CTHT, 15'6"					

H/A



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ICAL AND VOLUME CONTROL

ZONE NUMBER: 035		ASME	N I O			
		SEC. XI	S O N G T			
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G M R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 47, 5614-P-782-S SH. 1 OF 3 REF. DWG. NO. 4-A298</u>						
111500	2"-RC-1410-33	B-J	PT	NDE 3.3-46	C X - - -	4/4/91 - PT & UT COMPLETE, JOINT
	VALVE 4-313 TO PIPE	B9.21	UT 45	NDE 5.19-1	X - - -	GEOMETRY; EXAMINED FOR USNRC BULLETIN
	CTHT 75'0"		UT 70	NDE 5.19-1	- - X -	88-08
						UT-54
111600	2"-RC-1410-34	B-J	PT	NDE 3.3-46	C X - - -	4/4/91 - PT & UT COMPLETE; EXAMINED FOR
	PIPE TO TEE	B9.21	UT 45	NDE 5.19-1	X - - -	USNRC BULLETIN 88-08
	CTHT 75'0"		UT 70	NDE 5.19-1	X - - -	
						UT-54



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RESIDUAL HEAT REMOVAL FROM RCS LOOP A HOT LEG

ZONE NUMBER: 036		ASME			N I O		
		SEC. XI			S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G M R	**CALIBRATION BLOCK**	

SYSTEM NO. 50, 5614-P-574-S SH. 1 OF 1 REF. DWG. NO. 4-A30							
115400	VALVE MOV-4-750 BOLTING VALVE BOLTING CTMT, 19'0"	B-G-2 B7.70	VT-1 VT-1 CNR PC/H CWO	NDE 4.16 M-91-2230 91-4-038 90-386 200093	C - - - X X - - -	2/19/91 - VT COMPLETE, GALLING AND GOUGES ON SEVERAL BOLTS; 9/16/91 - VT EXAMINATION ON REPLACEMENT BOLT COMPLETED **N/A**	
115500	14"-RHR-1401-6 VALVE MOV-4-750 TO PIPE CTMT, 19'0"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-16 NDE 5.4-4 NDE 5.4-4 NDE 5.4-4	C X - - - - - X - X - - - - - X -	2/19/91 - PT COMPLETE; 2/20/91 - UT COMPLETE, ROOT GEOMETRY **UT-30**	
115800	14"-RHR-1401-9 ELBOW TO PIPE CTMT, 19'0"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-15 NDE 5.4-4 NDE 5.4-4 NDE 5.4-4	C X - - - - - X - X - - - - - X -	2/20/91 - PT & UT COMPLETE, ROOT GEOMETRY **UT-30**	
116470	PS-3 1A INTEGRAL ATTACHMENTS CTMT, 19'0"	B-K-1 B10.10	PT	NDE 3.3-22	C X - - -	2/22/91 - PT COMPLETE **N/A**	
116500	14"-RHR-1401-16 PIPE TO VALVE MOV-4-751 CTMT, 19'0"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-14 NDE 5.4-4 NDE 5.4-4 NDE 5.4-4	C X - - - - - X - X - - - - - X -	2/19/91 - PT COMPLETE; 2/20/91 - UT COMPLETE, ROOT GEOMETRY **UT-30**	
116700	VALVE MOV-4-751 BOLTING VALVE BOLTING CTMT, 19'0"	B-G-2 B7.70	VT-1 VT-1 CNR PWO	NDE 4.1-4 NDE 4.1-18 91-4-035 WA910306070626	C - - - X X - - -	2/19/91 - VT COMPLETE, BORIC ACID AND CORROSION NOTED ON SEVERAL STUDS AND NUTS; 6/6/91 - VT RE-EXAM COMPLETE **N/A**	

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DUAL HEAT REMOVAL TO RC LOOP A COLD LEG

ZONE NUMBER: 037	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 50, 5614-P-509-S SH. 1 OF 4 REF. DWG. NO. 4-A31

119450	SR-450C SPRING HANGER CTHT, 19'10"	F-C F3.50	VT-3,4 PWO	91-2535 WA910408055659	C X - - -	8/15/91 - VT COMPLETE, EXAMINATION PERFORMED BY QC **N/A**
119700	10"-SI-1401-11 PIPE TO PIPE CTHT, 22'1"	B-J B9.11	PT UT 45 UT 45T UT, 60	NDE 3.3-11 NDE 5.4-2 NDE 5.4-2 NDE 5.4-2	C X - - - - - X - X - - - X - - -	2/20/91 - PT & UT COMPLETE, ROOT GEOMETRY **UT-27**
120300	10"-SI-1401-14 VALVE 4-875A TO PIPE CTHT, 24'5"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-18 NDE 5.4-6 NDE 5.4-6 NDE 5.4-6	C - - - X - - X - X - - - - - X -	2/25/91 - PT COMPLETE, ONE ACCEPTABLE LINEAR AND TWO ACCEPTABLE ROUNDED INDICATIONS; 3/6/91 - UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY **UT-27**

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QUAL HEAT REMOVAL TO RC LOOP B COLD LEG

ZONE NUMBER: 038		ASME				N I O	
		SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G H R	**CALIBRATION BLOCK**	
<u>SYSTEM NO. 50, 5614-P-509-S SH. 3 OF 4 REF. DWG. NO. 4-A32</u>							
122200	10"-S1-1402-8 ELBOW TO PIPE CTMT, 20'6"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-32 NDE 5.4-7 NDE 5.4-7 NDE 5.4-7	C X - - - - - X - X - - - - - X -	3/5/91 - PT COMPLETE; 3/5/91 - UT COMPLETE, ROOT GEOMETRY, LIMITED EXAM DUE TO NEARBY BRANCH CONNECTION	**UT-27**
122440	8073-H-826-01 RIGID STRUT CTMT, 22'9"	F-C F3.10	VT-3 VT-3 CHR PWO	NDE 4.3-57 NDE 4.3-71 91-4-043 WA910312083846	C - - - X X - - -	3/5/91 - VT COMPLETE, SPHERICAL BEARINGS ARE PAINTED AND 2 NUTS HAVE INCOMPLETE THREAD ENGAGEMENT; 6/14/91 - VT RE-EXAM COMPLETE	**N/A**
122700	10"-S1-1402-13 PIPE TO VALVE 4-875B CTMT, 24'1"	B-J B9.11	PT UT 45 UT 45T UT 60	NDE 3.3-32 NDE 5.4-7 NDE 5.4-7 NDE 5.4-7	C X - - - - - X - X - - - - - X -	3/5/91 - PT COMPLETE; 3/5/91 - UT COMPLETE, ROOT GEOMETRY	**UT-27**



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HEAD SAFETY INJECTION LOOP A INSIDE CTHT

ZONE NUMBER: 040		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 62, 5614-P-512-S SH. 1 OF 2 REF. DWG. NO. 4-A34

128150	SR-451	F-C	VT-3	NDE 4.3-44	C - - - X	2/15/91 - VT COMPLETE, ELONGATED HOLE ON
	ROD HANGER	F3.10	VT-3	91-2067	X - - -	SUPPORT MEMBER; 7/3/91 - VT RE-EXAM
	CTHT, 28'6"		CNR	91-4-031		COMPLETE, HOLE ACCEPTED AS-IS BY
			NCR	N91-0244		ENGINEERING EVALUATION
						N/A

128950	SR-452	F-B	VT-3	NDE 4.3-42	C X - - -	2/15/91 - VT COMPLETE
	PIPE SUPPORT	F2.10				
	CTHT, 24'7"					
						N/A

SYSTEM NO. 62, 5614-P-512-S SH. 2 OF 2 REF. DWG. NO. 4-A34

130100	2"-SI-1401-22	B-J	PT	NDE 3.3-8	C X - - -	2/15/91 - PT COMPLETE
	ELBOW TO PIPE	B9.40				
	CTHT, 20'3"					
						N/A

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HEAD SAFETY INJECTION LOOP B INSIDE CTMT

ZONE NUMBER: 041	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 62, 5614-P-513-S SH. 1 OF 2 REF. DWG. NO. 4-A35A

133450	M-711A-1 PIPE SUPPORT CTMT, 20'1"	F-B F2.10	VT-3	NDE 4.3-51	C X - - -	2/26/91 - VT COMPLETE
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N/A

134400	2"-SI-1402-20 ELBOW TO PIPE CTMT, 23'4"	B-J B9.40	PT	NDE 3.3-25	C X - - -	2/26/91 - PT COMPLETE
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N/A

SYSTEM NO. 62, 5614-P-513-S SH. 2 OF 2 REF. DWG. NO. 4-A35B

135300	2"-SI-1402-29 PIPE TO COUPLING CTMT, 15'4"	B-J B9.40	PT	NDE 3.3-21	C X - - -	2/26/91 - PT COMPLETE
--------	--	--------------	----	------------	-----------	-----------------------

N/A

135420	SR-471 PIPE SUPPORT CTMT, 15'4"	F-B F2.10	VT-3	NDE 4.3-53	C X - - -	2/27/91 - VT COMPLETE
--------	---------------------------------------	--------------	------	------------	-----------	-----------------------

N/A

135440	M-711A-5 PIPE SUPPORT CTMT, 15'4"	F-B F2.10	VT-3 CNR	NDE 4.3-60 91-4-044	A - - - X	3/7/91 - VT COMPLETE, BORIC ACID RESIDUE
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N/A



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HEAD SAFETY INJECTION LOOP C INSIDE CTMT

ZONE NUMBER: 042	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C'G H R	**CALIBRATION BLOCK**

SYSTEM NO. 62, 5614-P-514-S SH. 2 OF 2 REF. DWG. NO. 4-A36

139000	2"-SI-1403-16 ELBOW TO PIPE CTMT, 22'3"	B-J B9.40	PT	NDE 3.3-27	C X - - -	3/1/91 - PT COMPLETE
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N/A

139100	2"-SI-1403-17 PIPE TO ELBOW CTMT, 15'3"	B-J B9.40	PT	NDE 3.3-27	C X - - -	3/1/91 - PT COMPLETE
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N/A

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HEAD SAFETY INJECTION LOOP A INSIDE CTMT

ZONE NUMBER: 043		ASME			N I O	
		SEC. XI			S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 62, 5614-P-792-S SH. 2 OF 3 REF. DWG. NO. 4-A37						
143045	2"-SI-1405-23 PIPE TO COUPLING CTMT, 24'11"	B-J B9.40	PT	NDE 3.3	A	91 - NEW WELD DUE TO RTD LINE REMOVAL, EXAM PERFORMED BY QC **N/A**
143055	2"-SI-1405-24 COUPLING TO PIPE CTMT, 24'11"	B-J B9.40	PT	NDE 3.3	A	91 - NEW WELD DUE TO RTD LINE REMOVAL, EXAMINATION PERFORMED BY QC **N/A**
143840	2"-SI-1404-11 PIPE TO COUPLING CTMT, 24'11"	B-J B9.40	PT	NDE 3.3	A	91 - NEW WELD DUE TO RTD REMOVAL, EXAMINATION PERFORMED BY QC **N/A**
143880	2"-SI-1404-12 COUPLING TO PIPE CTMT, 24'11"	B-J B9.40	PT	NDE 3.3	A	91 - NEW WELD DUE TO RTD REMOVAL, EXAMINATION PERFORMED BY QC **N/A**
143900	2"-SI-1404-6 PIPE TO ELBOW CTMT, 24'11"	B-J B9.40	PT	NDE 3.3-13	C X - - -	2/19/91 - PT COMPLETE **N/A**



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HEAD SAFETY INJECTION LOOP B INSIDE CTMT

ZONE NUMBER: 044		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G M R **CALIBRATION BLOCK**
<u>SYSTEM NO. 62, 5614-P-792-S SH. 3 OF 3 REF. DWG. NO. 4-A388</u>					
147900	2"-SI-1406-25 ELBOW TO PIPE CTMT, 20'3"	B-J B9.40	PT	NDE 3.3-9	C X - - - 2/14/91 - PT COMPLETE **N/A**
149110	2"-SI-1406-45 PIPE TO VALVE 4-874B CTMT, 22'9"	B-J B9.40	PT	SEE REMARKS	A 91 - NEW WELD PER PC/M 89-584 AND 90-020 **N/A**
149120	2"-SI-1406-46 VALVE 4-874B TO PIPE CTMT, 22'9"	B-J B9.40	PT	SEE REMARKS	A 91 - NEW WELD PER PC/M 89-584 AND 90-020 **N/A**
149205	8081-H-002-09 ROD HANGER CTMT, 22'9"	F-C F3.10	VT-3	NDE 4.3-43	C X - - - 2/15/91 - VT COMPLETE **N/A**
149300	2"-SI-1406-39 ELBOW TO PIPE CTMT, 23'0"	B-J B9.40	PT	NDE 3.3-36	C X - - - 3/8/91 - PT COMPLETE **N/A**

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ICAL & VOLUME CONTROL TO RC LOOP C HOT LEG

ZONE NUMBER: 045	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 47, 5614-P-782-S SH. 2 OF 3 REF. DWG. NO. 4-A39						
154700 3"-CH-1401-31 ELBOW TO PIPE CTMT	B-J 89.21	PT	NDE 3.3-37	C X - - -	3/7/91 - PT COMPLETE	
						N/A
154800 3"-CH-1401-32 PIPE TO ELBOW CTMT, 23'9"	B-J 89.21	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08	
						UT-44
154850 ELBOW (32-33) ELBOW BASE METAL CTMT 23'9"	NRC 88-08	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - X - - - X - - - X - - -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE; EXAMINED FOR USNRC BULLETIN 88-08	
						UT-44
154900 3"-CH-1401-33 ELBOW TO PIPE CTMT 23'9"	B-J 89.21	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	A X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08	
						UT-44
154950 PIPE (33-34) PIPE BASE METAL CTMT 23'9"	NRC 88-08	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - X - - - X - - - X - - -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE; EXAMINED FOR USNRC BULLETIN 88-08	
						UT-44
155000 3"-CH-1401-34 PIPE TO ELBOW CTMT 23'9"	B-J 89.21	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08	
						UT-44

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ICAL & VOLUME CONTROL TO RC LOOP C HOT LEG

ZONE NUMBER: 045		ASME			N I O				
		SEC. XI			S O N G T				
SUMMARY EXAMINATION AREA		CATGY	EXAM			T R S E H			
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS			
					T C G H R	**CALIBRATION BLOCK**			
<hr/>									
<u>SYSTEM NO. 47, 5614-P-782-S SH. 2 OF 3 REF. DWG. NO. 4-A39</u>									
155050	ELBOW (34-35) BASE MATERIAL CTHT 23'9"	NRC 88-08	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - X - - - X - - - X - - -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			
155100	3"-CH-1401-35 ELBOW TO PIPE CTHT 23'9"	B-J B9.21	PT UT 45 UT 45T UT 60	NDE 3.3-39 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			
155150	PIPE (35-36) PIPE BASE METAL CTHT 23'9"	NRC 88-08	PT UT 45 UT 45T UT 60	NDE 3.3-37 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - X - - - X - - - X - - -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			
155200	3"-CH-1401-36 PIPE TO ELBOW CTHT 25'	B-J B9.21	PT UT 45 UT 45T UT 60	NDE 3.3-38 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			
155250	ELBOW (36-37) BASE MATERIAL CTHT 25'	NRC 88-08	PT UT 45 UT 45T UT 60	NDE 3.3-38 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - X - - - X - - - X - - -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			
155300	3"-CH-1401-37 ELBOW TO BRANCH CONNECTION CTHT 25'8"	B-J B9.21	PT UT 45 UT 45T UT 60	NDE 3.3-38 NDE 5.4-9 NDE 5.4-9 NDE 5.4-9	C X - - - - - X - X - - - - - X -	3/7/91 - PT COMPLETE; 3/8/91 - UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY; EXAMINED FOR USNRC BULLETIN 88-08 **UT-44**			



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ICAL & VOLUME CONTROL TO RC LOOP A COLD LEG

ZONE NUMBER: 046		ASME				N I O	
		SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM				T R S E H
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G H R	**CALIBRATION BLOCK**	

SYSTEM NO. 47, 5614-P-782-S SH. 3 OF 3 REF. DWG. NO. 4-A40

159150	SR-938 BOX RESTRAINT CTMT, 23'2"	F-C F3.10	VT-3	NDE 4.3-54	C X - - -	2/26/91 - VT COMPLETE **N/A**
159350	SR-939 ROD HANGER CTMT, 24'0"	F-C F3.10	VT-3	NDE 4.3-55	C X - - -	2/27/91 - VT COMPLETE **N/A**
160600	3"-CH-1402-35 PIPE TO ELBOW CTMT	B-J B9.21	PT	NDE 3.3-23	C - - - X	2/26/91 - PT COMPLETE, ONE ACCEPTABLE LINEAR INDICATION **N/A**
160600	3"-CH-1402-38 ELBOW TO PIPE CTMT	B-J B9.21	PT	NDE 3.3-23	C X - - -	2/26/91 - PT COMPLETE **N/A**
161600	3"-CH-1402-45 PIPE TO BRANCH CONNECTION CTMT	B-J B9.21	PT	NDE 3.3-23	C X - - -	2/26/91 - PT COMPLETE **N/A**

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ICAL AND VOLUME CONTROL TO REGENERATIVE HX

ZONE NUMBER: 047		ASME			N I O	
		SEC. XI			S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 47, 5614-P-551-S SH. 1 OF 1 REF. DWG. NO. 4-A41</u>						
163700	3"-CH-1403-11 PIPE TO ELBOW CTMT, 16'10"	B-J 89.21	PT	NDE 3.3-19	C X - - -	2/25/91 - PT COMPLETE **N/A**
163800	3"-CH-1403-12 ELBOW TO PIPE CTMT, 16'10"	B-J 89.21	PT	NDE 3.3-20	C X - - -	2/22/91 - PT COMPLETE **N/A**
163840	SR-490 BOX RESTRAINT CTMT, 16'10"	F-C F3.10	VT-3 CHN	NDE 4.3-63 91-4-044	C - - - X	3/7/91 - VT COMPLETE, BORIC ACID RESIDUE **N/A**
163850	SR-491 BOX RESTRAINT CTMT, 16'10"	F-C F3.10	VT-3 CHN	NDE 4.3-64 91-4-044	C - - - X	3/7/91 - VT COMPLETE, BORIC ACID RESIDUE **N/A**
164550	4-VCH-15 RIGID STRUT CTMT, 22'11"	F-C F3.10	VT-3	NDE 4.3-52	C X - - -	2/22/91 - VT COMPLETE **N/A**

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ICAL & VOLUME CONTROL FROM RC LOOP B COLD LEG

ZONE NUMBER: 048		ASME			N I O	
		SEC. XI			S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G M R	**CALIBRATION BLOCK**

SYSTEM NO. 47, 5614-P-550-S SH. 1 OF 1 REF. DWG. NO. 4-A42

166500	2"-CH-1401-1	B-J	PT	NDE 3.3-28	C X - - -	3/1/91 - PT COMPLETE
	BRANCH CONNECTION TO PIPE	B9.21				
	CTMT, 25'8"					

N/A

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ICAL & VOLUME CONTROL SEAL INJECTION LOOP A

ZONE NUMBER: 050	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 47, 5614-P-556-S SH. 1 OF 1 REF. DWG. NO. 4-A44

174700	2"-CH-1403-26 PIPE TO FLANGE CTHT, 27'7"	B-J B9.40	PT	NDE 3.3-29	C X - - -	2/28/91 - PT COMPLETE **N/A**
174750	2"-CH-1403-FB FLANGE BOLTING CTHT, 27'7"	B-G-2 B7.50	VT-1 VT-1 CNR PWO PWO	NDE 4.1-5 91-3078 91-4-036 WA910306064704 WA910903132212	C - - - X X - - -	2/19/91 - BORIC ACID AND CORROSION ON BOLTING; 10/11/91 - VT RE-EXAM, BOLTING WAS REPLACED **N/A**
174800	2"-CH-1403-27 FLANGE TO PIPE CTHT, 27'7"	B-J B9.40	PT	NDE 3.3-29	C X - - -	2/28/91 - PT COMPLETE **N/A**



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ICAL & VOLUME CONTROL RC PUMP A SEAL LEAK OFF

ZONE NUMBER: 053	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 47, 5614-P-552-S SH. 6 OF 7 REF. DWG. NO. 4-A47

188400	2-CH-1406-10 ELBOW TO PIPE CTMT, 36'2"	B-J B9.40	PT	NDE 3.3-10	C X - - -	2/19/91 - PT COMPLETE
						N/A
189950	H-1 PIPE SUPPORT CTMT, 37'2"	F-C F3.10	VT-3	NDE 4.3-46	C - - - X	2/19/91 - VT COMPLETE, INCOMPLETE THREAD ENGAGEMENT, ACCEPTED AS-IS PER LETTER JPNS-PTN-91-0684 **N/A**

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DR COOLANT PUMP A

ZONE NUMBER: 056

ASME
SEC. XI

N I O
S O N G T
T R S E H

SUMMARY EXAMINATION AREA
NUMBER IDENTIFICATION

CATGY EXAM
ITEM NO METHOD PROCEDURE

A E I O E REMARKS
T C G M R **CALIBRATION BLOCK**

SYSTEM NO. 41 REF. DWG. NO. 4-V13A

197300	4-RCP-A-FLYWHEEL FLYWHEEL CTMT	RG 1.14	MT PT UT	NDE 2.2-26 NDE 3.3-49 NDE 5.15-1	C X - - - X - - - X - - -	7/30/91 - MT COMPLETE; 7/29/91 - PT COMPLETE; 7/25/91 - UT COMPLETE **N/A**
197450	4-RCP-A-L1 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-30	C X - - -	3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**
197460	4-RCP-A-L2 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-30	C X - - -	3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**
197470	4-RCP-A-L3 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-30	C X - - -	3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**

