



**Entergy  
Operations**

Entergy Operations, Inc.  
Route 2, Box 1370  
Russellville, AR 72801  
Tel 501-964-3303

January 21, 1992

OCAN019202

U. S. Nuclear Regulatory Commission  
Document Control Desk  
Mail Station P1-137  
Washington, DC 20555

Subject: Arkansas Nuclear One - Units 1 and 2  
Docket Nos. 50-313 & 50-368  
License Nos. DPR-51 & NFP-6  
Revisions to the NIS-2 Forms;  
"Owners Report of Repairs or Replacements"

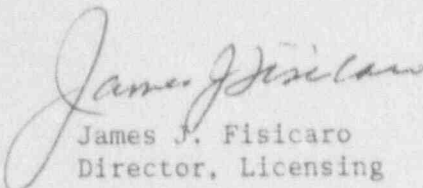
gentlemen:

In letter 1CAN059104, dated May 8, 1991, Entergy Operations submitted the Arkansas Nuclear One, Unit 1 (ANO-1) Inservice Inspection Outage Summary Report. This report provided a summary of the inservice inspections performed during Cycle 9, including the 1R9 refueling outage. The ANO-2 Outage Summary Report was submitted in letter 2CAN079105, dated July 15, 1991. This report provided a summary of the inservice inspections performed during Cycle 8, including the the 2R8 refueling outage. As part of these reports, the NIS-2 Forms "Owners Report of Repairs or Replacements" were submitted.

Based on subsequent review of the inspection data, certain corrections have been made to the NIS-2 Forms. The revised NIS-2 Forms for ANO-1 and ANO-2 are provided in Attachments 1 and 2, respectively.

Should you have any questions regarding this submittal, please contact my office.

Very truly yours,

  
James J. Fisicaro  
Director, Licensing

JJF/RWC/sjf  
Attachments

9201300036 920121  
PDR ADOCK 05000313  
Q PDR

A047  
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U. S. NRC  
January 21, 1992  
Page 2

cc: Mr. Robert Martin  
U. S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 1000  
Arlington, TX 76011

NRC Senior Resident Inspector  
Arkansas Nuclear One - ANO-1 & 2  
Number 1, Nuclear Plant Road  
Russellville, AR 72801

Mr. Thomas W. Alexion  
NRR Project Manager, Region IV/ANO-1  
U. S. Nuclear Regulatory Commission  
NRR Mail Stop 11-D-23  
One White Flint North  
11555 Rockville Pike  
Rockville, Maryland 20852

Ms. Sheri Peterson  
NRR Project Manager, Region IV/ANO-2  
U. S. Nuclear Regulatory Commission  
NRR Mail Stop 11-D-23  
One White Flint North  
11555 Rockville Pike  
Rockville, Maryland 20852



ATTACHMENT 1

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 5-18-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O.#00774215  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Building Spray (GCB-12 6")
5. (a) APPLICABLE CONSTRUCTION CODE ASME 19 68 EDITION, No ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (1981)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-12-6"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repaired Pin Hole Leak In Weld.
8. TESTS CONDUCTED: HYDROSTATIC ☒ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE 445 psi TEST TEMP. Amb. °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

N/A

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 R. D. Lane for Owner or Owner's Designee, Title Date 12/18, 1991

R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS  
NB-9547, ARK-I133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott  
Date

12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 6-5-89 (Revised 12/9/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00786426  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4-2")
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1968 EDITION, No ADDENDA,  
N/A CODE ASME  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WP1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Globe Valve</u>	<u>Nelan</u>	<u>3A-2</u>	<u>NA</u>	<u>MB-1207-3</u>	<u>1971</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Repaired Cracked Globe
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☒  
OTHER ☐ PRESSURE 2200 psi TEST TEMP. 120 °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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct valve serial number and year built*

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repairs 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 R. E. Lape Date 12/11, 1991

Owner or Owner's Designee, Title  
R. E. Lape, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
J. O. Elliott  
Date December 13, 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-29-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 5.0. # 00781649  
Address Repair Organization PC No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, No ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (U.S.)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Spring</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-4</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strike
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
0.125 ☐ PRESSURE NA psi TEST TEMP. NA °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

N/A

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 R. D. Lane Date 12/18, 19 91  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19, 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00781678  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, N/A M'BLANK,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-2-14"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strike
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 was not submitted in the original  
submission of May 28, 1991 due to package being checked  
outdate*

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 Frank B. Long Jr. Date 12/16, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions ARKWRIGHT MUTUAL SYSTEMS  
Inspector's Signature 1991, ARK-1133 "N" "I"  
Date 12/19 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 AP&L/ENTERGY OPERATIONS, INC. DATE 4-5-89 (Revised 12/10/91)  
Name

RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address

2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name

RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00778195  
Address Repair Organization PO No., Job No., etc.