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FOR COOLANT PUMP B

ZONE NUMBER: 057		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 41 REF. DWG. NO. 4-V13B

198350	4-RCP-B-L1 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-31	C X - - - 3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**
198360	4-RCP-B-L2 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-31	C X - - - 3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**
198370	4-RCP-B-L3 1A INTEGRAL ATTACHMENTS CTMT	B-K-1 B10.20	PT	NDE 3.3-31	C X - - - 3/4/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**

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MOTOR COOLANT PUMP C

ZONE NUMBER: 058	ASME SEC. XI				N I O S O N G T T R S E H A E I O E	REMARKS
SUMMARY EXAMINATION AREA NUMBER IDENTIFICATION	CATGY ITEM NO	EXAM METHOD	PROCEDURE	T C G H R		**CALIBRATION BLOCK**

SYSTEM NO. 41 REF. DWG. NO. 4-V20C

198400 4-RCP-C-A PUMP CASING WELD A CTMT	B-L-1 B12.10	VT-1 VT-1	NDE 4.1-7 NDE 4.1-9	C X - - - X - - -	3/1/91 - INITIAL VT COMPLETE BEFORE INSULATION RESIDUE WAS REMOVED; 3/21/91 - FINAL VT COMPLETE AFTER WELD WAS CLEANED **N/A**
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198500 4-RCP-C-B PUMP CASING WELD B CTMT	B-L-1 B12.10	VT-1 VT-1	NDE 4.1-7 NDE 4.1-10	C X - - - X - - -	3/1/91 - INITIAL VT COMPLETE BEFORE INSULATION RESIDUE WAS REMOVED; 3/21/91 - FINAL VT COMPLETE AFTER WELD WAS CLEANED **N/A**
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198600 4-RCP-C-C PUMP CASING WELD C CTMT	B-L-1 B12.10	VT-1 VT-1	NDE 4.1-7 NDE 4.1-11	C X - - - X - - -	3/1/91 - INITIAL VT COMPLETE BEFORE INSULATION RESIDUE WAS REMOVED; 3/21/91 - FINAL VT COMPLETE AFTER WELD WAS CLEANED **N/A**
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SYSTEM NO. 41 REF. DWG. NO. 4-V13C

198800 4-FSC-1 THRU 24 FLANGE STUDS CTMT	B-G-1 B6.190	UT 60	NDE 5.7-1	C X - - -	4/1/91 - UT COMPLETE **UT-18**
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198900 4-FNC-1 THRU 24 FLANGE NUTS & BUSHINGS CTMT	B-G-1 B6.200	VT-1	NDE 4.1-13	C X - - -	4/1/91 - VT COMPLETE ON NUTS, NO WASHERS OR BUSHINGS **N/A**
--	-----------------	------	------------	-----------	--

199100 4-RCP-C-FLYWHEEL FLYWHEEL CTMT	RG 1.14	PT UT	ISI-11, REV. 10 ISI-41, REV. 5	C X - - - X - - -	9/14/90 - PT & UT COMPLETE; PUMP MOTOR SERIAL NO. 3S-74P731; FLYWHEEL SERIAL NUMBER D-785; MOTOR WAS INSTALLED DURING THIS OUTAGE; SEE WESTINGHOUSE REPORT **N/A**
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REACTOR COOLANT PUMP C

ZONE NUMBER: 058		ASME	N I O				
		SEC. XI	S O N G T				
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H			
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS	
					T C G H R	**CALIBRATION BLOCK**	
<u>SYSTEM NO. 41 REF. DWG. NO. 4-V13C</u>							
199200	4-RCP-C-L1 THRU L3 SUPPORTS PUMP SUPPORTS CTMT	F-C F3.10	VT-3 4/25/91	NDE 4.3-67 ESI-NDE-91-049	C - - - X	3/19/91 - VT COMPLETE, EVIDENCE OF MOVEMENT, CHIPPED CONCRETE, GOUGE ON THREADS OF BOLTS, THESE INDICATIONS WERE FOUND DURING THE 1988 OUTAGE, NCR'S 88-0276 AND N-89-0047 ACCEPTED THEM AS-IS. THESE CONTINUE TO BE ACCEPTABLE. **N/A**	
199250	4-RCP-C-L1 1A INTEGRAL ATTACHMENT CTMT	B-K-1 B10.20	PT	NDE 3.3-44	C X - - -	3/21/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**	
199260	4-RCP-C-L2 1A INTEGRAL ATTACHMENT CTMT	B-K-1 B10.20	PT	NDE 3.3-44	C X - - -	3/21/91 - PT COMPLETE, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**	
199270	4-RCP-C-L3 1A INTEGRAL ATTACHMENT CTMT	B-K-1 B10.20	PT	NDE 3.3-44	C X - - -	3/21/91 - PT COMPLETE, ACCEPTABLE LINEAR INDICATION, LIMITED EXAMINATION DUE TO SUPPORT INTERFERENCE **N/A**	

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GENERATIVE HEAT EXCHANGER

ZONE NUMBER: 059

ASME
SEC. XI

N I O
S O N G T
T R S E H

SUMMARY EXAMINATION AREA
NUMBER IDENTIFICATION

CATGY EXAM
ITEM NO METHOD PROCEDURE

A E I O E REMARKS
T C G M R **CALIBRATION BLOCK**

REF. DWG. NO. 4-V11

204300 RGX 4E200
VISUAL FOR LEAKAGE
CTMT

--- VT-2
--- VT-3

NDE 4.2-1
NDE 4.3-19

C X - - - 11/25/90 - VT-3 COMPLETE; 10/24/91 -
X - - - VT-2 COMPLETE

N/A

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FOR COOLANT PRESSURE BOUNDARY

ZONE NUMBER: 001

ASME
SEC. XI

N I O
S O N G T
T R S E H

SUMMARY EXAMINATION AREA
NUMBER IDENTIFICATION

CATGY EXAM
ITEM NO METHOD PROCEDURE

A E I O E REMARKS
T C G H R **CALIBRATION BLOCK**

RCPB REF. Dwg. NO. 4-V01

204325	SYSTEM LEAKAGE TEST	B-P	VT-2	NDE 4.2-1	C X - - -	10/23/91 - VT COMPLETE
	DURING RCS OVERPRESSURE TEST	B15.10				



M GENERATOR B SECONDARY SIDE WD.LAYOUT/UPP.HD.

ZONE NUMBER: 061

**ASME
SEC. XI**

NI O
S O N G T
T R S E H

SUMMARY EXAMINATION AREA

CATGY	EXAM
-------	------

A E I O E REMARKS

NUMBER IDENTIFICATION

ITEM NO

METHOD

PROCEDURE

T C G H R

****CALIBRATION BLOCK****

REF. DWG. NO. 4-V108

206000 4-SGB-CL

C-A

UT 0

NDE 5.1-6

C X - - -

3/4/91 - UT COMPLETE, EXAMINATION

TRANSITION TO UPPER SHELL WELD C1.10

UT 45

NDE 5.1-6

- - - X

PERFORMED FROM 30" TO 50", RECORDED

CTMT

UT 45T

ÍNDE 5.1-6

X - - -

INDICATIONS COMPARED FAVORABLY WITH

UT 60

NDE 5.1-6

- - - X

PREVIOUS EXAMINATIONS, NO FLAW GROWTH

UT 60T

NDE 5.1-6

X - - -

WAS DETECTED

****UT-7****



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4 GENERATOR C SECONDARY SIDE WD.LAYOUT/UPP.HD.

ZONE NUMBER: 062	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

REF. DWG. NO. 4-V10C

207300	4-SGC-CL	C-A	UT 0	NDE 5.1-2	C - - - X	2/6/91 - UT COMPLETE, ACCEPTABLE SLAG
	TRANSITION TO UPPER SHELL WELD	C1.10	UT 45	NDE 5.1-2	- - - X	AND PITTING
	CTMT		UT 45T	NDE 5.1-2	X - - -	
			UT 60	NDE 5.1-2	- - - X	
			UT 60T	NDE 5.1-2	X - - -	**UT-7**
207600	4-SGC-P	C-A	UT 0	NDE 5.1-1	C X - - -	2/6/91 - UT COMPLETE, ACCEPTABLE SLAG
	UPPER SHELL TO HEAD	C1.20	UT 45	NDE 5.1-1	- - X -	
	CTMT		UT 45T	NDE 5.1-1	X - - -	
			UT 60	NDE 5.1-1	- - X -	
			UT 60T	NDE 5.1-1	X - - -	**UT-7**

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RESIDUAL HEAT REMOVAL TO RESID. HEAT REMOVAL PUMP A

ZONE NUMBER: 063		ASME		N I O	
		SEC. XI		S O N G T	
SUMMARY EXAMINATION AREA		CATGY EXAM		T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
				T C G H R **CALIBRATION BLOCK**	

SYSTEM NO. 50, 5614-P-503-S SH. 1 OF 2 REF. DWG. NO. 4-B01B

209490	4-SR-626 SLIDING STANCHION 11'6"	F-B F2.10	VT-3 CNR NCR NCR	NDE 4.3-2 91-4-001 N91-0152 N91-0143	C - - - C	1/15/91 - VT COMPLETE, MISSING STUDS ON BASE PLATE; SUPPORT WAS RESTORED TO ORIGINAL DESIGN **N/A**
209495	4-SR-626 1A INTEGRAL ATTACHMENT 11'6"	C-C C2.30	PT	NDE 3.3-47	C - - - X	4/8/91 - PT COMPLETE, ACCEPTABLE ROUND AND LINEAR INDICATIONS **N/A**

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DUAL HEAT REMOVAL FROM CONTAINMENT SUMP B

ZONE NUMBER: 067		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 50, 5614-P-503-S SH. 2 OF 2 REF. DWG. NO. 4-805

217740	4-SR-623	F-C	VT-3,4	NDE 4.3-4	C - - - X	1/15/91 - VT COMPLETE, DEBRIS INSIDE OF
	SPRING SUPPORT	F3.50	VT-3,4	NDE 4.3-78	- - - X	SPRING CAN, SPRING CAN SCALE IS PAINTED,
	(-) 0'1"		VT-3,4	91-2319	X - - -	UNABLE TO DETERMINE SETTING; 7/24/91 -
			CNR	91-4-003		VT RE-EXAM COMPLETE, CAN WAS CLEANED AND
			NCR	91-0749		RESET TO PROPER SETTING
			PWO	WA910207104202		**N/A**



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DUAL HEAT REMOVAL PUMP A DISCHARGE TO RHR HX A

ZONE NUMBER: 070	ASME	SEC. XI	CATGY	EXAM	ITEM NO	METHOD	PROCEDURE	N I O	S O N G T	T R S E H	A E I O E	REMARKS
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	T	C	G	M	R	**CALIBRATION BLOCK**		

SYSTEM NO. 50, 5614-P-505-S SH. 2 OF 5 REF. DWG. NO. 4-808

225154	SR-643	F-C	VT-3	NDE 4.3-90-1339 C	C	-	-	-	6/26/90 - VT COMPLETE, EXAMINED AFTER
	SPRING SUPPORT	F3.50	VT-4	NDE 4.3-90-1339	C	-	-	-	SPRING CAN WAS RESET
	(-)2'9"		3/18/89	NCR 89-156					
			6/25/90	WA890320124828					

H/A



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TY INJECTION FROM REACTOR WATER STORAGE TANK

ZONE NUMBER: 077	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 62, 5614-P-502-S SH. 3 OF 4 REF. DWG. NO. 4-B15</u>						
231770 16"-SI-2401-1 FLANGE TO PIPE BEHIND AUX BLDG	C-F C5.11	PT	NDE 3.3-1	C X - - -	1/17/91 - PT COMPLETE, EXAMINED AT NRC REQUEST TO PROVIDE DATA FOR USNRC NDE GROUP, FAINT INDICATIONS SEEN 360 DEGREES AROUND WELD, NON-RELEVANT **N/A**	
231820 16"-SI-2401-5LU 2.5T OF LONG SEAM UPSTREAM OF WELD 5 BEHIND AUX BLDG	C-F C5.12	PT	NDE 3.3-2	A X - - -	1/17/91 - PT COMPLETE, EXAMINED AT NRC REQUEST TO PROVIDE DATA FOR USNRC NDE GROUP **N/A**	
231825 16"-SI-2401-5 PIPE TO VALVE 4-864B BEHIND AUX BLDG	C-F C5.11	PT	NDE 3.3-2	C X - - -	1/17/91 - PT COMPLETE, EXAMINED AT NRC REQUEST TO PROVIDE DATA FOR USNRC NDE GROUP, ONE ACCEPTABLE ROUND INDICATION FOUND **N/A**	
231865 16"-SI-2401-9LU 2.5T OF LONG SEAM UPSTREAM OF WELD 9	C-F C5.12	PT	NDE 3.3-6	C X - - -	2/5/91 - PT COMPLETE **N/A**	
231870 16"-SI-2401-9 TEE TO REDUCER	C-F C5.11	PT	NDE 3.3-6	C X - - -	2/5/91 - PT COMPLETE **N/A**	
231875 16"-SI-2401-9LD 2.5T OF LONG SEAM DOWNSTREAM OF WELD 9	C-F C5.12	PT	NDE 3.3-6	C X - - -	2/5/91 - PT COMPLETE **N/A**	



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STEAM SYSTEM LOOP C INSIDE CONTAINMENT

ZONE NUMBER: 101	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 72, 5614-P-561-S SH. 1 OF 1 REF. DWG. NO. 4-839						
260700 31"-MSC-2403-1A NOZZLE TO REDUCER 89'8"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-11 NDE 5.2-6 NDE 5.2-6 NDE 5.2-6	C X - - - - - X - X - - - - - X -	2/5/91 - MT AND UT COMPLETE, ROOT GEOMETRY	**UT-17**
262000 26"-MSC-2403-10 PIPE TO PIPE CTHT, 54'10"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-20 NDE 5.2-10 NDE 5.2-10 NDE 5.2-10	C X - - - - - X - X - - - - - X -	3/12/91 - MT COMPLETE; 3/13/91 - UT COMPLETE, ROOT AND BACKING RING GEOMETRY, EXAMINED WELD AND 2.5T OF LONGITUDINAL SEAMS UPSTREAM AND DOWNSTREAM OF THE CIRCUMFERENTIAL WELD	**UT-21**
262100 4-101-A1 ANCHOR CTHT, 54'10"	F-B F2.10	VT-3	NDE 4.3-66	C X - - -	3/12/91 - VT COMPLETE	**N/A**
262150 4-101-A1 1A INTEGRAL ATTACHMENT CTHT, 54'10"	C-C C2.30	MT	NDE 2.2-19	C X - - -	3/12/91 - MT COMPLETE; LIMITED EXAM ON BASE METAL DUE TO ANCHOR CONFIGURATION	**N/A**

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STEAM SYSTEM LOOP A OUTSIDE CONTAINMENT

ZONE NUMBER: 102	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 72, 5614-P-562-S SH. 2 OF 6 REF. DWG. NO. 4-B40</u>						
262800	14"-MSA-2401-2	C-F	PT	NDE 3.3-4	C X - - -	1/22/91 - MT COMPLETE; 1/16/91 - RT
	TEE TO FLANGE	C5.21	RT	TS 9.3-1	X - - -	COMPLETE
	MS PLATFORM, 54'10"					**N/A**
263100	14"-MSA-2401-5	C-F	MT	NDE 2.2-7	C X - - -	1/22/91 - MT COMPLETE; 1/16/91 - RT
	TEE TO CAP	C5.21	RT	TS 9.3-2	X - - -	COMPLETE
	MS PLATFORM, 54'10"					**N/A**
<u>SYSTEM NO. 72, 5614-P-563-S SH. 1 OF 2 REF. DWG. NO. 4-B40</u>						
263800	6"-MSA-2401-5	C-F	MT	NDE 2.2-23	C X - - -	6/6/91 - BASELINE MT COMPLETE
	6" WELDOLET TO PIPE	C5.11				
	MS PLATFORM, 54'10"					**N/A**
263900	6"-MSA-2401-6	C-F	MT	NDE 2.2-23	C X - - -	6/6/91 - BASELINE MT COMPLETE
	PIPE TO VALVE 4-10-001	C5.11				
	MS PLATFORM, 54'10"					**N/A**
264000	6"-MSA-2401-7	C-F	MT	NDE 2.2-23	C X - - -	6/6/91 - BASELINE MT COMPLETE
	VALVE 4-10-001 TO VALVE 4-1606	C5.11				
	MS PLATFORM, 54'10"					**N/A**



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STEAM SYSTEM LOOP B OUTSIDE CONTAINMENT

ZONE NUMBER: 103	ASME SEC. XI				N I O S O N G T T R S E H A E I O E	REMARKS
SUMMARY EXAMINATION AREA NUMBER IDENTIFICATION	CATGY ITEM NO	EXAM METHOD	PROCEDURE		T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 72, 5614-P-563-S SH. 2 OF 2 REF. DWG. NO. 4-B41

266000	6"-MSB-2402-5 6" WELDOLET TO PIPE MS PLATFORM, 54'10"	C-F C5.11	MT	NDE 2.2-24	C X - - -	6/6/91 - BASELINE MT COMPLETE
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N/A

266100	6"-MSB-2402-6 PIPE TO VALVE 4-10-002 MS PLATFORM, 54'10"	C-F C5.11	MT	NDE 2.2-24	C X - - -	6/6/91 - BASELINE MT COMPLETE
--------	--	--------------	----	------------	-----------	-------------------------------

N/A

266200	6"-MSB-2402-7 VALVE 4-10-002 TO VALVE 4-1607 MS PLATFORM, 54'10"	C-F C5.11	MT	NDE 2.2-24	C X - - -	6/6/91 - BASELINE MT COMPLETE
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N/A



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STEAM SYSTEM LOOP C OUTSIDE CONTAINMENT

ZONE NUMBER: 104	ASME				H I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 72, 5614-P-562-S SH. 1 OF 6 REF. DWG. NO. 4-B42

267000	14"-MSC-2405-1	C-F	MT	NDE 2.2-8	C X - - -	1/22/91 - MT COMPLETE; 1/16/91 - RT
	12" WELDOLET TO PIPE	C5.21	RT	TS 9.3-4	- - - X	COMPLETE, SLAG; 1/25/91 - UT COMPLETE,
	54'10"		UT 0	NDE 5.2-5	- - - X	ACCEPTABLE SLAG, ACCEPTED AS IS BY PLANT
			UT 45	NDE 5.2-5	- - - X	
			CNR	91-4-006		**N/A**

267300	14"-MSC-2405-4	C-F	PT	NDE 3.3-3	C X - - -	1/22/91 - MT COMPLETE; 1/16/91 - RT
	TEE TO FLANGE	C5.21	RT	TS 9.3-3	X - - -	COMPLETE
	MS PLATFORM, 54'10"					**N/A**

SYSTEM NO. 72, 5614-P-563-S SH. 2 OF 2 REF. DWG. NO. 4-B42

268100	6"-MSC-2403-5	C-F	MT	NDE 2.2-25	C X - - -	6/6/91 - BASELINE MT COMPLETE
	6" WELDOLET TO PIPE	C5.11				
	MS PLATFORM, 54'10"					**N/A**

268200	6"-MSC-2403-6	C-F	MT	NDE 2.2-25	C X - - -	6/6/91 - BASELINE MT COMPLETE
	PIPE TO VALVE 4-10-003	C5.11				
	MS PLATFORM, 54'10"					**N/A**

268300	6"-MSC-2403-7	C-F	MT	NDE 2.2-25	C X - - -	6/6/91 - BASELINE MT COMPLETE
	VALVE 4-10-003 TO VALVE 4-1608	C5.11				
	MS PLATFORM, 54'10"					**N/A**



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GENERATOR C BLOWDOWN INSIDE CONTAINMENT

ZONE NUMBER: 107	ASME SEC. XI				N I O S O N G T T R S E H A E I O E T C G H R	REMARKS
SUMMARY EXAMINATION AREA NUMBER IDENTIFICATION	CATGY ITEM NO	EXAM METHOD	PROCEDURE			**CALIBRATION BLOCK**

SYSTEM NO. 71, 5614-P-785-S SH. 2 OF 3 REF. DWG. NO. 4-B51A

275400	6"-BDC-2403-2 VALVE SGB-4-005 TO PIPE CTHT, 32'6"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-16 NDE 5.2-9 NDE 5.2-9 NDE 5.2-9	C X - - - X - - - X - - - - - X -	2/19/91 - MT & UT COMPLETE, ROOT GEOMETRY **UT-22**
275700	6"-BDC-2403-5 REDUCER TO VALVE SGB-4-006 CTHT, 33'11"	C-F C5.21	MT UT	NDE 2.2-16 NDE 5.2	P X - - -	2/19/91 - MT COMPLETE **UT-22**
275800	6"-BDC-2403-6 VALVE SGB-4-006 TO PIPE CTHT, 33'11"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-16 NDE 5.2-9 NDE 5.2-9 NDE 5.2-9	C X - - - X - - - X - - - - - X -	2/19/91 - MT & UT COMPLETE, ROOT GEOMETRY **UT-22**
275850	78102B-H-422-05 RIGID STRUT CTHT, 33'11"	F-C F3.10	VT-3 VT-3 CNR PWO	NDE 4.3-47 91-3173 91-4-037 WA910306065703	C - - - X X - - -	2/19/91 - VT COMPLETE, INADEQUET THREAD ENGAGEMENT; 10/23/91 - VT RE-EXAM COMPLETE AFTER REPLACING BOLTING **N/A**
276100	6"-BDC-2403-9 TEE TO PIPE CTHT, 30'8"	C-F C5.21	MT UT 45 UT 45T UT 60 CNR	NDE 2.2-16 NDE 5.2-9 NDE 5.2-9 NDE 5.2-9 91-4-033	C X - - - X - - - X - - - - - X X	2/19/91 - MT & UT COMPLETE, ROOT GEOMETRY AND ACCEPTABLE SLAG INCLUSION, ACCEPTED AS-IS **UT-22**

SYSTEM NO. 71, 5614-P-785-S SH. 1 OF 3 REF. DWG. NO. 4-B51B

276600	6"-BDC-2403-14 ELBOW TO PIPE CTHT, 25'0"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-15 NDE 5.2-8 NDE 5.2-8 NDE 5.2-8	C X - - - - - X - X - - - - - X X	2/15/91 - MT COMPLETE; 2/15/91 - UT COMPLETE, ROOT GEOMETRY AND ACCEPTABLE SLAG **UT-22**
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GENERATOR C BLOWDOWN INSIDE CONTAINMENT

ZONE NUMBER: 107	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOO	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 71, 5614-P-785-S SH. 1 OF 3 REF. DWG. NO. 4-B51B

276800	6"-BDC-2403-16 PIPE TO ELBOW CTMT	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-15 NDE 5.2-8 NDE 5.2-8 NDE 5.2-8	C X - - - X - - - X - - - - - X -	2/15/91 - MT COMPLETE; 2/15/91 - UT COMPLETE, ROOT GEOMETRY **UT-22**
277300	6"-BDC-2403-21 PIPE TO REDUCER CTMT, 28'0"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-15 NDE 5.2-8 NDE 5.2-8 NDE 5.2-8	C X - - - X - - - X - - - - - X -	2/15/91 - MT & UT COMPLETE, ROOT GEOMETRY **UT-22**
277400	6"-BDC-2403-22 REDUCER TO PENETRATION 28C CTMT, 28'0"	C-F C5.21	MT	NDE 2.2-15	C X - - -	2/15/91 - MT COMPLETE **N/A**

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GENERATOR A BLOWDOWN OUTSIDE CONTAINMENT

ZONE NUMBER: 108	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**

SYSTEM NO. 71, 5614-P-843-S SH. 1 OF 1 REF. DWG. NO. 4-852

279050	781028-H-423-17	F-C	VT-3	NDE 4.3-7	C - - - X	1/24/91 - VT COMPLETE, BROKEN GROUT, NO
	RIGID STRUT	F3.10	VT-3	H-91-5481	X - - -	EVIDENCE OF LUBRICATION ON BEARINGS,
	28"Ø		CNR	91-4-007		INCOMPLETE THREAD ENGAGEMENT; 8/10/19 -
			NCR	H-91-0157		VT RE-EXAM
			CWO	500438		**N/A**

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GENERATOR B BLOWDOWN OUTSIDE CONTAINMENT

ZONE NUMBER: 109		ASME	N I O		
		SEC. XI	S O N G T		
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E REMARKS
					T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 71, 5614-P-844-S SH. 1 OF 1 REF. DWG. NO. 4-853

279650	78102B-H-423-11	F-C	VT-3	NDE 4.3-8	C - - - X	1/25/91 - VT COMPLETE, BEARING SLEEVE
	RIGID STRUT	F3.10	VT-3	H-91-5480	X - - -	COMING OUT OF PADDLE, NO EVIDENCE OF
	28"Ø		CNR	91-4-007		LUBRICATION, INCOMPLETE THREAD
			NCR	H-91-0157		ENGAGEMENT; 8/11/91 - VT RE-EXAM
			CWO	500438		COMPLETE
						N/A



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4 GENERATOR C BLOWDOWN OUTSIDE CONTAINMENT

ZONE NUMBER: 110	ASME				N I O	
	SEC. XI				S O N G T	
SUMMARY EXAMINATION AREA	CATGY	EXAM			T R S E H	
NUMBER IDENTIFICATION	ITEM NO	METHOD	PROCEDURE		A E I O E	REMARKS
					T C G M R	**CALIBRATION BLOCK**

SYSTEM NO. 71, 5614-P-845-S SH. 1 OF 1 REF. DWG. NO. 4-B54

280200	6"-BDC-2406-FW35C REDUCER TO PIPE FW PLATFORM, 28'0"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-9 NDE 5.2-4 NDE 5.2-4 NDE 5.2-4	C X - - - - - X - X - - - - - X -	1/24/91 - MT & UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY **UT-22**
280250	78102B-H-423-06 RIGID STRUT FW PLATFORM, 28'0"	F-C F3.10	VT-3 VT-3 VT-3 VT-3 CNR NCR	NDE 4.3-6 H-91-5479 H-91-5480 H-91-5481 91-4-007 H-91-0157	C - - - X X - - - X - - - X - - -	1/24/91 - VT COMPLETE; NO EVIDENCE OF LUBRICATION, INCOMPLETE THREAD ENGAGEMENT; 8/10/91 - VT RE-EXAMS COMPLETE, ALL PROBLEMS RESOLVED **H/A**
280300	6"-BDC-2406-FW32C PIPE TO VALVE SGB-4-009 FW PLATFORM, 24'9"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-9 NDE 5.2-4 NDE 5.2-4 NDE 5.2-4	C X - - - - - X - X - - - - - X -	1/24/91 - MT & UT COMPLETE, ROOT AND COUNTERBORE GEOMETRY **UT-22**

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FEEDWATER SYSTEM LOOP A

ZONE NUMBER: 111		ASME			N I O	
		SEC. XI			S O N G T	
SUMMARY EXAMINATION AREA		CATGY	EXAM		T R S E H	
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A E I O E	REMARKS
					T C G M R	**CALIBRATION BLOCK**

SYSTEM NO. 74, 5614-P-770-S SH. 3 OF 4 REF. DWG. NO. 4-B55A

280650	4-FWH-38 SPRING HANGER 40'0"	F-C F3.50	VT-3,4 CNR NCR	NDE 4.3-5 91-4-004 N91-0153	C - - - X	1/15/91 - VT COMPLETE, INCOMPLETE THREAD ENGAGEMENT, NO TOLERANCES GIVEN ON DRAWING, ACCEPTED AS-IS BY ENGINEERING EVALUATION **N/A**
280900	14"-FWA-2401-3 VALVE 4-20-133 TO PIPE FW PLATFORM, 45'0"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-3 NDE 5.2-3 NDE 5.2-3 NDE 5.2-3	C X - - - - - X - X - - - - - X -	1/15/91 - MT COMPLETE; 1/16/91 - UT COMPLETE, GEOMETRY **UT-20**

SYSTEM NO. 74, 5614-P-557-S SH. 1 OF 1 REF. DWG. NO. 4-B55A

281570	4-111-A1 ANCHOR CTHT, 50'10"	F-B F2.10	VT-3	NDE 4.3-49	C X - - -	2/21/91 - VT COMPLETE **N/A**
281580	4-111-A1 1A INTEGRAL ATTACHMENT CTHT, 50'10"	C-C C3.20	PT	NDE 3.4-1	C X - - -	3/14/91 - FLUORESCENT PT COMPLETE **N/A**

SYSTEM NO. 74, 5614-P-557-S SH. 1 OF 1 REF. DWG. NO. 4-B55B

283300	AUGMENTED EXAM FROM NOZZLE RAMP TO 1 PIPE DIA. ON ELBOW CTHT, 68'5"	IE BUL 79-13	UT 45 UT 60 CNR	NDE 5.16-3 NDE 5.16-3 91-4-030	A - - X X - - X X	2/19/91 - UT COMPLETE, ROOT GEOMETRY, ACCEPTABLE LINEAR INDICATIONS AT INSIDE SURFACE, WILL BE RE-EXAMINED DURING THE NEXT OUTAGE **UT-20, UT-29**
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DATE: 01/10/92
REVISION: 3

TURKEY POINT NUCLEAR PLANT UNIT 4
INSERVICE INSPECTION SUMMARY REPORT
SECOND INTERVAL, THIRD PERIOD, FIRST OUTAGE (1991)
CLASS 2 ALL STATUS COMPONENTS

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FEEDWATER SYSTEM LOOP B

ZONE NUMBER: 112		ASME	N I O			
		SEC. XI	S O N G T			
SUMMARY EXAMINATION AREA		CATGY	EXAM	T R S E H		
NUMBER	IDENTIFICATION	ITEM NO	METHOD	PROCEDURE	A - E I O E	REMARKS
					T C G H R	**CALIBRATION BLOCK**
<u>SYSTEM NO. 74, 5614-P-770-S SH. 2 OF 4 REF. DWG. NO. 4-B56</u>						
285300	14"-FWB-2402-3	C-F	MT	NDE 2.2-2	C X - - -	1/15/91 - MT COMPLETE; 1/16/91 - UT
	VALVE 4-20-233 TO PIPE	C5.21	UT 45	NDE 5.4-1	- - X -	COMPLETE, GEOMETRY
	FW PLATFORM, 45'0"		UT 45T	NDE 5.4-1	X - - -	
			UT 60	NDE 5.4-1	- - X -	
						UT-20
<u>SYSTEM NO. 74, 5614-P-558-S SH. 1 OF 1 REF. DWG. NO. 4-B56</u>						
285650	4-112-A1	F-B	VT-3	NDE 4.3-50	C X - - -	2/21/91 - VT COMPLETE
	ANCHOR	F2.10				
	CTMT, 51'10"					**N/A**
285660	4-112-A1 1A	C-C	MT	NDE 2.2-17	C X - - -	2/21/91 - MT COMPLETE
	INTEGRAL ATTACHMENT	C2.30				
	CTMT, 51'10"					**N/A**
286800	18"-FWB-2402-B-1	C-F	MT	NDE 2.2-13	C X - - -	2/14/91 - MT COMPLETE; 2/19/91 - UT
	NOZZLE EXTENSION TO NOZZLE	C5.21	UT 0	NDE 5.1-3	X - - -	COMPLETE, THERMAL SLEEVE GEOMETRY
	CTMT, 68'6"		UT 45	NDE 5.1-3	- - X -	
			UT 45T	NDE 5.1-3	X - - -	
			UT 60	NDE 5.1-3	X - - -	**UT-29**
			UT 60T	NDE 5.1-3	X - - -	
286900	AUGMENTED EXAM	1E BUL	UT 45	NDE 5.16-2	A - - - X	2/19/91 - UT COMPLETE, BACKING BAR AND
	FROM NOZZLE RAMP TO 1 PIPE	79-13	UT 60	NDE 5.16-2	- - X X	ROOT GEOMETRY, ACCEPTABLE LINEAR
	DIA. ON ELBOW		CHR	91-4-029		INDICATIONS AT INSIDE SURFACE, WILL BE
	CTMT, 68'6"					RE-EXAMINED DURING THE NEXT OUTAGE
						UT-20



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TURKEY POINT NUCLEAR PLANT UNIT 4
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SECOND INTERVAL, THIRD PERIOD, FIRST OUTAGE (1991)
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FEEDWATER SYSTEM LOOP C

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CATGY EXAM
ITEM NO METHOD PROCEDURE

A E I O E REMARKS
T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 74, 5614-P-770-S SH. 1 OF 4 REF. DWG. NO. 4-B57

287400	4-FWH-26 SPRING HANGER 40'0"	F-C F3.50	VT-3,4 VT-3,4 CNR NCR	NDE 4.3-1 NDE 4.3-84 91-4-005 N91-0154	C - - - X X - - -	1/15/91 - VT COMPLETE, INCOMPLETE THREAD ENGAGEMENT, IMPROPER SPRING CAN SETTING, THREAD ENGAGEMENT ACCEPTED AS-IS BY ENGINEERING EVALUATION; 10/8/91 - VT RE-EXAM COMPLETE **N/A**
287800	14"-FWC-2403-3 VALVE 4-20-333 TO PIPE FW PLATFORM, 45'0"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-1 NDE 5.2-2 NDE 5.2-2 NDE 5.2-2	C X - - - - - X - X - - - - - X -	1/15/91 - MT COMPLETE; 1/16/91 - UT COMPLETE, GEOMETRY **UT-20**

SYSTEM NO. 74, 5614-P-789-S SH. 1 OF 1 REF. DWG. NO. 4-B57

288150	4-113-A1 ANCHOR CTMT, 51'10"	F-B F2.10	VT-3	NDE 4.3-40	C X - - -	2/5/91 - VT COMPLETE **N/A**
288160	4-113-A1 IA INTEGRAL ATTACHMENT CTMT, 51'10"	C-C C2.30	MT	NDE 2.2-14	C X - - -	2/15/91 - MT COMPLETE **N/A**
288400	14"-FWC-2403-9 ELBOW TO PIPE CTMT, 51'10"	C-F C5.21	MT UT 45 UT 45T UT 60	NDE 2.2-10 NDE 5.2-7 NDE 5.2-7 NDE 5.2-7	C X - - - - - X - X - - - - - X -	2/5/91 - MT COMPLETE; 2/7/91 - UT COMPLETE, ROOT AND BACKING BAR GEOMETRY **UT-20**
288450	4-FWH-13 SPRING HANGER CTMT, 51'10"	F-C F3.50	VT-3,4 CNR NCR PWO	NDE 4.3-41 91-4-025 N91-0190 WA910413065335	C - - - X	2/7/91 - VT COMPLETE, SETTINGS ON SPRING CAN DO NOT AGREE WITH DRAWING, ACCEPTABLE AS-IS, SPRING CAN WILL BE REMARKED **N/A**



DATE: 01/10/92
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TURKEY POINT NUCLEAR PLANT UNIT 4
INSERVICE INSPECTION SUMMARY REPORT
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A E I O E REMARKS
T C G H R **CALIBRATION BLOCK**

SYSTEM NO. 74, 5614-P-789-S SH. 1 OF 1 REF. DWG. NO. 4-B57

288500	14"-FWC-2403-10	C-F	MT	NDE 2.2-12	C	- - - X	2/5/91 - MT COMPLETE, LINEAR INDICATION,
	PIPE TO ELBOW	C5.21	MT	91-0824		X - - -	REMOVED BY BUFFING; 2/7/91 - UT
	CTMT, 51'10"		UT 45	NDE 5.2-7		- - X -	COMPLETE, ROOT AND BACKING BAR GEOMETRY
			UT 45T	NDE 5.2-7		X - - -	
			UT 60	NDE 5.2-7		- - X -	**UT-20**
			CNR	91-4-024			
			PWO	WA910301113406			
			NCR	N-91-0190			
289400	AUGMENTED EXAM	IE BUL	UT 45	NDE 5.16-1	A	- - X X	2/6/91 - UT COMPLETE, ACCEPTABLE LINEAR
	FROM NOZZLE RAMP TO 1 DIA. ON	79-13	UT 45T	NDE 5.16-1		X - - -	INDICATIONS AT THE INSIDE SURFACE, WILL
	ELBOW		UT 60	NDE 5.16-1		- - X X	BE RE-EXAMINED DURING THE NEXT OUTAGE
	CTMT, 68'5"		CNR	91-4-028			

UT-20, UT-29



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REVISION: 3

TURKEY POINT NUCLEAR PLANT UNIT 4
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FEEDWATER BYPASS LOOP B

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PROCEDURE

T C G M R **CALIBRATION BLOCK**

SYSTEM NO. 74, 5614-P-770-S SH, 2 OF 4 REF. DWG. NO. 4-859

290770 6"-FW-2402-1A C-F MT NDE 2.2-5 C X - - - 1/18/91 - MT COMPLETE
VALVE FCV-4-489 TO REDUCER C5.11
40'0"

H/A



DATE: 01/10/92
REVISION: 3

TURKEY POINT NUCLEAR PLANT UNIT 4
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A E I O E REMARKS

NUMBER IDENTIFICATION

ITEM NO METHOD

PROCEDURE

T C G M R **CALIBRATION BLOCK**

SYSTEM NO. 74, 5614-P-770-S SH. 1 OF 4 REF. DWG. NO. 4-B60

291500	6"-FW-2403-1A VALVE FCV-4-499 TO REDUCER 40'0"	C-F C5.11	MT	NDE 2.2-6	C X - - -	1/18/91 - MT COMPLETE
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N/A

291900	6"-FW-2403-3 VALVE 4-20-332 TO ELBOW FW PLATFORM, 40'0"	C-F C5.11	MT	NDE 2.2-4	C X - - -	1/15/91 - MT COMPLETE
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N/A



FLORIDA POWER & LIGHT
TURKEY POINT NUCLEAR PLANT
1991 DUAL UNIT OUTAGE

UNIT 4

MECHANICAL SHOCK ARRESTOR SURVEILLANCE PROGRAM

Title

SUMMARY REPORT
VISUAL EXAMINATION AND FUNCTIONAL TESTING
OF
SNUBBERS



TABLE OF CONTENTS

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ABSTRACT

Visual examination and functional testing of Mechanical Shock Arrestors were performed in Unit 4 to satisfy the requirements of ASME Section XI, 1980 Edition, Winter 1981 Addenda, and Plant Technical Specifications during the 1991 Dual Unit Outage. Visual Examination and Functional Testing activities were performed by Qualtec Testing Services, Inc. during the period of January 16, 1991 through February 22, 1991.

PROCEDURES

The following Florida Power & Light procedures were used to implement the Mechanical Shock Arrestor Surveillance Program.

AP 0190.83	Mechanical Shock Arrestor Surveillance Program
AP 0190.85	Functional Testing of Mechanical Shock Arrestors
OP 0209.9	Visual Examination of Mechanical Shock Arrestors
O-CMM-105.1	Removal and Reinstallation of Mechanical Shock Arrestors

The following procedures were utilized by Qualtec Testing Services to perform the Visual Examination and Functional Testing.

QTS-EXM-1.1	Visual Examination of Mechanical Snubbers
QTS-TST-1.1	Functional Testing of Pacific Scientific Mechanical Snubbers
QTS-MNT-1.1	Removal & Reinstallation of Mechanical Snubbers
QTS-MNT-3.1	Disassembly and Repair of Pacific Scientific Mechanical Snubbers
QTS-CAL-1.2	QTS Snubber Test System, QTS-ST-001, Calibration Verification

EXAMINATION/TESTING

Visual examinations (VT-3, VT-4 hand stroke) were performed on a total of ninety (90) snubbers and functional testing was performed on 25 snubbers with seven (7) additional tests being performed as an expanded sample.

TAG	S/N	MODEL	SYSTEM	VT	FT	TEST SAMPLE	CORRECTIVE ACTION
4-1000	184	PSA-10	SIS	SAT	SAT	YES	NONE
4-1001	18010	PSA-1	SIS	SAT			NONE
4-1002	18016	PSA-1	SIS	SAT	SAT	YES	NONE
4-1003	18008	PSA-1	SIS	SAT			NONE
4-1004	3168	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1005	1206	PSA-35	HS	SAT			NONE
4-1006	8087	PSA-35	HS	SAT			NONE
4-1007	11928	PSA-35	HS	SAT			NONE
4-1008	1205	PSA-35	HS	SAT			NONE
4-1009	1228	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1010	1204	PSA-35	HS	SAT			NONE
4-1011	1281	PSA-35	HS	SAT			NONE
4-1012	10172	PSA-10	RHR	SAT	SAT	EXPANDED	SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DESIGN. ADDRESSED ON NCR N-91-0167. FT INDICATED A HIGH ACCELERATION RATE OF .02g. INSTALLED SPARE S/N 16154.
4-1013	17418	PSA-3	RHR	SAT	SAT	EXPANDED	NONE
4-1014	116	PSA-10	RHR	SAT	SAT	EXPANDED	SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DESIGN. ADDRESSED ON NCR N-91-0150. FT INDICATED A HIGH ACCELERATION RATE OF .02g. INSTALLED SPARE S/N 17177.