3. WORK PERFORMED BY AP&L/ENTERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name

RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A

4. IDENTIFICATION OF SYSTEM Re-ay Heat

5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE

(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)

6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-125</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repaired protection saddle

8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Smith Jr. Date 12/10, 1991

Owner or Owner's Designee, Title  
R. D. Lann, Manager Engineering - STANDARD & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"

Date 12/19, 1991  
National Board, State, Province, and Endorsements

FORM N15-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS  
as Required by the Provisions of the ASME Code Section XI

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 7-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00781674  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY (INC.) INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14")
5. (A) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, No ADDENDA,  
NA CODE CASE  
(B) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (UB1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-2-14"</u>	<u>1968</u>	<u>Required</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strikes
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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 N/A  
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the Applicable Construction Code.

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 Arnold B. Lonal Jr Date 12/18 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II33 "N" "I"  
Date 12/19 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G. RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00781701  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4-12")
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, No ADDENDA,  
N/A CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WRI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Pipe</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-4-12"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strike
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

N/A

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the applicable Construction Code correction.

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 R. D. Lane Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
J. O. Elliott National Board, State, Province, and Endorsements  
Date 12/19 1991



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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O.# 00781680  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make Up (CCB-4-2")
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1968 EDITION, No ADDENDA.  
N/A CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(USC)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>CCB-4-2"</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of arc strike
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

N/A  
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct  
applicable Construction Code.

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 Donald B. Lane Jr. Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions FACTORY MUTUAL SYSTEMS  
NB-9947, ARK-I133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00781775  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14)
5. (a) APPLICABLE CONSTRUCTION CODE Draft 1968 EDITION, N/A ADDENDA,  
N/A CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Class-2 Piping</u>	<u>Various</u>	<u>N/A</u>	<u>N/A</u>	<u>HCB-2-14</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair of Arc Strikes
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE N/A psi TEST TEMP. N/A °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

N/A

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.

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 Donald B. Jones Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
J. O. Elliott National Board, State, Province, and Endorsements  
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-27-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00822515  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCA-5)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WSI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-212</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald C. Jones Jr. Date 12/18/91, 19 91  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF INSERVICE INSPECTION

the undersigned, holding a valid commission issued by the National Board of  
Boiler and Pressure Vessel Inspectors and the State or Province of ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19 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 APAL/ENERGY OPERATIONS, INC. DATE 7-16-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G. RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00817032  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCA-3)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W61)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Suggest</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MA-126</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK: Modified hanger to meet specification
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Codes.*

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 Arnold B. Small for Date 12/15/91 19 91  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19 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 APAL/ENERGY OPERATIONS, INC. DATE 7-11-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.C. # 00814771  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make - Ha (C&A-3 and H&C)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<del>Component</del> <del>Support</del>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HRC-1-H1</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<del>Component</del> <del>Support</del>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-128</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<del>Component</del> <del>Support</del>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-129</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 3 through 6 on this report 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Donald D. Lane Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NR-9747, ARE-1133 "N"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, LLC. DATE 5-21-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00777062 and 00786431  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant System
5. (a) APPLICABLE CONSTRUCTION CODE ASME 19 63 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT?	ASME CODE STAMPED (YES OR NO)
Component Support	Quicker Drawings	6	NA	H5-2	1968	Replaced	No
Component Support	Quicker Drawings	9	NA	H5-2	1969	Replaced	No

7. DESCRIPTION OF WORK Replaced hydraulic swabber
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 R. D. Lang Date 12/18 1991

Owner or Owner's Designee, Title  
R. D. Lang, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-1-91 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 the ASME Code, Section XI.

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

J. J. Elliott  
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS  
NB-9947, ARK-1133 "N" "I"

J. J. Elliott  
Date

12/19 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 AP&L/ENERGY OPERATIONS, INC. DATE 1-30-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00777062  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant System
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION, 6th Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Hydraulic Lubber	Quchar Darling	008	NA	HS-2	1970	Replaced	No
Hydraulic Lubber	Quchar Darling	006	NA	HS-2	1981	Replacement	No

7. DESCRIPTION OF WORK Replaced damaged Lubbers
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Lane Date 12/18, 1991  
Owner or Owner's Designer, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 12-10-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00795528  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1965 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1965 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>NU-193</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Ranges per DCP 89-1012
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ MAXIMAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Arnold B. Lane for Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II33 "I" "I"  
Date 12/19, 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 APAL/ENERGY OPERATIONS, INC. DATE 3-2-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00777688  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (N81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-225</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Removed arc strikes
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Donald B. Lane Date 12/18/91, 19