TAG	S/N	MODEL	SYSTEM	VT	FT	TEST SAMPLE	CORRECTIVE ACTION
4-1015	117	PSA-10	RHR	SAT			NONE
4-1016	12	PSA-10	RHR	SAT			NONE
4-1017	118	PSA-10	RHR	SAT			NONE
4-1018	17420	PSA-3	RHR	SAT			NONE
4-1019	17426	PSA-3	RHR	SAT			NONE
4-1020	27101	PSA-3	AFW	SAT			NONE
4-1021	128	PSA-3	AFW	SAT			NONE
4-1022	21381	PSA-3	FW	SAT			NONE
4-1032	3707	PSA-35	FW	SAT			NONE
4-1033	7001	PSA-35	FW	SAT			NONE
4-1034	10174	PSA-10	FW	SAT	SAT	Previous failure	SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DESIGN. ADDRESSED ON NCR N-91-0131. FT INDICATED A HIGH ACCELERATION RATE OF .02g, INSTALLED SPARE S/N 16243.
4-1035	182	PSA-10	FW	SAT			SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DESIGN. ADDRESSED ON NCR N-0131.
4-1036	11461	PSA-10	FW	SAT			SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DEIGN. ADDRESSED ON NCR N-0130.
4-1037	11930	PSA-35	FW	SAT			NONE
4-1038	29497	PSA-1/4	CVCS	SAT	SAT	YES	NONE
4-1039	4589	PSA-35	HS	SAT			NONE
4-1040	17419	PSA-3	CVCS	SAT	SAT	YES	SNUBBER WAS FOUND TO BE INSTALLED 180 DEGREES FROM DESIGN. ADDRESSED ON NCR N-0145.
4-1041	19721	PSA-3	CVCS	SAT			NONE



TAG	S/N	MODEL	SYSTEM	VT	FT	TEST SAMPLE	CORRECTIVE ACTION
4-1042	19727	PSA-3	CVCS	SAT			NONE
4-1043	27099	PSA-3	CVCS	SAT			NONE
4-1044	3919	PSA-10	RCS	SAT			NONE
4-1045	3905	PSA-10	RCS	SAT			NONE
4-1046	187	PSA-10	RCS	SAT			NONE
4-1047	185	PSA-10	RCS	SAT			NONE
4-1048	4251	PSA-10	RCS	SAT			NONE
4-1049	10169	PSA-10	RCS	SAT	SAT	EXPANDED	NONE
4-1050	12374	PSA-10	RCS	SAT	SAT	EXPANDED	NONE
4-1051	11125	PSA-10	RCS	SAT			NONE
4-1052	16251	PSA-10	RCS	SAT			LACK OF THREAD ENGAGEMENT ON TURNBUCKLE. ADDRESSED ON NCR N-91-0262.
4-1053	11446	PSA-10	RCS	SAT			NONE
4-1054	16253	PSA-10	RCS	SAT			NONE
4-1055	11110	PSA-10	RCS	SAT			NONE
4-1056	16232	PSA-10	RCS	SAT	UNSAT	YES	FT EXCEEDED ACCELERATION (TENSION) .023g. INSTALLED SPARE S/N 17841. NCR N-91-0010.
4-1057	27080	PSA-3	RCS	SAT			NONE
4-1058	21379	PSA-3	RCS	SAT			NONE
4-1059	27103	PSA-3	RCS	SAT	SAT	YES	NONE
4-1061	19722	PSA-3	RCS	SAT			NONE
4-1062	27076	PSA-3	RCS	SAT			NONE
4-1063	27098	PSA-3	RCS	SAT			NONE

TAG	S/N	MODEL	SYSTEM	VT	FT	TEST SAMPLE	CORRECTIVE ACTION
4-1064	27077	PSA-3	RCS	SAT			NONE
4-1065	20873	PSA-3	RCS	SAT			NONE
4-1066	27094	PSA-3	RCS	SAT			NONE
4-1067	27097	PSA-3	RCS	SAT			NONE
4-1068	27085	PSA-3	RCS	SAT			NONE
4-1069	10033	PSA-35	FW	SAT			NONE
4-1070	10036	PSA-35	FW	SAT	SAT	YES	NONE
4-1071	11315	PSA-10	FW	SAT	SAT	YES	NONE
4-1072	16235	PSA-10	FW	SAT			NONE
4-1073	3941	PSA-10	FW	SAT			NONE
4-1074	19298	PSA-3	SG	SAT	SAT	EXPANDED	NONE
4-1075	19297	PSA-3	SG	SAT	SAT	EXPANDED	NONE
4-1076	24414A	PSA-1	SG	SAT			NONE
4-1077	18014	PSA-1	SG	SAT			NONE
4-1078	24430A	PSA-1	SG	SAT	SAT	Previous failure	NONE
4-1079	23227	PSA-1	SG	SAT			NONE
4-1080	24431	PSA-1	SG	SAT			NONE
4-1081	19295	PSA-3	SG	SAT			NONE
4-1082	19296	PSA-3	SG	SAT			NONE
4-1083	24408A	PSA-1	SG	SAT			NONE
4-1084	23229	PSA-1	SG	SAT			NONE
4-1085	33629	PSA-1/4	CVCS	SAT			NONE



TAG	S/N	MODEL	SYSTEM	VT	FT	TEST SAMPLE	CORRECTIVE ACTION
4-1086	12993	PSA-35	HS	SAT	SAT	Previous failure	NONE
4-1087	12994	PSA-35	HS	SAT	SAT	Previous failure	NONE
4-1088	12995	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1089	12996	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1090	12997	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1091	12998	PSA-35	HS	SAT	SAT	Previous failure	NONE
4-1092	12999	PSA-35	HS	SAT	SAT	Informational test	NONE
4-1093	17868	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1094	17869	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1095	17850	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1096	17861	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1097	17872	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1098	17873	PSA-10	HS	SAT	SAT	Previous failure	NONE
4-1099	17423	PSA-3	HS	SAT			NONE

OUTAGE WORK

Prior to implementation of the Mechanical Shock Arrestor Surveillance Program, visual examinations were performed by FPL Construction Quality Control on the Mechanical Shock Arrestors that were eliminated on the RTD Bypass. A total of (9) nine snubbers were visually inspected in Unit 4 with no visual failures reported. The following Snubbers were removed from service as a result of the RTD By-Pass elimination:

TAG#	SERIAL#
4-1023	33630
4-1024	29446
4-1025	11988
4-1026	33629
4-1027	16726
4-1028	35899
4-1029	29447
4-1030	29582
4-1031	11990

Snubber 4-1100, serial# 29498, PSA 1/4 has been added by PC/M 90-379 to the Waste Disposal System. Snubber service life started on July 22, 1991.



CONCLUSION

During the 1991 Dual Unit Outage, required snubber surveillances were performed on the snubber population of Turkey Point Unit 4 in accordance with AP 0190.83 (Mechanical Shock Arrestor Surveillance Program). These surveillances included visual examinations and handstroking of all Unit 4 snubbers in accordance with OP 0209.9 (Visual Examination of Mechanical Shock Arrestors). The functional test representative sample, and additional selections were tested and selected in accordance with AP 0190.85 (Functional Testing of Mechanical Shock Arrestors).

All functional tests and visual examinations were performed in compliance with ASME Section XI and the surveillance requirements of Plant Technical Specifications (3/4.7.6). Of all visual examinations and functional tests performed, one (1) functional test failure was noted. An expanded functional test sample was selected and tested in accordance with NRC Relief Request# 15 (Turkey Point Units 3/4, Second Inspection Interval, Inservice Inspection). There were no functional test failures noted for the expanded sample selection.

Therefore, FPL has met all ASME Section XI and Plant Technical Specification requirements for visual examination and functional testing of snubbers at Turkey Point Unit 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 6/7/88Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

CWO: A-435 PCM: 86-195 NCR-C-144-88
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/AAuthorization No. N/AExpiration Date N/A4. Identification of System Component Cooling Water System5. (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-254-02	N/A	Repair	No

7. Description of Work Weld repair of pipe support H-254-02.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi

Test Temp. _____ Degree's 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 attachedWelding 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 Repair conforms
to the rules of the ASME Code, Section XI. repair or replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned H.T. Young PROJ. SITE MGR. Date 6-7, 1988
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period May 7, 1988
to June 6, 1988, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.D. E. Boyer
Inspector's SignatureCommissions 4956 (N) (I)

National Board, State, Province, and Endorsements

Date 6-8 1988

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 10-28-88
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Sheet 1 of 1
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address
3. Work Performed by BECHTEL CONSTRUCTION, INC. Unit 4
Name
P.O. BOX 3218, FLORIDA CITY, FL 33034
Address
4. Identification of System Safety Injection System
5. (a) Applicable Construction Code B31.1, 19 83 Edition, S 83 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-734-01	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-734-01	1988	Replacement	No
Pipe Support	N/A	N/A	N/A	H-734-02	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-734-02	1988	Replacement	No
Pipe Support	N/A	N/A	N/A	H-734-03	N/A	Replaced	No
Pipe Support	N/A	N/A	N/A	H-734-03	1988	Replacement	No
Pipe Support	N/A	N/A	N/A	H-734-04	1988	Replacement	No

7. Description of Work: Modified existing supports and installed new support.

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

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 attachedWelding performed in accordance with the FP&L 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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned H.T. Jerning Plant Site Mgr. Date 10/1, 1988
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period Sept. 21, 1988
to Oct. 29, 1988, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.D. F. Boyer Commissions Factory Mutual System
Inspector's Signature 4958 (N) (I)
National Board, State, Province, and Endorsements
Date Nov. 3 19 88

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

Page 1 of 2

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 6/1/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO 1450, 1444, 1445, 1446, NCR 89-093

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection

5. (a) Applicable Construction Code B31.1 1955 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)
Check Valve	Anchor Darling	N/A	N/A	Tag # 4-876D	N/A	Replacement	No
Check Valve	Anchor Darling	N/A	N/A	Tag # 4-875D	N/A	Replacement	No
Check Valve	Anchor Darling	N/A	N/A	Tag # 4-875E	N/A	Replacement	No
Check Valve	Anchor Darling	N/A	N/A	Tag # 4-875F	N/A	Replacement	No

7. Description of Work Replaced bonnet studs and nuts on the above valves.

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

Pressure 2335 psi Test Temp. 547 Degree's F

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

9. Remarks Quality Group A

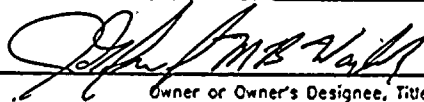
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed


 Owner or Owner's Designee, Title
Date 10/19 . 19 89

CERTIFICATE OF 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, MA.

have inspected the components described in this Owner's Report during the period Oct. 24, 1988 to May 3, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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


 Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 10/23 1989

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

Page 1 of 2

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 7/26/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO 0185
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Main Feedwater

5. (a) Applicable Construction Code B31.1 1955 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)
4" Control Valve	Copes Vulcan	N/A	N/A	Tag # FCV-4-499	N/A	Replacement	No

7. Description of Work Replaced valve body on valve FCV-4-499

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 2000 psi Test Temp. ambient Degree's F

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.

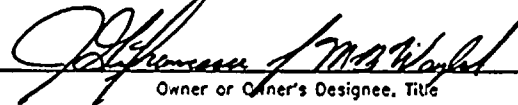
9. Remarks Examination performed by FPL Construction Quality Control Personnel.Applicable Manufacturer's Data Reports to be attachedAll welding performed in accordance with FP&L Weld Control Manual andSite Procedures.Quality Group "B"

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/ACertificate of Authorization No. N/AExpiration Date N/A

Signed


Owner or Owner's Designee, TitleDate 12/13, 19 89

CERTIFICATE OF 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, MA.

have inspected the components described in this Owner's Report during the period May 12, 1989 to July 21, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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


Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 12/13 19 89

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

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 529100, MIAMI, FL 33152
Address

Date 7/31/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PW0 2668

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT.
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Component Cooling Water

5. (a) Applicable Construction Code B31.1 1955 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)
Gate Valve	Unknown	N/A	N/A	Tag # 4-50-374	1988	Replacement	No

7. Description of Work Replaced 1½ drain valve on CCW HX "A" inlet water box

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

Pressure 5.5 psi Test Temp. 85 Degree's F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. X 11in., (2) information in items 1 through 6 on this report 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)

Page 2 of 2

9. Remarks Quality Group "C"

Applicable Manufacturer's Data Reports to be attached

Threaded connections, no welding performed.

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] Date 8/31, 19 89
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period Feb. 3, 1989 to July 27, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 9/1 1989

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

Page 1 of 2

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 9/1/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO 2898, 2899 PCM 87-350 P/S 89-449, 89-450
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical and Volume Control

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Diaphragm Valve	Unknown	N/A	N/A	4-394	N/A	Replacement	No
Diaphragm Valve	Unknown	N/A	N/A	4-398C	N/A	Replacement	No

7. Description of Work Replaced valve bonnet at tag location 4-394 and 4-398C.

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

Pressure 120 psi Test Temp. 166 Degree's F

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)

Page 2 of 2

9. Remarks Quality Group "B"
Applicable Manufacturer's Data Reports to be attached
Bolted connection, No welding performed.

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] Date 2/7 19 89
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period April 9, 1989 to AUGUST 28, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions Factory Mutual System
Inspector's Signature 4956 (N) (I)
National Board, State, Province, and Endorsements
 Date 9/7 19 89

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

Page 1 of 2

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 10/16/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO 1451 NCR 89-093
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Check Valve	Anchor Darling	N/A	N/A	Tag# 4-876E	N/A	Replacement	No

7. Description of Work Replaced bonnet studs and nuts at tag location 4-876E

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS over pressure test

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. X 11in., (2) information in items 1 through 6 on this report 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)

Page 2 of 2

9. Remarks Quality Group "A"

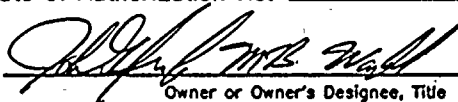
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed


Owner or Owner's Designee, TitleDate 10/19, 19 89

CERTIFICATE OF 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, MA.

have inspected the components described in this Owner's Report during the period Nov. 12, 1988 to April 10, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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


Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 10/19 19 89

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 11-3-89
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name N89-0730 CWO: D1-3427 IL 89-071M
P.O. BOX 3088, FLORIDA CITY, FL 33034 PCM: 89-373 CWO: D1-3428 IL 89-072M
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 55 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)
Gate Valve	Copes-Vulcan	N/A	N/A	MOV-4-750	Est. 1970	Replacement	No
Gate Valve	Copes-Vulcan	N/A	N/A	MOV-4-751	Est. 1970	Replacement	No
Globe Valve	Whitey	N/A	N/A	4-750C	Est. 1970	Replaced	No
Globe Valve	Whitey	N/A	N/A	4-750C	Est. 1978	Replacement	No
Globe Valve	Whitey	N/A	N/A	4-750D	Est. 1987	Replacement	No

7. Description of Work Changed existing Packing Gland Leakoff and Instrumentation Lines to Valve Bonnet Equalizing Lines. Added new valve 4-750D and supports H-1 and H-2 to MOV-4-751 Equalizing Line.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐
- * MOV-4-750 Pressure 2335 psi Test Temp. 547 Degree's F RCS Overpressure Test
- ** MOV-4-751 " 2700 psi " N/A " " " 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

All welding performed in accordance with the FP&L 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 W.D. Brown /Project Site Manager Date 11-10, 1989
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA

have inspected the components described in this Owner's Report during the period June 1, 1989 to Nov. 7, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. E. Boyer Commissions 4956 (N) (I)
Inspector's Signature National Board, State, Province, and Endorsements
Date 11/10 1989

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

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 529100, MIAMI, FL 33152
Address

Date 11/3/89

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO 2340
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code ANSI B31.1 '19 55 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)
Aband. Spray Valve	Copes Vulcan	N/A	N/A	455B	N/A	Replacement	No

7. Description of Work Replaced (one) corroded bonnet stud and nut at tag location 455B.

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS over pressure test

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

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Bolted connection, No welding performed.

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

MAINT SUPT.Date 11-8, 19 89

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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period Sept. 24, 1989 to Oct. 2, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature

Commissions

Factory Mutual System
 4956 (N) (I)

National Board, State, Province, and Endorsements

Date 11/15 19 89

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date December 15, 1989

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 3/4

PWO: 2028

Repair Organization P.O. No., Job No., etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical & Volume Control (Boron Addition & Recycle)

5. (a) Applicable Construction Code B31.1 1955 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)
Diaphragm Valve	Grinnell	N/A	N/A	Tag# 342	N/A	Replacement	No

7. Description of Work Replaced corroded bonnet studs and nuts at tag location #342

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

Pressure 110 psi

Test Temp. 162 Degree's F

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)

Page 2 of 2

9. Remarks Quality Group "B"

Applicable Manufacturer's Data Reports to be attached

Bolted Connection, No welding performed.

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] Date 12/11, 1989
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, Florida and employed by

Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period Sept. 4, 1989 to Sept. 8, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 12/18 1989

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date January 29, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9901

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code B31.1 1955 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)
RCS Piping	N/A	N/A	N/A	N/A	N/A	Replacement	No

7. Description of Work Replaced corroded studs and nuts in the Restricting Orifice Flange

downstream of valve tag location 4-555B

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure psi Test Temp. Degree's 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 11in., (2) information in items 1 through 6 on this report 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)

Page 2 of 2

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Bolted Connection, No welding performed.

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 [Signature] MAINT. SUPT. Date 2/10, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period JAN. 11, 1990 to JAN. 19, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 2/13 19 90

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 2-7-90
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name PCM: 88-263 IL 88-006M
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address CWO: A-558 PS 88-206
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
Address Expiration Date N/A
4. Identification of System Component Cooling Water
5. (a) Applicable Construction Code ASME VIII 19 86 Edition, W' 87 Addenda, 2051 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)
CCW HX 'A'	N/A	N/A	N/A	4E-207A	N/A	Replaced	No
CCW HX 'A'	Engineers & Fabricators	S22822	N/A	4E-207A	1988	Replacement	Yes
CCW HX 'B'	N/A	N/A	N/A	4E-207B	N/A	Replaced	No
CCW HX 'B'	Engineers & Fabricators	S22821	N/A	4E-207B	1988	Replacement	Yes
CCW HX 'C'	N/A	N/A	N/A	4E-207C	N/A	Replaced	No
CCW HX 'C'	Engineers & Fabricators	S22823	N/A	4E-207C	1988	Replacement	Yes

7. Description of Work Replaced shell and tube bundle assemblies, CCW Heat Exchangers "A", "B" and "C". Installed new pipe spools between the heat exchanger inlet and outlet nozzles and the isolation valves. Modified existing 3/4" NPS (cont'd. on Sheet 2)

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 162 psi Test Temp. N/A Degree's F

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 attachedAll welding performed in accordance with the EP&L 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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned W.D. Brown PROJECT SITE MANAGER Date 2-15, 1990
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, Florida and employed byArkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period Dec. 9, 1988 to Dec. 22, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. F. Boyer
Inspector's SignatureCommissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and EndorsementsDate 2/16 1990

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
NameP.O. BOX 529100, MIAMI, FL 33152
AddressDate 2-7-90Sheet 2 of 42. Plant TURKEY POINT
NameP.O. BOX 3088, FLORIDA CITY, FL 33034
AddressUnit 4

PCM: 88-263

IL 88-006M

CWO: A-558

PS 88-206

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressType Code Symbol Stamp N/AAuthorization No. N/AExpiration Date N/A4. Identification of System Component Cooling Water5. (a) Applicable Construction Code B31.1 19 86 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)
CCW Header 'A' Piping	N/A	N/A	N/A	N/A	Aprox 1972	Replacement	No
CCW Header 'B' Piping	N/A	N/A	N/A	N/A	Aprox 1972	Replacement	No
Globe Valve	Dresser Industries	H-646-ABG	N/A	4-610	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-638-ABG	N/A	4-611	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-659-ABG	N/A	4-612	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-675-ABG	N/A	4-712D	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-635-ABG	N/A	4-712E	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-652-ABG	N/A	4-712F	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-684-ABG	N/A	4-713D	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-647-ABG	N/A	4-713E	Aprox 1987	Replacement	No

7. Description of Work (cont'd. from sheet 1) shell vent and drain lines to 2" NPS tofacilitate maintenance activities. Modified supports 4-ACH-214, SR-691, 4-ACH-267,SR-692, 4-ACH-269, 4-ACH-268, and 4-ACH-184 and replaced supports 4-ACH-211, 4-ACH-210,4-ACH-44 and 4-ACH-45.

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
NameP.O. BOX 529100, MIAMI, FL 33152
AddressDate 2-7-90Sheet 3 of 42. Plant TURKEY POINT
NameP.O. BOX 3088, FLORIDA CITY, FL 33034
AddressUnit 4

PCM: 88-263

IL 88-006M

CWO: A-558.

PS 88-206

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressType Code Symbol Stamp N/AAuthorization No. N/AExpiration Date N/A4. Identification of System Component Cooling Water5. (a) Applicable Construction Code B31.1 1986 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)
Globe Valve	Dresser Industries	H-656-ABG	N/A	4-713F	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-667-ABG	N/A	4-713G	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-685-ABG	N/A	4-713H	Aprox 1987	Replacement	No
Globe Valve	Dresser Industries	H-664-ABG	N/A	4-713J	Aprox 1987	Replacement	No

7. Description of Work See Sheet 1 and 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 2-7-90
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name PCM: 88-263 IL 88-006M
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address CWO: A-558 PS 88-206
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
Address Expiration Date N/A
4. Identification of System Intake Cooling Water System
5. (a) Applicable Construction Code B31.1, 19 86 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)
ICW Piping to HX 'A'	N/A	N/A	N/A	N/A	Aprox 1972	Replacement	No
ICW Piping to HX 'B'	N/A	N/A	N/A	N/A	Aprox 1972	Replacement	No
ICW Piping to HX 'C'	N/A	N/A	N/A	N/A	Aprox 1972	Replacement	No

7. Description of Work Replaced existing 20", 90 degree elbows.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐
 Pressure 10 psi Test Temp. N/A Degree's F

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 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT Date March 7, 1990
 Name
P.O. BOX 529100, MIAMI, FL 33152
 Address
2. Plant TURKEY POINT Unit 4
 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 Authorization No. N/A
 Address Expiration Date N/A
4. Identification of System Intake Cooling Water
* ASME VIII 1983 Summer 1985 N/A
 5. (a) Applicable Construction Code B31.1, 19 55 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)
* Basket Strainer	N/A	N/A	N/A	BS-4-1403	N/A	Replaced	No
* Basket Strainer	Hayward Ind. Products Inc	38255-6	N/A	BS-4-1403	1987	Replacement	No
Butterfly Valve	N/A	N/A	N/A	4-50-344	N/A	Replaced	No
Butterfly Valve	Henry Pratt	7-61465-1-1	N/A	4-50-344	1986	Replacement	No
Butterfly Valve	N/A	N/A	N/A	4-50-349	N/A	Replaced	No
Butterfly Valve	Henry Pratt	7-61465-1-5	N/A	4-50-349	1986	Replacement	No

7. Description of Work Replaced Basket Strainer BS-4-1403 and Butterfly Valves 4-50-344
and 4-50-349. *See remarks on page 2.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ **X**
- Pressure 15 psi Test Temp. N/A Degree's F
 System Leakage Test performed on mechanical joints, no welded joints involved in scope of work.

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 attachedQuality Group "C".

* The designated construction code used only for material, design and fabrication requirements.

Revised to Add PCM 89-024

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. Brown PROJECT SITE MGR Date 3 - 8, 1990
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 Fla. County, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period JAN 24, 1989 to Feb. 7, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. E. Boyer Commissions Factory Mutual System
Inspector's Signature 4956 (N) (I)
National Board, State, Province, and Endorsements
Date 3/9 1990

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date April 2, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2391 NCR-89-0352
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Feedwater

5. (a) Applicable Construction Code B31.1 19 55 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)
Gate Valve	Pacific Valves	N/A	N/A	Tag# MOV-4-1426	N/A	Repaired	No

7. Description of Work Repaired steam cut across the valve body gasket seating surface by welding.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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)

Page 2 of 2

9. Remarks Quality Group "B"

Applicable Manufacturer's Data Reports to be attached

All welding performed in accordance with the FPL Weld Control Manual and site procedures.Note* Exempt from Sec. XI Pressure Test by IWA 4400, howevera General Leakage Test has been performed.

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/ACertificate of Authorization No. N/A Expiration Date N/ASigned [Signature] MAINT. SUFF Date 4-7, 19 90
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, Florida and employed by

Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period Oct. 10, 1989 to Oct. 14, 1989, and state that to the best of my knowledge and belief,

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

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 4/10 19 90

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 029100, MIAMI, FL 33102
Address

Date June 17, 1990

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Sheet 1 of 1

Unit 4

PWO: 2456 NCR: 89-0382

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection System

5. (a) Applicable Construction Code B31.1 1955 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)
Cont. Spray Pump By-Pass line	N/A	N/A	N/A	N/A	1970	Repaired	No

7. Description of Work Repaired cracked socket weld by grinding out weld, shortening the connecting pipe by 3/4" and rewelding to the socket weld fitting.

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

Pressure _____ psi Test Temp. _____ Degree's F

* General Leak Test was performed. Exempt from hydrostatic pressure test by IWA 4400

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 Quality Group "B"Applicable Manufacturer's Data Reports to be attachedAll welding performed in accordance with the FPL Weld Control Manual and siteprocedures

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repaired 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 *John J. Francis, Asst. Maint. Supt.* Date 2/18, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period Dec. 12, 1989 to Dec. 14, 1989, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. J. Boyer
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 2/18 19 90

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 15, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2779

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code B31.1 1955 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)
Valve	Edward Valve Inc.	N/A	N/A	4-562B	Est. 1970	Replacement	No

7. Description of Work Replaced the blind flange studs and nuts at valve tag location 4-562B.

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS Overpressure Test per OP 1004.1

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. X 11in., (2) information in items 1 through 6 on this report 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 Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed

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 *John J. ...* Date 8/15, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period August 3, 1990 to August 7, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. P. ...
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 8/15 19 90

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 15, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2776

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code ASME SEC.III 1965 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)
Pressurizer	Westinghouse	HTPT-0021	N-68-1	AT200	1969	Replacement	Yes

7. Description of Work Replaced bolts and nuts on Pressurizer manway cover flange. (Tag Location AT200)

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS Overpressure Test per OP 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)

Page 2 of 2

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed

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] Date 8/15 1990
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period August 1, 1990 to August 7, 1990 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 8/15 1990

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 27, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2140 NCR: 89-0156 CRN: 88-4-019

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Residual Heat Removal

5. (a) Applicable Construction Code B31.1 1955 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)
RHR "A" Pump to RHR Heat Hx. piping	N/A	N/A	N/A	N/A	Est. 1970	Repaired	No

7. Description of Work Spring Can Support MK# SR-643 was found to be out of tolerance. Reset Spring Can to its proper cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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)

Page 2 of 2

9. Remarks Quality Group "B"

Applicable Manufacturer's Data Reports to be attached

Mechanical Connection, No welding performed.

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

Signed

John P. Lawrence Asst. Maint. Supt.
Owner or Owner's Designee, TitleDate 8/29, 19 90

CERTIFICATE OF 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, MA. have inspected the components described in this Owner's Report during the period March 20, 1989 to June 28, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

DC Boyer
Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 8/30 1990

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 August 27, 1990
Name
P.O. BOX 029100, MIAMI, FL 33102
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address
PW0: 2729 NCR-90-0201
Repair Organization P.O. No., Job No. etc.
3. Work Performed by FLORIDA POWER & LIGHT Type Code Symbol Stamp N/A
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address
 Authorization No. N/A
 Expiration Date N/A
4. Identification of System Reactor Coolant System
5. (a) Applicable Construction Code B31.1 1955 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)
Valve	Copes Vulcan	N/A	N/A	PCV-4-455B	Est. 1983	Replacement	No

7. Description of Work Replaced bonnet nuts at valve tag location PCV-4-455B following disassembly of valve for repair of internals.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒
 Pressure 2335 psi Test Temp. 547 Degree's F

* RCS Overpressure Test per OP 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)

Page 2 of 2

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical Connection, No welding performed.

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 *John D. Boyer* *Carl M. Selt* Date 8/29, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period July 17, 1990 to August 4, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

John D. Boyer
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 8/30 19 90

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 029100, MIAMI, FL 33102
Address

Date August 27, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2281 NCR-89-0021

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection System

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
2" Hi Head. SI Pump Recir. Line	N/A	N/A	N/A	N/A	1983	Repair	No

7. Description of Work Replaced pipe strap on Component Support 81153-H-001-03, to achieve original design clearance.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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)

Page 2 of 2

9. Remarks Quality Group "B"

Applicable Manufacturer's Data Reports to be attached

All welding performed in accordance with FP&L Weld Control Manual and Site
procedures.

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 *John J. [Signature]* *Asst. Maint. Supt.* Date 8/07, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period August 4, 1989 to June 28, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

DE [Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 8/28 19 90

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 029100, MIAMI, FL 33102
Address

Date September 5, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2733, 2747 NCR: 90-0202

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code B31.1 1955 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)
Valve	Copes Vulcan	N/A	N/A	*4-455A	Est. 1970	Replacement	No

7. Description of Work Replaced the blind flange, studs and nuts for the abandoned valve body, tag

location, 4-455A, Pressurizer Spray Line.

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS Overpressure Test per OP 1004.1

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. X 11in., (2) information in items 1 through 6 on this report 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 Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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

John H. Lawrence Asst. Maint. Supt.
Owner or Owner's Designee, Title

Date 7/16, 19 90

CERTIFICATE OF 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, MA.

have inspected the components described in this Owner's Report during the period July 18, 1990 to August 4, 1990, and state that to the best of my knowledge and belief,

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

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

[Signature]
Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 9/11 19 90

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date September 6, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2750, 2748 NCR: 90-0203 NCR: 90-0200

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code B31.1 1955 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)
Valve	Copes Vulcan	N/A	N/A	4-455B	Est. 1970	Replacement	No

7. Description of Work Replaced the blind flange, studs and nuts for the abandoned valve body, tag

location, 4-455B, Pressurizer Spray Line.

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

Pressure 2335 psi Test Temp. 547 Degree's F

* RCS Overpressure Test. per OP 1004.1

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. X 11in., (2) information in items 1 through 6 on this report 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 Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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]* Date 9/6, 19 90
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period July 21, 1990 to August 4, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4956 (N) (I)
National Board, State, Province, and Endorsements

Date 9/11 1990

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date September 6, 1990

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2441 NCR: 90-0199

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System

5. (a) Applicable Construction Code B31.1 19 55 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)
Valve	Copes Vulcan	N/A	N/A	PCV-4-455A	Est. 1983	Replacement	No

7. Description of Work Replaced bonnet nuts and one (1) stud at valve tag location PCV-4-455A following
disassembly of valve for repair of internals.

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

Pressure 2335 psi Test Temp 547 Degree's F

* RCS Overpressure Test per OP 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)

Page 2 of 2

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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

John J. Hannon *Carl M. L. Liff*

Owner or Owner's Designee, Title

Date 9/21, 19 90

CERTIFICATE OF 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, MA. have inspected the components described in this Owner's Report during the period November 27, 1989 to August 4, 1990, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

D. E. Boyer
Inspector's Signature

Commissions

Factory Mutual System
4956 (N) (I)

National Board, State, Province, and Endorsements

Date 9/12 19 90

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 09/25/90
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name CWO #D1-2489, PC/M N/A
P.O. BOX 3088, FLORIDA CITY, FL 33034 NCR-C-0008-87, PS 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 CVCS Boron Addition and Recycle
5. (a) Applicable Construction Code B31.1, 1955 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 () or No)
Boric acid filter discharge line to U/4 charging pump.	N/A	N/A	N/A	N/A	est. 1970	replacement	no

7. Description of Work Replaced approx. 5'-06" of corroded piping between U/4 BA filter and valve # 3-350, and replaced adjacent hanger, which had been damaged by Boric Acid Leak.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 188 psi & Test Temp. Ambient Degree's F

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 attachedAll welding performed in accordance with the FP & L 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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned W.D. Brown SITE MANAGER Date 10-1, 1990
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period JAN. 7, 1987
to JUNE 25, 1990, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.D. E. Boyer Factory Mutual System
Inspector's Signature Commissions 4956 (N) (I)
Date 10/5 1990 National Board, State, Province, and Endorsements

FORM NIS-2 (Back)

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

Applicable Manufacturer's Data Reports to be attached

All welding performed in accordance with the FP&L 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 W.D. Brown SITE MANAGER Date 10-15, 1990
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period June 3, 1986 to September 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 ASME Code, Section XI.

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

D. Boyer Factory Mutual System
Inspector's Signature Commissions 4956 (N) (I)
National Board, State, Province, and Endorsements
Date 10/15 19 90

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 10/11/90
Name
P.O. BOX 529100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address PC/M 86-033, CWO D1-2471, PS 86-186
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. Steam Generator Wet Layup System
5. (a) Applicable Construction Code B31.1 1955 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)
SGWL Piping	N/A	N/A	N/A	N/A	est. 1970	Replacement	no

8. Tests Conducted (explanation): Hydrostatic test shown on sheet 1 of 2 was performed for the socket weld flanges installed in SGWL Piping to S/G Blowdown Piping, near valves SGWL-4-011, SGWL-4-031, and SGWL-4-049. Code case N-416 was invoked to defer hydrostatic test of the welds that are not isolatable from the Main Feedwater Piping, until the next regularly scheduled Hydrostatic Pressure Test of the Steam Generators. A System Functional Test was performed in conjunction with the RCS Overpressure Test on the non-isolatable welds.



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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT

Date January 19, 1991

P.O. BOX 029100, MIAMI, FL 33152

Sheet 1 of 1

2. Plant TURKEY POINT

Unit 4

P.O. BOX 3088, FLORIDA CITY, FL 33034

CWO: 200108, PCM: 90-389, * See Remarks

3. Work Performed by BECHTEL CONSTRUCTION, INC.

Type Code Symbol Stamp N/A

P.O. BOX 3218, FLORIDA CITY, FL 33034

Authorization No. N/A

Expiration Date N/A

4. Identification of System Spent Fuel Cooling System

Quality Group:

A ☐

B ☐

C ☒

ANSI B31.1 1986 Ed.

ASME III 1980, Summer 1981

5. (a) Applicable Construction Code B31.1, 1987 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)
10" Gate Valve	Anchor Darling Vlv	E-6370-2-2	N/A	4-910	1979	Replacement	No
4" Gate Valve	Crane Aloyco	D89B81	N/A	4-918A	UNK.	Replacement	No
SFP Cooling Piping	N/A	N/A	N/A	N/A	1990	Replacement	No

7. Description of Work: Modified the 4" and 10" piping and valves listed above. Also,

modified Supports - H-694-03 and H-694-09.

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

Pressure 165 psi Test Temp. N/A Degree's F.

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.

LOG # 91-001-4

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.Applicable Manufacturer's Data Reports to be attachedAll welding was performed in accordance with the FP&L Weld Control Manual
and Site Procedures.* PS 90-1192, MPIL 90-185M and MPIL 90-187M

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned W.D. Brown SITE MANAGER Date 2-14, 1991
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 Georgia and employed by
Arkwright Mutual Insurance Company of Honolulu, HIhave inspected the components described in this Owner's Report during the period DEC. 15, 1990
to APRIL 15, 1994, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.W.D. Brown
Inspector's SignatureFactory Mutual System
Commissions 4175 (N) (D)
National Board, State, Province, and EndorsementsDate 2/14 1991

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date March 13, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2776 NCR: 90-0116

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical and Volume Control

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
CVCS Piping	N/A	N/A	N/A	SR-43	Est. 1970	Repaired	No

7. Description of Work Variable Spring Support MK# SR-43 was found to be out of tolerance. Reset Spring Can to its proper cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-004-3

FORM NIS-2 (Back)

9. Remarks Quality Group "A"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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]* MANAGER Date 3-74, 1991
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 Georgia and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period February 22, 1987 to February 22, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4175 (N) (I)
National Board, State, Province, and Endorsements

Date MARCH 18 1991

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date March 13, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2754 NCR: 90-0110

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Residual Heat Removal

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
RHR Piping	N/A	N/A	N/A	PS-54	Est. 1970	Repaired	No

7. Description of Work Variable Spring Support MK# PS-54 was found to be out of tolerance. Reset Spring

Can to its proper cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-002-3

FORM NIS-2 (Back)

9. Remarks Quality Group "B"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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

Signed *[Signature]* *MANAGER* Date 3-14, 19 91
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 Georgia and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period February 22, 1987 to February 22, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
4175 (N) (I)
 National Board, State, Province, and Endorsements

Date MARCH 13, 1991

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 029100, MIAMI, FL 33102
Address

Date March 13, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2766 NCR: 90-0093

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Component: Cooling Water

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
CCW Piping	N/A	N/A	N/A	SR-308	Est. 1970	Repaired	No

7. Description of Work Variable Spring Support MK# SR-308 was found to be out of tolerance. Reset

Spring Cans (both) to its proper cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-003-3

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Quality Group "C"

Applicable Manufacturer's Data Reports to be attached

Mechanical connection, No welding performed.

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/ACertificate of Authorization No. N/A Expiration Date N/ASigned [Signature] MAINT SUPER Date 3-14, 19 91
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 Georgia and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period February 22, 1987 to February 22, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
4175 (N) (I)
National Board, State, Province, and Endorsements

Do MARCH 18, 1991

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 029100, MIAMI, FL 33152

Address

Date March 18, 1991Sheet 1 of 22. Plant TURKEY POINT

Name

P.O. BOX 3088, FLORIDA CITY, FL 33034

Address

Unit #4

CWO: D1-2471, PCM: 86-033, MPIL: 88-001M

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/AAuthorization No. N/AExpiration Date N/A4. Identification of System Steam Generator Wet Laydown SystemQuality Group: A ☐ B ☒ C ☐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)
SGWL Piping	N/A	N/A	N/A	N/A	1988	Replacement	No
Gate Valve	N/A	N/A	N/A	SGWL-4-042	EST. 1970	Replaced	No
Gate Valve	Henry Vogt Co.	1-215515	N/A	SGWL-4-042	1987	Replacement	No
Gate Valve	N/A	N/A	N/A	SGWL-4-025	EST. 1970	Replaced	No
Gate Valve	Henry Vogt Co.	2-215515	N/A	SGWL-4-025	1987	Replacement	No
Gate Valve	N/A	N/A	N/A	SGWL-4-007	EST. 1970	Replaced	No
Gate Valve	Henry Vogt Co.	4-215515	N/A	SGWL-4-007	1987	Replacement	No

7. Description of Work Replaced SGWL valves, piping and flanges. Note Code Case n-416.

In lieu of a Hydrostatic Test, a System Functional Test shall be performed. A Hydrostatic Test shall be performed during the next Scheduled Test of the Steam Generator.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ *Pressure 1370, 1360 and 1360 psi Test Temp. N/A Degree's F

*System Functional Test @ operating pressure (1473 PSI).

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.

L06# 91-002-4

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.Applicable Manufacturer's Data Reports to be attachedAll welding was performed in accordance with the FP&L Weld Control Manual
and Site Procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned W.D. Brown SITE MANAGER Date 3-21, 1991
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 Georgia and employed by Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period FEB. 22, 1987 to FEB. 22, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

William R. D. Commissions 4175 (N) (I)
Inspector's Signature: Factory Mutual System
National Board, State, Province, and EndorsementsDate MARCH 22 1991

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 March 18, 1991
Name
P.O. BOX 029100, MIAMI, FL 33152 Sheet 2 of 2
Address
2. Plant TURKEY POINT Unit #4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034 CWO: D1-1471, PCM: 86-033, MPIL: 88-001M
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 Steam Generator Wet Laydown System
5. (a) Applicable Construction Code B31.1 1987 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)
Wye Pattern Globe Valve	N/A	N/A	N/A	SGWL-4-011	EST. 1970	Replaced	No
Wye Pattern Globe Valve	Henry Vogt Co	8-215515	N/A	SGWL-4-011	1987	Replacement	No
Wye Pattern Globe Valve	N/A	N/A	N/A	SGWL-4-031	EST. 1970	Replaced	No
Wye Pattern Globe Valve	Henry Vogt Co.	12-215515	N/A	SGWL-4-031	1987	Replacement	No
Wye Pattern Globe Valve	N/A	N/A	N/A	SGWL-4-049	EST. 1970	Replaced	No
Wye Pattern Globe Valve	Henry Vogt Co.	7-215515	N/A	SGWL-4-049	1987	Replacement	No

7. Description of Work N/A



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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date April 15, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 NCR# N-91-0132

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Residual Heat Removal Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping RHR	N/A	N/A	N/A	Line# 4-8"-SI-601R	EST. 1970	Repaired	No

7. Description of Work Repaired, by flapping, one (1) linear indication adjacent to FW# 1, two inches east from valve 4-887.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-003-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed John J. Leman Paul M. Smith Date 4/17, 19 91
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 Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period March 1, 1991 to March 19, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Charles A. Lillis
Inspector's Signature

Commissions Factory Mutual System
NB7719
National Board, State, Province, and Endorsements

Date April 17 19 91

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT

Date April 22, 1991

Name
P.O. BOX 029100, MIAMI, FL 33102

Sheet 1 of 1

Address

2. Plant TURKEY POINT

Unit 4

Name
P.O. BOX 3088, FLORIDA CITY, FL 33034

PWO: 9057 NCR# N-91-0190 CNR# 91-4-024

Address

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT

Type Code Symbol Stamp N/A

Name
P.O. BOX 3088, FLORIDA CITY, FL 33034

Authorization No. N/A

Address

Expiration Date N/A

4. Identification of System Feedwater

Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping FW	N/A	N/A	N/A	Line# 14"-FWC-2403-10	EST. 1970	Repaired	No

7. Description of Work Repaired, by buffing, one (1) linear indication adjacent to FW# 10.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-004-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned [Signature] Date 4/23, 19 91
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 Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period March 1, 1991 to March 11, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Charles A. Lillis
Inspector's Signature

Commissions

Factory Mutual System
NB7719

National Board, State, Province, and Endorsements

Date 4-23 19 91

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT

Name

P.O. BOX 029100, MIAMI, FL 33102

Address

Date June 1, 1991

Sheet 1 of 1

2. Plant TURKEY POINT

Name

P.O. BOX 3088, FLORIDA CITY, FL 33034

Address

Unit 4

2131 N-91-0164 88-4-064
PWO: 2805 NCR# N-89-0135 CNR#91-4-017

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT

Name

P.O. BOX 3088, FLORIDA CITY, FL 33034

Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Component Cooling Water

Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CCW	N/A	N/A	N/A	Mark # 4-ACH-28	EST. 1970	Replacement	No

7. Description of Work Restored Support Mark# 4-ACH-28 to it's original design by replacing the bent

eye rod, load pins, and tightening all clamp nuts.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-005-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical Connections, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *Ant. Marc Snylt.* Date 6/4, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period November 11, 1988 to April 30, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Bennie B. Glaser
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date 6/4 19 91

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date June 17, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Component Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CCW	N/A	N/A	N/A	4-ACH-110	EST. 1970	Repaired	No

7. Description of Work Restored pipe Support MK# 4-ACH-110 to it's original design requirements by

adjusting U-Bolt to obtain proper clearances.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-006-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 6/19, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period August 21, 1990 to June 6, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date 6/19 19 91

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 029100, MIAMI, FL 33102
Address

Date June 18, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2581, P/S# 90-1264 PC/M# 89-554

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 - 1955 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)
Check Valve	N/A	N/A	N/A	4-50-331	EST. 1970	Replaced	No
Check Valve	Duo Check	27073	N/A	4-50-331	1990	Replacement	No

7. Description of Work Replaced valve at tag location 4-50-331.

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

Pressure 25 psi Test Temp. 90 Degree's F

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.

91-007-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 6/19, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period April 27, 1991 to June 11 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date 6/19 19 91

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date June 27, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9062 CNR# 91-4-009
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Auxiliary Feedwater System Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping AFW	N/A	N/A	N/A	80117-H-324-04	EST. 1970	Repaired	No

7. Description of Work During ISI examination of Support MK# 80117-H-324-04, the lock nut on the bottom of the turnbuckle was loose. Tightened loose lock nut.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-008-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned *John J. Blawie* Date 6/28, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period January 31, 1991 to June 12, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

James H. Blawie
Inspector's SignatureCommissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and EndorsementsDate July 1 19 91

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT Date July 1, 1991
Name
P.O. BOX 029100, MIAMI, FL 33102
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address P.O.# B91950-01056
Repair Organization P.O. No., Job No. etc.
3. Work Performed by WESTINGHOUSE ELECTRIC CORP Type Code Symbol Stamp N/A
Name
1225 US HWY ONE, JUNO BEACH, FLORIDA 33408
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Steam Generator Quality Group A
5. (a) Applicable Construction Code ASME Sect. III 19 74 Edition, S'76 Addenda, 1484 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)
S/G "A"	Westinghouse Electric Corp.	FSGT 2991	N/A	4E210A	1979	Replacement	Yes

7. Description of Work Replaced Westinghouse Mechanical Tube Plug from S/G "A", Hot Leg, Row 2 Col. 5
using Welded Tube Plug manufactured from Inconel 690 material.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
Pressure _____ psi Test Temp _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-009-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks This replacement is in response to NRC Bulletin 89-01.

Applicable Manufacturer's Data Reports to be attached

Tube Plug is designed to ASME Section III, 1986 Edition, 1987 Addenda. All welding performed
in accordance with Westinghouse procedures.