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-20-89 (12/10/91 Revised)  
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 J.C. # 00780661  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 1, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Emergency Feedwater
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1965 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Emergency Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-89</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Emergency Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-86</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Emergency Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>EFW-9</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Hangers
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This N15-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Arnold B. Jones Jr. Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by NORWOOD, MASS. ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 9-22-90 (Revised 12/10/91)  
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00823478  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-59</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Cod. Symbol Stamp N/A

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

Signed André C. J. P. A. Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS

NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott

Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 8-21-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00819775  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL SIANT N/A  
Name  
RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Chilled Water (HBB-5)
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION 6th Edition ADDENDA  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HBB-5-H1</u>	<u>1970</u>	<u>Revised</u>	<u>NA</u>

7. DESCRIPTION OF WORK Modified design per DCP89-1040
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Small Jr Date 12/10, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARD & PROGRAMS

CERTIFICATE OF 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 MASS.  
INSPECTION and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER APAL/ENTERGY OPERATIONS, INC. DATE 8-8-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00818761  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENTERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Pressure Relief (FCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (N81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>RC-37</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modify Header per LCP90-5019
8. TEST CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code*

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 Donald B. Jones Jr. Date 12/18, 19 91  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions "FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II33 "N" "I"  
Date 12/19, 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 APAL/ENERGY OPERATIONS, INC. DATE 5-18-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 T.O. # 00814127  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Building 2 Support (HCB-1)
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION, 6th Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u.s.)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>HCB-1-H4</u>	<u>1970</u>	<u>Revised</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code*

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 Donald B. Jones Jr. Date 12/18, 1991

Owner or Owner's Designee, Title  
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOL, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-F133 "N" "1"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 9-10-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR OVE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00758645  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Main Steam (EBB-3)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 19 63 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-168</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Hanger per OCP87-1099
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code*

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this  
*repair* conform 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 *Donald B. Lane* Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 11-13-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00828203  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-1)
5. (a) APPLICABLE CONSTRUCTION CODE ASME 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W&I)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-1-H-4</u>	<u>1970</u>	<u>Pyramid</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

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Applicable Construction Code.*

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 Donald B. Jones Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19, 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 AP&I/ENERGY OPERATIONS, INC. DATE 8-13-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 STREET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00820775  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant (CCA-13)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	CCA-13-H2	1970	Repaired	No
Component Support	Various	NA	NA	CCA-13-H3	1970	Repaired	No
Component Support	Various	NA	NA	CCA-13-H4	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ MANUAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Arnold B. Jones for Date 12/18/91, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00781160  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2-14")
- (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (US)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-108</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Component Support
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code*

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 Donald B. Lane for Date 12/19, 1991  
Owner or Owner's Designee, Title  
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissioned FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19 1991  
National Board, State, Province, and Endorsements

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Various	NA	NA	NA	HCB-1-H1	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-H4	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-H5	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH158	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH146	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH147	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-2-DH203	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH110	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-2-DH205	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-2-DH209	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-2-DH204	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-H21	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-6-H1	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-DH125	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-DH121	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH56	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH51	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-H17	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-H18	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-DH130	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	HCB-2-DH117	1970 <sup>E</sup>	Repaired	No
Various	NA	NA	NA	GCB-4-DH122	1970 <sup>E</sup>	Repaired	No



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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 10-22-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00825706  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make Na (GCB-244) and Recomp Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 19 63 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (W&I)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	GCB-2-HZ	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH207	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH210	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH213	1970	Repaired	No
Component Support	Various	NA	NA	GCB-2-DH214	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA PSI TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Lang Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lang, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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or a loss of any kind arising from or connected with this inspection.

J. O. Elliott Commission FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19, 1991  
National Board, State, Province, and Endorsements

J.O.#00779103

Sheet 2 of 3

[illegible]



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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 3-20-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00779103  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE AISC 19 63 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER TRIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	CCB-1-H11	1971	Repaired	No
Component Support	Various	NA	NA	CCB-1-H3	1971	Repaired	No
Component Support	Various	NA	NA	DH-56	1971	Repaired	No
Component Support	Various	NA	NA	DH-251	1971	Repaired	No
Component Support	Various	NA	NA	CCB-DH-192	1971	Repaired	No

7. DESCRIPTION OF WORK Modified Drawings to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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.



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*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 *Donald B. Lane* Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
and state that to the best of my knowledge and belief, the Owner has performed  
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employer shall be liable in any manner for any personal injury or property damage  
or a loss of any kind arising from or connected with this inspection.