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]* Date 7/1, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period May 31, 1991 to June 7, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 1 19 91

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 029100, MIAMI, FL 33102
Address

Date July 16, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
CNR# 91-4-023 CNF# 88-4-072
PWO: 2851 NCR# N-91-0166 NCR# 89-0136
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Component Cooling Water Quality Group ☒ C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CCW	N/A	N/A	N/A	4-ACH-50	EST. 1970	Replacement	No

7. Description of Work Restored Support MK#4-ACH-50 to it's intended design by replacing bent eye rod, missing lock nut and repositioning the pipe clamp.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-010-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] MAINT SUPV Date 7-16, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period March 22, 1989 to July 8, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 18 19 91

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date July 17, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2689 NCR# N-91-0089

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping ICW	N/A	N/A	N/A	N/A	EST. 1970	Replacement	No

7. Description of Work Replaced the ICW Saddle Clamp Strap due to corrosion by welding a 2" coupling to a new clamp strap assembly, located downstream of valve 4-50-411.

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

Pressure see below psi Test Temp. see below Degree's F

Bench Test of Saddle Strap: 57 psi 82 Degree's F

Bench Test of Field Weld#1: 57 psi 78 Degree's F

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

91-011-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Asst Maint Supt Date 7/18, 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period February 5, 1991
to July 15, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 18 1991

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

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date July 24, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2627

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group ☒ C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Ball Valve	N/A	N/A	N/A	4-50-409	EST. 1970	Replaced	No
Ball Valve	Watts Regulator Company	N/A	N/A	4-50-409	1990	Replacement	No

7. Description of Work Replaced valve at tag location 4-50-409 due to valve being corroded and leaking.

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

Pressure 15 psi Test Temp. 94 Degree's F

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.

91-014-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *[Signature]* Date 7/25/91, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period October 25, 1990 to July 18, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Do July 25 1991

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 029100, MIAMI, FL 33102
Address

Date July 24, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 NCR# N-91-0244 CNR# 91-4-031

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection System Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping SIS	N/A	N/A	N/A	SR-451	EST. 1970	Repaired	No

7. Description of Work During ISI examination of Support MK# SR-451, the top rod nut was found to be loose. Tightened nut and added lock nut.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure psi

Test Temp. Degree's 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.

91-012-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 7/24, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period April 11, 1991 to July 8, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 24 19 91

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date July 24, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2479 NCR# N-91-0683 NCR# 87-0166

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
ICW Basket Strainer	Zurn Industries Inc.	N/A	N/A	BS-4-1402	EST. 1970	Repaired	No

7. Description of Work Repaired the 4A ICW Basket Strainer shell, due to erosion, by weld build up of the erroded area to facilitate installation of a 1 inch coupling.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 58 psi Test Temp. 90.4 Degree's F

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

91-013-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *[Signature]* Date 7/25, 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period June 30, 1987
to July 15, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report,
in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 25, 19 91

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 029100, MIAMI, FL 33102
Address

Date July 25, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2602 PCM# 90-468 P/S# 91-120

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical and Volume Control Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CVCS	N/A	N/A	N/A	H9	EST. 1970	Replacement	No

7. Description of Work Modified Support MK# H9 to facilitate installation of 3/4" valve# 4-270A.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-015-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 7/59, 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period February 6, 1991
to July 1, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 30, 19 91

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date July 29, 1991
 Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
PWO: 2936 NCR# N-90-0755
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Chemical and Volume Control Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CVCS	N/A	N/A	N/A	* See Remarks	EST. 1970	Repaired	No

7. Description of Work Restored pipe support to it's original design, by straightening and cutting rod.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-016-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

* Support identification/location per Engineering evaluation, on NCR# N-90-0755.

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] Date 7/31, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period December 17, 1990 to July 15, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 31, 19 91

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date July 30, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 1603 P/S# 90-1263 PC/M# 89-554

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Check Valve	N/A	N/A	N/A	4-50-311	EST. 1970	Replaced	No
Check Valve	TRW Mission	27074	N/A	4-50-311	1990	Replacement	No

7. Description of Work Replaced valve at tag location 4-50-311.

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

Pressure 18 psi Test Temp. 82 Degree's F

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

91-017-4

FORM NIS-2 (Back)

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed *John P. Hughes, Chief Maint. Supt.* Date 7/31, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period June 12, 1990 to June 28, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James H. Blum
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date July 31 19 91

1313

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 029100, MIAMI, FL 33102
Address

Date August 7, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
 PWO: 9057 NCR# N-91-0749 CNR# 91-4-003
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Residual Heat Removal Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping RHR	N/A	N/A	N/A	4-SR-623	EST. 1970	Repair	No

7. Description of Work During ISI examination of Support MK# 4-SR-623, the spring can was found to be out of it's cold load design. Reset spring can to it's cold load design.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-020-4

FORM NIS-2 (Back)

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] [Signature] Date 5/7, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period January 22, 1991 to July 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Aug 7 19 91
 Date

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 029100, MIAMI, FL 33102
Address

Date August 7, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 0991

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Gate Valve	Walworth Valve Co.	N/A	N/A	4-50-335	EST. 1970	Replaced	No
Gate Valve	William Powell Co.	N/A	N/A	4-50-335	1989	Replacement	No

7. Description of Work Replaced valve at tag location 4-50-335, due to valve opening half way
and binding.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐
 Pressure 10 psi Test Temp. 88 Degree's F

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.

91-018-4

FORM NIS-2 (Back)

9. Remarks Mechanical connection, No welding performed.Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE.

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Owner or Owner's Designee, Title Date 8/7, 1992

CERTIFICATE OF 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, MA. have inspected the components described in this Owner's Report during the period December 19, 1990 to July 25, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Aug 8 1991

BB

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 029100, MIAMI, FL 33102
Address

Date August 7, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 NCR# N-91-0758 CNR# 91-4-019

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Component Cooling Water Quality Group ☒ C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping CCW	N/A	N/A	N/A	4-ACH-207	EST. 1970	Repair	No

7. Description of Work During ISI examination of Support MK# 4-ACH-207, the spring can was found to be out of it's cold load design. Reset spring can to it's design and tightened nuts.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-019-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Carl M. Selt Date 8/7, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period February 4, 1991 to July 30, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Aug 7 19 91

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Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 12, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 0051 NCR# N-91-0158 CNR# 91-4-010

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Auxiliary Steam System Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping Aux. Steam	N/A	N/A	N/A	4-AFX-6	EST. 1970	Repair	No
Piping Aux. Steam	N/A	N/A	N/A	4-AFX-7	EST. 1970	Repair	No

7. Description of Work During ISI examination of Support MK# 4-AFX-6 and 4-AFX-7, loose lock nuts were found. Tightened loose lock nuts on both supports.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp _____ Degree's 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.

91-021-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 5/15, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period May 9, 1991 to June 25, 1991 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Aug. 22 19 91

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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 029100, MIAMI, FL 33102
Address

Date August 13, 1991Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 NCR# N-91-0733

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/AAuthorization No. N/AExpiration Date N/A

4. Identification of System Residual Heat Removal Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping RHR	N/A	N/A	N/A	SR-3	EST. 1970	Replacement	No

7. Description of Work Replaced clamp bolting and installed lock nuts on Support MK# SR-3.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-022-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 8/15, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period July 10, 1991 to July 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Aug 22 19 91

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Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 13, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 0571 NCR# 89-0243
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Auxiliary Feedwater Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping AFW	N/A	N/A	N/A	80117-H-341-12	EST. 1970	Repair	No

7. Description of Work Repaired Support MK# 80117-H-341-12 by relocating the welded beam attachment to obtain proper rod clearance.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-023-4

FORM NIS-2 (Back)

9, Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *John M. Selt* Date 8/15 19 91
 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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
 have inspected the components described in this Owner's Report during the period July 22, 1991
 to July 30, 1991, and state that to the best of my knowledge and belief,
 the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of ASME Code, Section XI.

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

Bennie G. Selt
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Date Aug 22 19 91

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date August 15, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 DR# D-91-0468

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection System

Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Piping SIS	N/A	N/A	N/A	8081-H-002-10	EST. 1970	Replacement	No

7. Description of Work Restored Support MK# 8081-H-002-10 to it's original design by installing the correct size pipe clamp and by re-designing the cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-024-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 8/15, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period April 22, 1991 to August 2, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report, in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Aug 22 19 91

BB

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 029100, MIAMI, FL 33102
Address

Date August 23, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9057 NCR# N-89-0467

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Residual Heat Removal Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping RHR	N/A	N/A	N/A	SR-450C	EST. 1970	Repair	No

7. Description of Work Spring Can Support MK# SR-450C was found out of tolerance. Reset Spring Can to it's proper cold load setting.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure _____ psi Test Temp. _____ Degree's 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.

91-025-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 8/91, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period April 30, 1991 to August 15, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Aug. 27 19 91

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 029100, MIAMI, FL 33152
Address

Date 9-18-91Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

CWO:300407 PCM:90-374 P.S.91-661

NCR'S:N-91-0442,N-91-0325

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/AAuthorization No. N/AExpiration Date N/A4. Identification of System Chemical and Volume Control Sys. Quality Group B5. (a) Applicable Construction Code ANSI B31.1, 19 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)
CVCS Piping	NA	NA	NA	4-VCH-51	Est. 1970	Replacement	No
CVCS Piping	NA	NA	NA	7744-H-401-004	Est. 1970	Replacement	No

7. Description of Work Support 4-VCH-51-Added (2)1/2"Stiffener plates,items 3 and 6.

Support 7744-H-401-004-Replaced existing wing plates with item 12,(2) 1.3"x3"x3/8"
 This rework restores supports to their original design.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ NA

Pressure _____ psi Test Temp. _____ Degree's F

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 attachedAll welding performed in accordance with the FP&L Weld Control Manual and
site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese for W.D. Brown Date 9/26, 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 8/91
to 9/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.Gregory S. Blum
Inspector's Signature

Commissions

Factory Mutual System

8230 (N) (I)

National Board, State, Province, and Endorsements

Date Sept 27 1991

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 9/18/91
Name
P.O. BOX 029100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address CWO:500438, PCM:91-085, MPIL:91-453M, N-91-0729
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 Reactor Coolant System Quality Group A
5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping RCS	NA	NA	NA	4-RCH-4	Est. 1970	Replacement	NO

7. Description of Work Support No. 4-RCH-4--Replaced items 1, 2, and 3, to restore this support to original design.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ NA
 Pressure _____ psi Test Temp. _____ Degree's F

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 attachedAll welding performed in accordance with the FP&L Weld Control Manual and
site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joe Marchese for W.D. Brown Date 9/26, 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 7/91
to 9/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.James H. Brown Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
Date Sept 27 1991 National Board, State, Province, and Endorsements

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 029100, MIAMI, FL 33152
Address

Date 9/18/91

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

CWO:500438, PCM:88-575, P.S.91-698

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 Feedwater System

Quality Group

B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
FWS Piping SG"A"	NA	NA	NA	NA	Est. 1970	Replacement	No

7. Description of Work Replaced transition tube assemblies on Snubbers 4-1034 and 4-1035

which are part of Support 4-FWH-19A.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ NA

Pressure _____ psi Test Temp. _____ Degree's F

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 attachedAll welding performed in accordance with the FP&L Weld Control Manual and
site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese for W.D. Brown Date 9/26 . 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 6/91
to 7/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.Joseph B. Brown Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
Date Sept 27 19 91 National Board, State, Province, and Endorsements

BR

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 029100, MIAMI, FL 33152
Address

Date 9-19-91

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
CWO:500438,PCM:91-049,MPIL:91-402M
NCR-C-0719-87

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 High Head Safety Injection/Chemical & Volume Control Quality Group ☒ B

5. (a) Applicable Construction Code ANSI B31.1, 1955 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)
HHSI Piping	NA	NA	NA	4-SIH-45	Est. 1970	Replacement	No
HHSI Piping	NA	NA	NA	SR-621	Est. 1970	Replacement	No
HHSI Piping	NA	NA	NA	SR-618	Est. 1970	Replacement	No
CVCS Piping	NA	NA	NA	4-PRWH-10	Est. 1970	Replacement	No

7. Description of Work Support 4-SIH-45-Replaced items 2,3,4,& 5.Support SR-621-Replaced

items 1,2,4,& 5.Support SR-618-Replaced items 1,2,3,4, & 5. Support 4-PRWH-10-Replaced
items 2,3,4,& 5.This modification restored supports to their original design.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ NA

Pressure _____ psi Test Temp. _____ Degree's F

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.

91-031-4

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.Applicable Manufacturer's Data Reports to be attachedAll welding performed in accordance with the FP&L Weld Control Manual and
site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 9/26, 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MAhave inspected the components described in this Owner's Report during the period 6/91
to 9/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.Gregory K. Glendon Commissions 8230 (N) (I)
Inspector's Signature
Date 9/27 1991
Factory Mutual System
National Board, State, Province, and Endorsements

15/13

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 029100, MIAMI, FL 33152

Address

Date 9-19-91Sheet 1 of 12. Plant TURKEY POINT

Name

P.O. BOX 3088, FLORIDA CITY, FL 33034

Address

Unit 4CWO: 500438 N-91-0150PCM: 91-039 P/S: 91-593

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/AAuthorization No. N/AExpiration Date N/A4. Identification of System Residual Heat Removal

Quality Group

B5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Mechanical Shock Arrestor	Pacific Scientific	116	N/A	Tag# 4-1014	1976	Replaced	No
Mechanical Shock Arrestor	Pacific Scientific	17177	N/A	Tag# 4-1014	1985	Replacement	No

7. Description of Work Replaced snubber tag# 4-1014, SN-116 due to snubber being found towards it's limit of acceptability. Replaced rear bracket assembly to facilitate installation of new snubber-SN-17177.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒ N/A

Pressure _____ psi Test Temp. _____ Degree's F

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.

91-030-4

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.Applicable Manufacturer's Data Reports to be attachedAll welding performed in accordance with the FPL Weld Control Manual and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/9, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 6/91 to 7/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James H. Blachman Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
Date Oct 9 19 91 National Board, State, Province, and Endorsements

BB

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 9-20-91
Name
P.O. BOX 029100, MIAMI, FL 33152
Address
2. Plant TURKEY POINT Unit 4
Name CWO: 300435 PCM: 90-395 MPIL: 91-079M
P.O. BOX 3088, FLORIDA CITY, FL 33034 NCR-C-0802-87S, NCR-C-0803-87S, NCR-C-0804-87S
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 Accumulator Quality Group B
5. (a) Applicable Construction Code ANSI B31.1, 1955 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)
Safety Inject. Accumulator	N/A	N/A	N/A	R-01	est. 1970	Replacement	No
Safety Inject. Accumulator	N/A	N/A	N/A	H-10	est. 1970	Replacement	No
Safety Inject. Accumulator	N/A	N/A	N/A	R-02	est. 1970	Replacement	No

7. Description of Work Supports R-01, H-10, and R-02 replaced items 1,2 and 3.

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

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 attachedAll welding performed in accordance with FP&L Weld Control Manual and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 9/26, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 1/91 to 3/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James B. Clark Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
Date Sept 27 19 91 National Board, State, Province, and Endorsements

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 029100, MIAMI, FL 33152
Address

Date 9-20-91

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
 CWO: 300448
 PCM: 90-314 MPTI: 91-226M
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 CVCS Charging & Letdown Quality Group B

5. (a) Applicable Construction Code ANSI B31.1, 1955 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)
CVCS piping	N/A	N/A	N/A	SR-612	est. 1970	Replacement	No

7. Description of Work Replaced shims for Support SR-612.

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

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.

91-032-4

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 FP&L Weld Control Manual and site
procedures.

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 Joseph Marchese Date 9/26, 1991
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period 4/91 to 5/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Joseph B. Marchese Commissions Factory Mutual System
 Inspector's Signature 8230 (N) (I)
 Date Sept 27 1991 National Board, State, Province, and Endorsements

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 029100, MIAMI, FL 33152
Address

Date 10-01-91

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
 CWO: 500679 N-91-0608
 PC/M: 91-121 MPIL: 91-499M
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 Condensate Storage

Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Condensate Storage	N/A	N/A	N/A	SR-548	est. 1970	Replacement	No
Condensate Storage	N/A	N/A	N/A	SR-549	est. 1970	Replacement	No

7. Description of Work Support SR-548 Replaced items 37 thru 41. Support SR-549 Replaced items 42 thru 45.

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

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 attachedAll welding was performed in accordance with the FPL Weld Control Manual and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/9, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 9/91 to 9/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James H. Blackman Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
Date Oct 9 19 91 National Board, State, Province, and Endorsements

p13

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 029100, MIAMI, FL 33152
Address

Date 10-1-91

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

CWO: 500438, NCR: N-91-0798, PS: 91-966
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 Feedwater System

Quality Group ☒ C

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
AFW recirc. 6" piping	N/A	N/A	N/A	N/A	est. 1970	Replacement	No

7. Description of Work Replaced approx. 4' of piping and installed two new lugs at support no. SR-542.

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

Pressure 15.8 psi Test Temp. Ambient Degree's F

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 attachedAll welding was performed in accordance with the FP & L Weld Control Manual
and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/9, 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 9/91
to 9/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.Thomas H. [Signature]
Inspector's SignatureCommissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and EndorsementsDate Oct 9 1991

B/B

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date October 1, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 9062 WA# 910110183908
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Auxiliary Feedwater Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Check Valve	Pacific Valve Co.	N/A	N/A	4-10-081	EST. 1970	Replaced	No
Check Valve	Pacific Valve Co.	0958-1	N/A	4-10-081	1991	Replacement	No

7. Description of Work Replaced valve tag# 4-10-081 due to degraded valve seat and disc assy. Also cut and rewelded stanction on Support MK# 80117-H-336-01 to facilitate installation of valve.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 1345 psi Test Temp. 86.3 Degree's F.

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

91-034-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 10/1, 19 97
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
Inspectors and the State or Province of Dade County, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period August 19, 1991
to September 7, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Oct 21 19 97

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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 029100, MIAMI, FL 33152
Address

Date 10-09-91Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4CWO: 300449PC/M: 90-315 MPTI: 91-251M

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/AAuthorization No. N/AExpiration Date N/A

4. Identification of System CVCS Charging & Letdown

Quality Group AB

5. (a) Applicable Construction Code ANSI B31.1, 1955 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)
CVCS piping	N/A	N/A	N/A	SR-936	est. 1970	Replacement	No
CVCS piping	N/A	N/A	N/A	SR-923A	est. 1970	Replacement	No
CVCS piping	N/A	N/A	N/A	H-2	est. 1970	Replacement	No

7. Description of Work Support H-2 Replaced item 8. Support SR-936 Replaced item 7 and
Support SR-923A Replaced item 2, 17 thru 25.

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

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 attachedAll welding was performed in accordance with the FPL Weld Control Manual and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/24, 1991
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, Florida and employed byArkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 8/91to 8/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James G. Blum Commissions 8230 (N) (I) Factory Mutual System
Inspector's Signature National Board, State, Province, and Endorsements
Date 10/24 1991

B43

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 029100, MIAMI, FL 33152
Address

Date 10-09-91Sheet 1 of 2

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
 CWO: 300405, PCM: 90-368, P.S. 91-782, N-91-0121,
 N-89-0038, N-91-0579, N-91-0591, N-88-0379, (cont.)
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 Component Cooling Water Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
CCW Piping	NA	NA	NA	SR-709	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	4-ACH-53	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	PS-850A-D	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	SR-710	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	4-ACH-217	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	4-ACH-163	Est. 1970	Replacement	No
CCW Piping	NA	NA	NA	4-CCH-43	Est. 1970	Replacement	No

7. Description of Work Support No. SR-709-Modified support by adding item 4 and associated welds. Support No. 4-ACH-53-Reattached 3" waste disposal pipe to support by adding items 6 and 9. Support No. PS-850A-D-Modified support by splicing a 6"x4"x3"x3/8" angle to item 3. Support No. SR-710-Modified support by adding item 10(gussets) to provide additional load carrying capabilities. (cont. sheet 2)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ NA

Pressure _____ psi Test Temp. _____ Degree's F

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.

91-037-4

FORM NIS-2 (Back)

9. Remarks Examinations performed by FPL Construction Quality Control personnel.Applicable Manufacturer's Data Reports to be attachedAll welding performed in accordance with the FPL Weld Control Manual and site procedures.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/22, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MAhave inspected the components described in this Owner's Report during the period 6/91 to 9/91, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James H. Clark Commissions Factory Mutual System
Inspector's Signature 8230 (N) (I)
10/24 1991 National Board, State, Province, and Endorsements

BM

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS page 3 of 3 As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33152
Address

Date 10-09-91
Sheet 2 of 2

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
N-91-0593, N-91-0557, N-91-0592, N-91-0667
Repair Organization P.Q. 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 Component Cooling Water

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
CCW Piping	NA	NA	NA	4-ACH-263	Est. 1970	Replacement	No

7. Description of Work Support No. 4-ACH-217-Replaced support with alternate design. Support No.4-ACH-163-Modified support by adding item 5(U-Bolt).Support No.4-CCH-43-Replaced entire support.Support No.4-ACH-263-Modified support by adding item 22(gusset plate).
The modifications to these supports were performed to assure that this system will continue to meet the requirements of the UFSAR.



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 029100, MIAMI, FL 33152
Address

Date 10/14/91

Sheet 1 of

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

CWO: 300418, PS 91-949, NCR N-91-0771
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 CVCS CHARGING & LETDOWN SYSTEM Quality Group ☒ C

5. (a) Applicable Construction Code B31.1, 19 55 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)
Piping-Chemical & Volume Control	NA	NA	NA	4-VC-H-98	NA	Repaired	No

7. Description of Work Restored support 4-VC-H-98 to the original design via the addition of a welded washer plate & re-drilling new holes for U bolt

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

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:All welding was performed in accordance with the FPL Weld Control Manual
and site procedure.

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 replacementType Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned Joseph Marchese Date 10/22, 1991
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.have inspected the components described in this Owner's Report during the period 8/91
to 9/91, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or
implied, concerning the examinations and corrective measures described in this Owners Report. Furthermore,
neither the Inspector nor his employer shall be liable in any manner for any personal injury or property
damage or a loss of any kind arising from or connected with this inspection.Inspector's Signature Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements
Date 10/22 1991

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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 October 29, 1991
Name
P.O. BOX 029100, MIAMI, FL 33102
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address PW0: 1017 WA# 900823104623
Repair Organization P.O. No., Job No. etc.
3. Work Performed by FLORIDA POWER & LIGHT Type Code Symbol Stamp N/A
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Reactor Coolant System Quality Group A
5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Relief Valve	Copes Vulcan	N/A	N/A	PCV-4-456	EST. 1970	Replacement	No

7. Description of Work Replaced bonnet nuts on valve at tag location PCV-4-456.

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

Pressure 2280 psi Test Temp. 530 Degree's F

*Performed RCS Overpressure Test in accordance with OP 1004.1

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

91-041-4

FORM NIS-2 (Back)

9, Remarks Mechanical connection. No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed *[Signature]* Date 10/31, 19 91
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period June 15, 1991 to June 19, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Date 10/31 19 91

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Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date October 29, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2231, 9057 CNR# 91-4-036
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Chemical and Volume Control Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping CVCS	N/A	N/A	N/A	2"-CH-1403-FB	EST. 1970	Replaced	No

7. Description of Work Replaced bolting on flange 2"-CH-1403-FB due to boric acid corrosion.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒
 Pressure 2280 psi Test Temp. 530 Degree's F

*Performed RCS Overpressure Test in accordance with OP 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 Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A Expiration Date N/ASigned [Signature] Carl Meil Selt Date 10/31, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period February 26, 1991 to October 25, 1991, and state that to the best of my knowledge and belief,

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

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Oct 31 19 91

13/3

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 029100, MIAMI, FL 33102
Address

Date October 30, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2848 NCR# N-91-0087

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical and Volume Control Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Control Valve	Copes Vulcan	N/A	N/A	CV-4-310A	Est. 1970	Replacement	No

7. Description of Work Replaced the bonnet, studs and nuts on valve at tag location CV-4-310A.

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

Pressure 2280 psi Test Temp. 530 Degree's F.

*RCS Overpressure performed in accordance with OP 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.

91-042-4

FORM NIS-2 (Back)

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed *Ant Mart Selt* Date 10/31, 19 91
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA.

have inspected the components described in this Owner's Report during the period January 30, 1991 to October 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James F. Gaud
 Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
 National Board, State, Province, and Endorsements

Date 10/31 19 91

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 029100, MIAMI, FL 33102
Address

Date October 30, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2066 NCR# N-90-0808

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Piping ICW	N/A	N/A	N/A	N/A	EST. 1970	Replacement	No

7. Description of Work Replaced the ICW Pump "C" discharge elbow flange due to flange being cracked.

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

Pressure 19 psi Test Temp. 88.7 Degree's F

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

91-043-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Chief Maint Supt. Date 10/31, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period January 3, 1991 to September 30, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date 10/31 19 91

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 November 1, 1991
Name
P.O. BOX 029100, MIAMI, FL 33102
Address
2. Plant TURKEY POINT Unit 4
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address PW0: 1032 WA# 901127133928
Repair Organization P.O. No., Job No. etc.
3. Work Performed by FLORIDA POWER & LIGHT Type Code Symbol Stamp N/A
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address Authorization No. N/A
Expiration Date N/A
4. Identification of System Reactor Coolant System Quality Group A
5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Isol. Valve	N/A	N/A	N/A	4-500	EST. 1970	Replacement	No

7. Description of Work Replaced bonnet studs and nuts on valve at tag location 4-500.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒
Pressure 2280 psi Test Temp. 530 Degree's F.

*RCS Overpressure Test performed in accordance with OP 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.

91-044-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Owner or Owner's Designee, Title Date 11/14, 19 91

CERTIFICATE OF 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, MA. have inspected the components described in this Owner's Report during the period November 27, 1990 to October 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

11/15 19 91

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date November 1, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2029 NCR# N-91-0852
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Chemical and Volume Control Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Check Valve	Rockwell Edwards	N/A	N/A	4-298B	EST. 1970	Replaced	No
Check Valve	Rockwell Edwards	N/A	N/A	4-298B	1991	Replacement	No

7. Description of Work Replaced valve at tag location 4-298B due to excessive seat leakage.

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

Pressure 3450 psi Test Temp. 92 Degree's F.

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.

91-045-4

FORM NIS-2 (Back)

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures. Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *John A. M. Smith* Date 11/4, 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period September 23, 1991
to October 21, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.

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

Samuel B. Blum
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Nov 5 19 91

BH

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date November 4, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2344 WA# 890924134451
Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Safety Injection System Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Globe Valve	Rockwell Edwards	N/A	N/A	4-882A	EST. 1970	Replaced	No
Globe Valve	Rockwell Edwards	N/A	N/A	4-882A	1990	Replacement	No

7. Description of Work Replaced valve at tag location 4-882A due to excessive seat leakage.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 875 psi Test Temp. 96 Degree's F

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

91-046-4

FORM NIS-2 (Back)

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Carl M. Selt Date 11/14, 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period June 20, 1991
to October 21, 1991, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Nov 15 19 91

BM

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

As Required by the Provisions of the ASME Code Section XI

Page 1 of 2

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date November 4, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 1031 PC/M 90-519 NCR# N-91-0791
Repair Organization P.O. No., Job No., etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Reactor Coolant System Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Globe Valve	N/A	N/A	N/A	MOV-4-535	EST. 1970	Replacement	No

7. Description of Work Replaced bonnet nuts on valve at tag location MOV-4-535.

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

Pressure 2280 psi Test Temp. 530 Degree's F.

*RCS Overpressure Test performed in accordance with OP 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.

91-048-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Chief Maint Insp Date 11/14, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period October 24, 1991 to October 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date Nov 15 19 91

643

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 029100, MIAMI, FL 33102
Address

Date November 4, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

PWO: 2104, PC/M 90-503, P/S 91-500

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Reactor Coolant System Quality Group A

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Globe Valve	Copes Vulcan	N/A	N/A	PCV-4-455A	EST. 1985	Replacement	No

7. Description of Work Replaced the bonnet extension on valve at tag location PCV-455A.

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

Pressure 2280 psi Test Temp. 530 Degree's F.

*RCS Overpressure Test performed in accordance with OP 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.

91-047-4

FORM NIS-2 (Back)

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

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

Signed *[Signature]* Date 1/4, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period June 7, 1991 to October 24, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Date 1/5 1991

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT

Date November 8, 1991

Name
P.O. BOX 029100, MIAMI, FL 33102

Sheet 1 of 1

Address

2. Plant TURKEY POINT

Unit 4

Name
P.O. BOX 3088, FLORIDA CITY, FL 33034

PWO: 2054 PC/M# 89-264 P/S# 89-381

Address

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT

Type Code Symbol Stamp N/A

Name
P.O. BOX 3088, FLORIDA CITY, FL 33034

Authorization No. N/A

Address

Expiration Date N/A

4. Identification of System Safety Injection System

Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Check Valve	N/A	N/A	N/A	4-945E	EST. 1970	Replaced	No
Check Valve	Rockwell	BN734	N/A	4-945E	1987	Replacement	No

7. Description of Work Replaced valve at tag location 4-945E due to excessive seat leakage.

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

Pressure N/A psi Test Temp. N/A Degree's F

*New weld pressure test in accordance with AP 0190.28

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

91-049-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site
procedures.
Applicable Manufacturer's Data Reports to be attached

NOTE: 1" valve replacement is exempt from the requirements of IWA 7000.

Plant Change Modification 89-264 requires the NIS-2 Form to be generated.

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 *John P. Spencer* *Chief Maint Supt* Date 11/13 19 91
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, Florida and employed by
Arkwright Mutual Insurance Company of Norwood, MA.
have inspected the components described in this Owner's Report during the period June 1989
to February 1990, and state that to the best of my knowledge and belief,
the Owner has performed examinations and taken corrective measures described in this Owner's Report,
in accordance with the requirements of ASME Code, Section XI.

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

*See Below

Commissions

Factory Mutual System
8230 (N) (I)

Inspector's Signature
Presented to ANII. ANII has elected not to sign NIS-2 prior to his arrival on site.
Date 19

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

Page 1 of 2

As Required by the Provisions of the ASME Code Section XI

1. Owner FLORIDA POWER & LIGHT
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date November 25, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4

P.O.# B90950-90238 NCR# N-91-0167

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Residual Heat Removal Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 19 55 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)
Mechanical Shock Arrestor	Pacific Scientific	10172	N/A	4-1012	1981	Replaced	Yes
Mechanical Shock Arrestor	Pacific Scientific	16154	N/A	4-1012	1983	Replacement	Yes

7. Description of Work Replaced snubber tag# 4-1012 due to functional test indicated the maximum

acceleration rate of .02g.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐

Pressure _____ psi Test Temp. _____ Degree's 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 11in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

91-050-4

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 12/7, 19 91
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period February, 1991 to March, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions Factory Mutual System
 8230 (N) (I)
 National Board, State, Province, and Endorsements

Date 12/7 19 91

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date December 5, 1991

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 4
 PWO: 0562 WA# 900821094433
 PWO: 0270 WA# 872021356
 Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

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

4. Identification of System Feedwater System Quality Group B

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Gate Valve	N/A	N/A	N/A	4-20-708	EST. 1970	Replaced	No
Gate Valve	Henry Vogt	N/A	N/A	4-20-708	1987	Replacement	No
Gate Valve	N/A	N/A	N/A	4-20-710	EST. 1970	Replaced	No
Gate Valve	Velan Valve Co.	N/A	N/A	4-20-710	1991	Replacement	No

7. Description of Work Replaced valves and associated piping at tag locations 4-20-708, and 4-20-710.

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐
 Pressure 2000 2000 psi Test Temp. 88 90 Degree's F

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.

91-051-4

FORM NIS-2 (Back)

9. Remarks All welding was performed in accordance with the FPL Weld Control Manual and site procedures.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 12/9, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period March 1991 to November 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

Dec 12 19 91

13/17

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-759

N-91-0632

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System COMPONENT COOLING Quality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
CCS PIPING	N/A	N/A	N/A	4-CCH-37	Est. 1970	REPAIRED	NO

7. Description of Work RESTORED SUPPORT 4-CCH-37 TO THE ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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/ACertificate of Authorization No. N/A Expiration Date N/ASigned *J. Marchese*

Owner or Owner's Designee, Title

Date 12/16, 19 91

CERTIFICATE OF 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, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

William H. Clark
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date Dec 16 19 91

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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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-707

N-91-0644

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System REACTOR COOLANTQuality Group A5. (a) Applicable Construction Code B31.1 19 55 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)
RCS PIPING	N/A	N/A	N/A	WR-30	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT WR-30 TO RESTORE TO ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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
ALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROL
MANUAL AND SITE PROCEDURES.

CERTIFICATION 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 *Marchese* Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period JUNE 1991 to SEPT. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

William J. ...
Inspector's Signature

Date Dec 16 1991

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-238

N-91-0143

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System RESIDUAL HEAT REMOVALQuality Group B5. (a) Applicable Construction Code B31.1 19 55 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)
RHR PIPING	N/A	N/A	N/A	4-SR-626	Est. 1970	REPLACEMENT	NO
RHR PIPING	N/A	N/A	N/A	8064-H-301-01	EST. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORTS 4-SR-626 AND 8064-H-301-01 TO RESTORE TO ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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 Joe Marchese Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date Dec 16 1991

BB

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-372

N-91-0288

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System SAFETY INJECTIONQuality Group B5. (a) Applicable Construction Code B31.1 19 55 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)
HIGH HEAD S.I. PIPING	N/A	N/A	N/A	3-SIH-58	Est. 1970	REPAIRED	NO
HIGH HEAD S.I. PIPING	N/A	N/A	N/A	4-SIH-59	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORTS 3-SIH-58 AND 4-SIH-59 TO RESTORE ORIGINALDESIGN FUNCTION.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/APressure psiTest Temp. Degree's F

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
ALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROL
MANUAL AND SITE PROCEDURES.

CERTIFICATION OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed Marchise Date 12/16, 1991
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period May 1991 to August 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Date Dec 16 1991

Commissions

8230 Factory Mutual System
 (N) (1)
 National Board, State, Province, and Endorsements

BB

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-763

N-91-0519

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System RESIDUAL HEAT REMOVALQuality Group B5. (a) Applicable Construction Code B31.1 19 55 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)
RHR PIPING	N/A	N/A	N/A	4-SR-628	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT 4-SR-628 TO RESTORE TO ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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 *J. Marchese* Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period July 1991 to Sept. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

William B. Clark
Inspector's Signature

Date Dec 16 1991

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

B13

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418 P.S. 91-907

N-91-0599

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System COMPONENT COOLING WATER Quality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
CCW PIPING	N/A	N/A	N/A	SR-689	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT SR-689 TO RESTORE IT TO ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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

CERTIFICATION 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 *J. Marchese* Date 12/16, 1991
 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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James J. Blum
 Inspector's Signature

Commissions

8230 Factory Mutual System
 (N) (1)
 National Board, State, Province, and Endorsements

Date Dec 16 1991

63

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

Date DECEMBER 12, 1991

P.O. BOX 029100, MIAMI, FL 33152
Address

Sheet 1 of 1

2. Plant TURKEY POINT
Name

Unit 4

P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418

P.S. 91-543

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
Name

Type Code Symbol Stamp N/A

Authorization No. N/A

P.O. BOX 3218, FLORIDA CITY, FL 33034
Address

Expiration Date N/A

4. Identification of System CHEMICAL AND VOLUME CONTROL

Quality Group B

5. (a) Applicable Construction Code B31.1 19 55 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)
CVCS PIPING	N/A	N/A	N/A	4-VCH-58	EST. 1970	REPAIRED	NO
CVCS PIPING	N/A	N/A	N/A	PS-105	EST. 1970	REPAIRED	NO

7. Description of Work RESTORED SUPPORTS 4-VCH-58 AND PS-105 TO THEIR ORIGINAL DESIGN

BY ADJUSTING U-BOLTS TO ACHIEVE CLEARANCES.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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

CERTIFICATION 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

Marchese

Date

12/16, 1991

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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions

8230

Factory Mutual System

(N) (1)

National Board, State, Province, and Endorsements

Date

Dec 161991

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418

P.S. 91-543

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System COMPONENT COOLING WATER Quality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
CCW PIPING	N/A	N/A	N/A	4-ACH-127	EST. 1970	REPAIRED	NO
CCW PIPING	N/A	N/A	N/A	796A-7	EST. 1970	REPAIRED	NO

7. Description of Work MODIFIED SUPPORTS 4-ACH-127 AND 796A-7 TO RESTORE TO ORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi Test Temp. _____ Degree's F

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

CERTIFICATION 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 *Marchese* Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Samuel B. [Signature]
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date Dec 16 1991

BH

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
NameP.O. BOX 029100, MIAMI, FL 33152
AddressDate DECEMBER 12, 1991Sheet 1 of 12. Plant TURKEY POINT
NameP.O. BOX 3088, FLORIDA CITY, FL 33034
AddressUnit 4

CWO: 300418

P.S. 91-683

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressType Code Symbol Stamp N/AAuthorization No. N/AExpiration Date N/A4. Identification of System CHEMICAL AND VOLUME CONTROL Quality Group B5. (a) Applicable Construction Code B31.1 19 55 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)
CVCS PIPING	N/A	N/A	N/A	TYPE A-005	Est. 1970	REPAIRED	NO
CVCS PIPING	N/A	N/A	N/A	27-773-005	EST. 1970	REPAIRED	NO
CVCS PIPING	N/A	N/A	N/A	27-773-007	EST. 1970	REPAIRED	NO

7. Description of Work MODIFIED SUPPORTS TYPE A-005, 27-773-005 AND 27-773-007 TO MEET DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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

CERTIFICATION 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 Marches Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date 12/16 1991

BA

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
NameDate DECEMBER 12, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418

P.S. 91-683

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System COMPONENT COOLING WATER Quality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
CCW PIPING	N/A	N/A	N/A	796A-2-H2	Est. 1970	REPAIRED	NO
CCW PIPING	N/A	N/A	N/A	4-CCH-75	EST. 1970	REPLACEMENT	NO
CCW PIPING	N/A	N/A	N/A	4-CCH-76	EST. 1970	REPLACEMENT	NO

7. Description of Work SUPPORTS 796A-2-H2, 4-CCH-75 AND 4-CCH-76 WERE MODIFIED TO RESTOREORIGINAL DESIGN FUNCTION.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi Test Temp. _____ Degree's F

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.

91-061-4

FORM NIS-2 (Back)

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

CERTIFICATION OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed J. Marchese Date 12/16, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to Sept. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions 8230 (N) (1)
Factory Mutual System
National Board, State, Province, and Endorsements

Date 12/16 1991

BB

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
NameDate DECEMBER 18, 1991P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418

MPIL NO. 91-360M

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressAuthorization No. N/AExpiration Date N/A4. Identification of System CONDENSATE STORAGEQuality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
CS PIPING	N/A	N/A	N/A	SR-544	Est. 1970	REPAIRED	NO
CS PIPING	N/A	N/A	N/A	4-CSTH-141	EST. 1970	REPLACEMENT	NO
CS PIPING	N/A	N/A	N/A	426-124	EST. 1970	REPAIRED	NO

7. Description of Work MODIFIED SUPPORTS SR-544, 4-CSTH-141 AND 426-124 TO RESTORE TOORIGINAL DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION OF COMPLIANCE

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

Signed

J. Marchese

Date

12/19, 19 91

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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June, 1991 to November, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James G. Blum

Inspector's Signature

Commissions

8230

Factory Mutual System

(N) (1)

National Board, State, Province, and Endorsements

Date

Dec 30 19 91

133

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

Date DECEMBER 18, 1991

P.O. BOX 029100, MIAMI, FL 33152
Address

Sheet 1 of 1

2. Plant TURKEY POINT
Name

Unit 4

P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300418

MPIL NO. 91-360M

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
Name

Type Code Symbol Stamp N/A

P.O. BOX 3218, FLORIDA CITY, FL 33034
Address

Authorization No. N/A

Expiration Date N/A

4. Identification of System CHEMICAL & VOLUME CONTROL

Quality Group B

5. (a) Applicable Construction Code B31.1 19 55 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)
CVCS PIPING	N/A	N/A	N/A	H-1	Est. 1970	REPLACEMENT	NO

7. Description of Work REPLACED TWO (2) MISSING JAM NUTS ON SUPPORT MARK #H-1

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure psi

Test Temp. Degree's F

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

CERTIFICATION 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 J Marchese Date 12/19, 19 91
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June 1991 to November 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date Dec 30 19 91

3/8

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
NameP.O. BOX 029100, MIAMI, FL 33152
Address2. Plant TURKEY POINT
NameP.O. BOX 3088, FLORIDA CITY, FL 33034
Address3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressDate DECEMBER 19, 1991Sheet 1 of 1Unit 4

CWO: 101628 PC/M: 88-419

MPIL NO. 91-035M

Repair Organization P.O. No., Job No., etc.

Type Code Symbol Stamp N/AAuthorization No. N/AExpiration Date N/A4. Identification of System EMERGENCY FEEDWATER Quality Group C5. (a) Applicable Construction Code B31.1 19 55 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)
EFW PIPING	N/A	N/A	N/A	H-1	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORT #H-1 TO MEET DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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
ALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROL
MANUAL AND SITE PROCEDURES.

CERTIFICATION 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 Marchese Date 12/19, 1991
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period June, 1992 to November, 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Philip B. Blum
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date Dec 30 1991

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
NameDate JANUARY 9, 1992P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 500426 PC/M: 90-020

MPIL: 91-096M

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System SAFETY INJECTION Quality Group A5. (a) Applicable Construction Code B31.1 19 55 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)
CHECK VALVE	ROCKWELL EDWARD	N/A	N/A	4-874A	Est. 1970	REPLACED	NO
CHECK VALVE	ROCKWELL EDWARD	N/A	N/A	4-874A	1990	REPLACEMENT	NO
CHECK VALVE	ROCKWELL EDWARD	N/A	N/A	4-874B	Est. 1970	REPLACED	NO
CHECK VALVE	ROCKWELL EDWARD	N/A	N/A	4-874B	1990	REPLACEMENT	NO

7. Description of Work REPLACED CHECK VALVES 4-874A AND 4-874B AND ASSOCIATED PIPING.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐Pressure 2458.5 psiTest Temp. AMBIENT Degree's F

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 of this report 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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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 *Marchese* Owner or Owner's Designee, TitleDate 1/10/92, 19 92

CERTIFICATE OF 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, MA have inspected the components described in this Owner's Report during the period May 1992 to Dec. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

James F. Blue
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date January 14 19 92

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
NameDate JANUARY 9, 1992P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 500422, PS: 91-466, MPIL: 91-201M, PC/M: 89-083, N-91-0387

CWO: 500423, MPIL: 91-202M, PC/M: 89-083

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressAuthorization No. N/AExpiration Date N/A4. Identification of System CHEMICAL AND VOLUME CONTROLQuality Group B5. (a) Applicable Construction Code B31.1 19 55 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)
CHECK VALVE	ROCKWELL	N/A	N/A	4-298A	Est. 1970	REPLACED	NO
CHECK VALVE	ROCKWELL INT.	N/A	N/A	4-298A	1989	REPLACEMENT	NO
CHECK VALVE	ROCKWELL	N/A	N/A	4-303	Est. 1970	REPLACED	NO
CHECK VALVE	ROCKWELL INT.	N/A	N/A	4-303	1989	REPLACEMENT	NO

7. Description of Work REPLACED CHECK VALVES 4-298A, 4-303 AND ASSOCIATED PIPING.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☐Pressure 3419
190 psiTest Temp. AMBIENT
AMBIENT Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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 *Marchese* Date 1/10, 1992
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period May, 1991 to Dec. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Samuel H. Blum
Inspector's Signature

Commissions 8230 Factory Mutual System
(N) (1)
National Board, State, Province, and Endorsements

Date January 14 1992

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
NameDate JANUARY 9, 1992P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 300411 PC/M: 90-353

PS: 91-722

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System SAFETY INJECTION Quality Group A5. (a) Applicable Construction Code B31.1 19 55 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)
PIPING SIS	N/A	N/A	N/A	SR-461	Est. 1970	REPAIRED	NO
PIPING SIS	N/A	N/A	N/A	M-712A-1	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED SUPPORTS SR-461 AND M-712A-1 TO MEET DESIGN.8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ ☐ N/A

Pressure _____ psi

Test Temp. _____ Degree's F

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
ALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROL
MANUAL AND SITE PROCEDURES.

CERTIFICATION OF COMPLIANCE

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 *Marchese* Date 1/10/92, 1992
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period May 1991 to Dec. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

William H. B... Commissions 8230 Factory Mutual System (N) (1)
Inspector's Signature National Board, State, Province, and Endorsements
Date January 14 1992

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
NameDate JANUARY 9, 1992P.O. BOX 029100, MIAMI, FL 33152
AddressSheet 1 of 12. Plant TURKEY POINT
NameUnit 4P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

CWO: 500551 PC/M: 90-417

PS: 91-265 N91-0368

Repair Organization P.O. No., Job No., etc.

3. Work Performed by BECHTEL CONSTRUCTION, INC.
NameType Code Symbol Stamp N/AAuthorization No. N/AP.O. BOX 3218, FLORIDA CITY, FL 33034
AddressExpiration Date N/A4. Identification of System REACTOR COOLANTQuality Group A5. (a) Applicable Construction Code B31.1 19 55 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)
RC PIPING	N/A	N/A	N/A	PCV-4-455A	Est. 1970	REPLACEMENT	NO
RC PIPING	N/A	N/A	N/A	PCV-4-455B	Est. 1970	REPLACEMENT	NO

7. Description of Work MODIFIED THE ABANDONED SPRAY VALVE BODIES (ABANDONED VALVES
PCV-4-455A & B) BY INSTALLATION OF A WELDED PLATE TO PROVIDE AN
ADDITIONAL BARRIER AGAINST LEAKAGE.8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Other ☒Pressure 2280 psiTest Temp. 547 Degree's F

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 attachedALL WELDING WAS PERFORMED IN ACCORDANCE WITH THE FPL WELD CONTROLMANUAL AND SITE PROCEDURES.

CERTIFICATION 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 *J Marchese* Date 1/10, 1992
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA have inspected the components described in this Owner's Report during the period May, 1991 to Dec. 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

8230 Factory Mutual System
(N) (1)

National Board, State, Province, and Endorsements

Date January 4, 1992

B3

Page 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
Name
P.O. BOX 029100, MIAMI, FL 33102
Address

Date January 9, 1992

Sheet 1 of 1

2. Plant TURKEY POINT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Unit 3

PWO: 2542 WA# 911114112950

Repair Organization P.O. No., Job No. etc.

3. Work Performed by FLORIDA POWER & LIGHT
Name
P.O. BOX 3088, FLORIDA CITY, FL 33034
Address

Type Code Symbol Stamp N/A

Authorization No. N/A

Expiration Date N/A

4. Identification of System Intake Cooling Water Quality Group C

5. (a) Applicable Construction Code ANSI B31.1 1955 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)
Gate Valve	Jenkins Valve	N/A	N/A	3-50-367	1989	Replaced	No
Gate Valve	Jenkins Valve	N/A	N/A	3-50-367	1991	Replacement	No

7. Description of Work Replaced valve at tag location 3-50-367 due to excessive seat leakage.

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Other ☐
 Pressure 7 psi Test Temp. 78 Degree's F

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.

92-001-3

FORM NIS-2 (Back)

Page 2 of 2

9. Remarks Mechanical connection, No welding performed.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 1/10, 19 92
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, Florida and employed by Arkwright Mutual Insurance Company of Norwood, MA. have inspected the components described in this Owner's Report during the period November 1991 to December 1991, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions Factory Mutual System
8230 (N) (I)
National Board, State, Province, and Endorsements

January 10, 1992

FORM NIS-1 OWNERS' DATA REPORT FOR INSERVICE INSPECTIONS

Page 1 of 12

- =====
1. Owner: Florida Power and Light Company, P.O. Box 029100,
Miami, Florida 33102
2. Plant: Turkey Point Nuclear Power Plant, P.O. Box 3088,
Florida City, Florida 33034
3. Plant Unit: 4
4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date : September 7, 1973
6. National Board Number for Unit: N/A
7. Components Inspected:

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Pressure Vessel	Babcock and Wilcox	610-0116 4PSRV1	N/A	N-161
Pressurizer	Westinghouse	HTPT-0021 4T200	N/A	N-68-1
Steam Generator C	Westinghouse	16A-6341-3 FSGT-2993 4E210C	N/A	N-776
Reactor Coolant Pump A	Westinghouse	5-618J713	N/A	N/A
Reactor Coolant Pump B	Westinghouse	6-618J713	N/A	N/A
Reactor Coolant Pump C	Westinghouse	4-618J713	N/A	N/A
Regenerative Heat Exchanger	Sentry Equipment	4E200	N/A	N/A
Residual Heat Exchanger A	Bechtel	4E206A	N/A	N/A
Residual Heat Exchanger B	Bechtel	4E206B	N/A	N/A
Excess Letdown Heat Exchanger	Bechtel	4E202	N/A	N/A

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Coolant System	Bechtel	See line nos. on page 10	N/A	N/A
Residual Heat Removal Piping	Bechtel	See line nos. on page 10	N/A	N/A
Safety Injection Piping	Bechtel	See line nos. on page 10	N/A	N/A
Chemical and Volume Control Piping	Bechtel	See line nos. on page 10	N/A	N/A
Steam Generator Blowdown Piping	Bechtel	See line nos. on page 10	N/A	N/A
Main Steam Piping	Bechtel	See line nos. on page 10	N/A	N/A
Feedwater Piping	Bechtel	See line nos. on page 10	N/A	N/A

8. Examination Dates: November 25, 1990 to October 28, 1991

9. Inspection Interval: from 4/14/84 to 4/14/94
Inspection Period: from 11/25/90 to 4/14/94

10. Abstract of Examinations and Statement Concerning Status of Work Required for Current Interval:

The Inservice Examination of selected Class 1 and 2 components and piping systems of Florida Power and Light's Turkey Point Unit 4 was performed during the Emergency Diesel Addition and Refueling Outage. This outage began on November 25, 1990 and ended on October 28, 1991. This was the first outage of the third period of the second interval.

The components and piping systems examined were selected per the Second Ten Year Inspection Plan, which was prepared in accordance with the requirements of the 1980 Edition of ASME Section XI with addenda through Winter 1981.



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Manual and Mechanized ultrasonic, visual, magnetic particle, and liquid penetrant non-destructive techniques were used to examine the components, piping, and their supports. The Manual examinations were performed by FPL personnel, with examiners supplied by Ebasco Services Inc. The RPV Internal examinations were performed by Westinghouse Energy Systems personnel, with FPL personnel reviewing the work performed. The RPV Mechanized examinations were conducted by Southwest Research Institute.

Eddy Current examinations were conducted by FPL personnel from April 6, 1991 through June 6, 1991 on Steam Generators A, B, and C. A total of 9,610 tubes were examined. See the attached NIS-BB report for the summary of examination results.

The augmented Feedwater Nozzle examination program was conducted during this outage on all three Steam Generators. The entire area from the nozzle ramp to a point one pipe diameter out on the far side of the elbow was examined with ultrasonics.

Snubber functional testing and visual examinations were conducted in accordance with Turkey Point Unit 4 Plant Technical Specifications and Section XI. Examination and testing services were supplied by Qualtech Testing Services Inc.

System Pressure testing was conducted by plant personnel to applicable Plant Technical Specifications and Procedures and Section XI.

The number of examinations performed during this outage and the cumulative total of exams exceed the requirements of Program B of ASME Section XI.

11. Abstract of Conditions Noted

12. Abstract of Corrective Measures Recommended and Taken

Class 1

Reactor Pressure Vessel

A full RPV examination was conducted using mechanized Ultrasonic and remote Visual methods. The entire Reactor Pressure Vessel was ultrasonically examined, which included the vessel circumferential welds, nozzle to vessel welds and inner radius sections, and all



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nozzle to safe-end welds. These examinations did not locate any unacceptable flaws. The RPV internals, upper RPV head, and two-thirds of the RPV closure head studs, nuts, washers, and vessel threads in flange were examined. No rejectable indications were found.

Steam Generator "C"

The inlet and outlet manway bolting were examined visually. Minor corrosion was found on several of the bolts. An engineering evaluation of the bolting accepted them as-is. The inlet and outlet nozzle inner radius section were examined by ultrasonics. No rejectable indications were found.

Pressurizer

The pressurizer support skirt, one circumferential and one longitudinal weld, and the safety and relief nozzle inner radii were examined using ultrasonic and visual examination techniques. No rejectable indications were found.

Reactor Coolant Pumps

Reactor Coolant Pump A flywheel and integral attachments were examined with ultrasonic, magnetic particle, and penetrant techniques. No rejectable indications were found.

Reactor Coolant Pump B integral attachments were examined with penetrant testing. No rejectable indications were found.

Reactor Coolant Pump C flange studs and nuts, flywheel, pump supports and integral attachments, and the casing welds were examined with ultrasonic, visual, liquid penetrant, and magnetic particle examination techniques. The pump casing welds were examined in two stages, after initial insulation removal (to determine if leakage had occurred), and after a thorough cleaning of the casing of residual insulation. No rejectable indications were detected.



Regenerative Heat Exchanger

FPL conducted a visual (VT-3) examination on 11/25/90, at the beginning of the outage, and a VT-2 was performed during the RCS over pressure test on the Regenerative Heat Exchanger per Relief Request No. 3. The NDE examiners did not identify any evidence of leakage or boric acid accumulation.

Reactor Coolant Piping

Surface and volumetric examinations using liquid penetrant and ultrasonic methods were conducted on selected welds. Acceptable surface and geometric indications were detected. No rejectable indications were found.

Valve and flange bolting were examined. Boric acid crystals were found on numerous areas. These were cleaned, or in some cases, replaced when required, and re-examined. No rejectable indications were noted.

Visual examinations were performed on component supports. No rejectable indications were noted.

During the outage, the RTD lines were removed and the short section of piping that remained was capped. Baseline examinations were performed on the new welds.

Pressurizer Surge Piping

The surge line was examined for movement in accordance with Bulletin 88-11. Evidence of movement was detected (crushed insulation noted.) An engineering evaluation of the line determined that this was acceptable, as the amount of movement was expected and essentially the same as previous examinations.

Residual Heat Removal Piping

Surface and volumetric examinations using liquid penetrant and ultrasonic methods were conducted on selected welds. Acceptable surface and geometric indications were detected. No rejectable indications were found.



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Visual examinations were performed on component supports. Painted spherical bearings were noted. These were cleaned. None of these indications affected the functionality of the supports.

Visual examinations were performed on valve bolting. Several bolts exhibited mechanically induced gouges or corrosion from boric acid. These were either accepted by engineering evaluation or replaced.

Safety Injection Piping

Surface and volumetric examinations using liquid penetrant and ultrasonic methods were conducted on selected welds. Acceptable surface and geometric indications were detected. No rejectable indications were noted.

Visual examinations were performed on component supports. Boric acid residue was detected on one support. No rejectable indications were noted.

Chemical and Volume Control Piping

Surface and volumetric examinations were performed on selected welds. Acceptable geometric indications were found. No rejectable indications were found.

Visual examinations were performed on selected supports and flange bolting. One set of flange bolting was replaced due to boric acid corrosion. No rejectable indications were found.

FPL was required per Bulletin 88-08 to identify unisolable piping and components connected to the Reactor Coolant system that could be subjected to thermal stresses. Nuclear Engineering document No. SE&PT-SSAD-7814, dated August 1988, identified that the following areas required examination:

Zone 035, Chemical and Volume Control Line		
Identification	Description	Exam Methods
2"-RC-1410-33	Valve 4-313 to Pipe	UT & PT
2"-RC-1410-34	Pipe to Reducing Tee	UT & PT

Zone 045, Charging Line, Isometric 4-A39		
Identification	Description	Exam Methods
3"-CH-1401-32	Pipe to Elbow	UT & PT
Elbow	Base Material	UT & PT
3"-CH-1401-33	Elbow to Pipe	UT & PT
Pipe	Base Material	UT & PT
3"-CH-1401-34	Pipe to Elbow	UT & PT
Elbow	Base Material	UT & PT
3"-CH-1401-35	Elbow to Pipe	UT & PT
Pipe	Base Material	UT & PT
3"-CH-1401-36	Pipe to Elbow	UT & PT
Elbow	Base Material	UT & PT
3"-CH-1401-37	Elbow to Pipe	UT & PT

Ultrasonic examinations are not required by the ASME Code on piping less than 4" in diameter. FPL elected to perform additional examinations to increase confidence in the results. Standard UT and PT techniques and procedures were used to examine the 3" Charging System welds and special UT procedures, techniques, and calibration blocks and standard PT techniques were utilized for the 2" socket welds on the Auxiliary Spray System. The procedures and calibration block were qualified and demonstrated to the satisfaction of the ANII on January 26, 1989.

No rejectable indications were found during the examination process.

Reactor Coolant Flywheel Examinations

During this Outage, Reactor Coolant Pump Flywheel "A" was removed from the motor. A surface examination of the exposed areas and a complete ultrasonic volumetric examination was performed. These examinations were performed in accordance with USNRC Regulatory Guide 1.14. No rejectable indications were found.

Reactor Coolant Pump Motor C, serial no. 3S-74P731, was installed. The motor had been sent to Westinghouse for refurbishment. During that time period, the flywheel was examined by Westinghouse



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personnel in their Pittsburgh facilities. A complete examination in accordance with USNRC Regulatory Guide 1.14 was accomplished. No rejectable indications were found.

Class 2

Steam Generators

The "CL" weld on steam generator C (transition cone to upper shell) was examined. This examination was performed as part of an ongoing program by FPL to monitor this weld in the Turkey Point Steam Generators. This is due to concern with cracking that has been detected in this weld at other plants. Acceptable pitting and slag inclusions were detected. No rejectable indications were found.

The "P" weld on Steam Generator C was examined. Acceptable slag inclusions were detected. No rejectable indications were found.

The "CL" weld on steam generator B was examined in the area where indications were noted during the previous outage. This examination was performed as part of a commitment by FPL to monitor this weld. The indications found compared favorably with previous data (pitting and slag inclusions). No flaw growth was detected. No rejectable indications were found.

Residual Heat Removal

Visual and surface examinations were performed on component supports and their integral attachments. Painted spring can scales, debris inside spring cans, and acceptable round and linear indications were detected. All supports were performing their intended function. No rejectable indications were found.

Safety Injection

Surface examinations were performed on selected welds. One acceptable round indication was detected. No rejectable indications were found.

Main Steam

Surface and volumetric examinations were performed on selected welds. Acceptable geometry and slag inclusions were detected. No rejectable indications were found.



Steam Generator Blowdown

Surface and volumetric examinations were performed on selected welds. Acceptable geometry and slag inclusions were detected. No rejectable indications were found.

Visual examinations were performed on selected component supports. Inadequate thread engagement, broken grout, and lack of lubrication on bearings were detected. These did not affect the function of the supports. All conditions were corrected. No rejectable indications were found.

Main Feedwater System Piping

During each refueling outage, FPL conducts a continuous ultrasonic scan (100% of the base metal) on the Feedwater Steam Generator nozzle piping from the nozzle ramp out to a point one pipe diameter upstream of the pipe to elbow weld on the horizontal run of each Steam Generator. This examination is performed on all three Main Feedwater piping loops. During this outage, the examinations detected linear indications at the inside surface in the elbow of all three loops. These had no detectable through-wall depth. They will be re-examined during the next refueling outage.

Surface and volumetric examinations were performed on selected welds. Acceptable geometry and slag inclusions were detected. No rejectable indications were found.

7. Components Inspected:

Line numbers for the Piping systems examined this outage.

Class 1

REACTOR COOLANT	RESIDUAL HEAT REMOVAL	CHEMICAL AND VOLUME CONTROL
31"-RCS-1401		
29"-RCS-1404	14"-RHR-1401	3"-CH-1401
27.5"-RCS-1407	10"-SI-1401	3"-CH-1402
31"-RCS-1402	8"-RHR-1401	3"-CH-1403
29"-RCS-1405	10"-SI-1402	2"-CH-1401
27.5"-RCS-1406	10"-SI-1403	2"-CH-1402
31"-RCS-1403		2"-CH-1403
29"-RCS-1408		2"-CH-1404
27.5"-RCS-1409	SAFETY INJECTION	2"-CH-1405
14"-RC-1401		2"-CH-1406
12"-RC-1401	2"-SI-1401	2"-CH-1407
4"-RC-1403	2"-SI-1402	2"-CH-1408
4"-RC-1404	2"-SI-1403	
4"-RC-1405	2"-SI-1404	
4"-RC-1406	2"-SI-1406	
2"-RC-1403		
2"-RC-1410		

Class 2

STEAM GENERATOR BLOWDOWN	FEEDWATER	MAIN STEAM
	14"-FWA-2401	31"-MSC-2403
6"-BDC-2403	14"-FWB-2402	14"-MSA-2401
6"-BDA-2404	18"-FWB-2402	6"-MSA-2401
6"-BDB-2405	14"-FWC-2403	6"-MSB-2402
6"-BDC-2406	6"-FW-2403	14"-MSC-2405
		6"-MSC-2403
	RESIDUAL HEAT REMOVAL	SAFETY INJECTION
	14"-RHR-2401	16"-SI-2401
	14"-RHR-2406	
	10"-RHR-2401	



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NIS-1 REPORT CONTINUED

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.

Owner : Florida Power and Light Company

By: James Scarola

Date: 1/14/92

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/or the State or Province of Dade County and employed by Arkwright Mutual Insurance Company of Norwood, Massachusetts have inspected the components described in this Owners' Data Report during the period 11/25/90 to 10/28/91, 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.

Philip E. Blum
Inspector's Signature

Date: January 15, 1992

Factory Mutual System
8230(NXI)
National Board, State,
Province, and No.

1. Owner: Florida Power and Light Company, P.O. Box 029100,
Miami, Florida 33102
2. Plant: TURKEY POINT NUCLEAR POWER PLANT, P.O. BOX 3088,
FLORIDA CITY, FLORIDA 33034
3. Plant Unit: 4
4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date : September 7, 1973
6. National Board Number for Unit: N/A

Report Number	Organization	Description of Services
ESI-PTN-4-91	FPL	Inservice Inspection Final Report
	FPL	Eddy Current Examination of Steam Generators Final Report
Project 3940	SwRI	1990 Inservice Examination of the Reactor Pressure Vessel at Turkey Point Plant, Unit 4
	Westinghouse	Reactor Vessel Internals 40-Month Report, Outage 2-3-1 (1991)
	FPL	Summary Report of Hydrostatic Testing Program Turkey Point Unit No. 4 1990-91 Diesel Generator Addition Outage
	FPL	Summary Report Visual Examination and Functional Testing of Snubbers



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Eddy Current Summary of Results

Plant: Turkey Point 4

Examination Dates: 4/16/91 Through 5/13/91

Steam Generator Number	Total Tubes Inspected	Total Ind. $\geq 20\%$ to 39%	Total Ind. $\geq 40\%$ to 100%	Total Tubes Plugged as Preventive Maintenance	Total Tubes Plugged
4E210A	3198	13	None	1	1
4E210B	3207	10	None	2	2
4E210C	3205	8	None	None	None

Location of Indications

Steam Generator	AVB Bars	Drilled Support 1 through 6		Top of Tube Sheet to 1 Drilled Support	
		Cold Leg	Hot Leg	Cold Leg	Hot Leg
4E210A	None	4	8	1	None
4E210B	1	2	4	1	2
4E210C	None	4	3	None	1

Certification of Record

We certify that the statements in this record are correct and the tubes inspected were tested in accordance with the requirements of Section XI of the ASME Code.

FLORIDA POWER and LIGHT COMPANY
Organization

Date:

07/08/91

By:

KR Chiang
Manager, Heat Exchanger and Met Lab



Steam Generator Eddy Current Examination Results

Plant: Turkey Point 4

Steam Generator: 4E210A

Examination Dates: 4/16/91

through 5/13/91

Row	Column	% Tube Wall Penetration	Origin	Location
28	14	32	OD	01H + 42.4
-	-	34	OD	02C + 2.6
33	19	23	OD	05H + 42.8
26	24	29	OD	03H - 0.5
29	25	33	OD	04H + 5.8
-	-	37	OD	BAC + 28.3
27	40	23	OD	05C + 25.8
33	42	21	OD	05H + 41.5
26	62	26	OD	05C + 17.7
30	76	26	OD	05H + 46.0
24	77	20	OD	02H + 47.4
14	82	26	OD	04C + 9.2
12	83	23	OD	01H + 40.5



Steam Generator Eddy Current Examination Results

Plant: Turkey Point 4

Steam Generator: 4E210B

Examination Dates: 4/16/91

through 5/13/91

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