*J. O. Elliott* Commissions NE-9947, ARK-1133 "N" "I"  
Inspector's Signature FACTORY MUTUAL SYSTEMS  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<del>Component</del> Support	Various	NA	NA	MU-166	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-168	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-175	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-176	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-178	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-182	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-183	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-184	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-185	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-188	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-193	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-195	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-197	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-198	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-201	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-208	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-211	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-212	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-408	1970	Repaired	No
<del>Component</del> Support	Various	NA	NA	MU-451	1970	Repaired	No

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-158	1970	Repaired	No
Component Support	Various	NA	NA	MU-200	1970	Repaired	No
Component Support	Various	NA	NA	MU-260	1970	Repaired	No
Component Support	Various	NA	NA	MU-210B	1970	Repaired	No
Component Support	Various	NA	NA	MU-206	1970	Repaired	No
Component Support	Various	NA	NA	MU-205	1970	Repaired	No
Component Support	Various	NA	NA	MU-403	1970	Repaired	No
Component Support	Various	NA	NA	MU-405	1970	Repaired	No
Component Support	Various	NA	NA	MU-177	1970	Repaired	No
Component Support	Various	NA	NA	MU-180	1970	Repaired	No
Component Support	Various	NA	NA	MU-207	1970	Repaired	No
Component Support	Various	NA	NA	MU-184	1970	Repaired	No
Component Support	Various	NA	NA	MU-163	1970	Repaired	No
Component Support	Various	NA	NA	MU-224A	1970	Repaired	No
Component Support	Various	NA	NA	MU-178	1970	Repaired	No
Component Support	Various	NA	NA	MU-154	1970	Repaired	No
Component Support	Various	NA	NA	MU-169	1970	Repaired	No
Component Support	Various	NA	NA	MU-186	1970	Repaired	No
Component Support	Various	NA	NA	MU-213	1970	Repaired	No
Component Support	Various	NA	NA	MU-225	1970	Repaired	No
Component Support	Various	NA	NA	MU-237	1970	Repaired	No
Component Support	Various	NA	NA	MU-156	1970	Repaired	No
Component Support	Various	NA	NA	MU-157	1970	Repaired	No
Component Support	Various	NA	NA	MU-161	1970	Repaired	No
Component Support	Various	NA	NA	MU-162	1970	Repaired	No



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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-1-89 thru 3-22-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 3  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00778079  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS, INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make - Up
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Various	NA	NA	MU-194	1970	Repaired	No
Component Support	Various	NA	NA	MU-185	1970	Repaired	No
Component Support	Various	NA	NA	MU-164	1970	Repaired	No
Component Support	Various	NA	NA	MU-195	1970	Repaired	No
Component Support	Various	NA	NA	MU-204	1970	Repaired	No

7. DESCRIPTION OF WORK Modified hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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. MARKS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Long Jr. Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS

NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date

12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-18-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00825581  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
N/A CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WBI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-249</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified design to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code*

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 Arnold B. Lane Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements  
J. O. Elliott  
Date 12/19 1991



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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 STREET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00828206  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H002 Ret. 1</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Performed hanger modification
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Co's.*

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 Donald B. Lunde Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lunde, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
J. O. Elliott National Board, State, Province, and Endorsements  
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-25-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G. RUSSELLVILLE, AR. 72821 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G. RUSSELLVILLE, AR. 72801 T.O. #00816047  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAND N/A  
Name
- RT. 3, Box 137 G. RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-5)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>NU-237</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Amel B. Al-Far Date 12/16, 1991

Owner or Owner's Designer, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by NORWOOD, MASS. ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
and state that to the best of my know, eye and belief, the Owner has performed  
examinations and taken corrective measures described in this Owner's Report in  
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions NE-9947, ARK-1133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-15-91 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00780050  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4-12")
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA,  
NA CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (NIP)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-153</u>	<u>1970</u>	<u>Revised</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Component Support
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 R. D. Lane Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II133 "N" "I"  
Date 12/19, 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 APAL/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00781596  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCR-4-12)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (ES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-126</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repaired integrally welded pipe supports.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 *Donald B. Lane* Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NOBLOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II33 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 1-10-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 JO# 00802689  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Main Steam
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-5-H3</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MS-5-H5</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Repair welds on hangers to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code*

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 R. D. Lane Date 12/18 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19 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 APAL/ENERGY OPERATIONS, INC. DATE 3-15-89 (Revised, 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00780049  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (6CB-1-12")
5. (a) APPLICABLE CONSTRUCTION CODE AISC, 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>PH-184</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 *Arnold B. Jones Jr.* Date 12/18, 19 91  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 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 APAL/ENERGY OPERATIONS, INC. DATE 7-17-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G. RUSSELLVILLE, AR. 72801 SPEKT 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00817807  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 19 65 EDITION, 6<sup>th</sup> Edition ADDENDA,  
CODE CASE  
(b) ASME EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-125</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Amel B. Omerovic Date 12/18, 1991

Owner or Owner's Designer, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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  
ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL STEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 7-10-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 07817047  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-132</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 R. D. Lane for Owner or Owner's Designee, Title  
Date 12/10, 1991  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19 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 APAL/ENERGY OPERATIONS, INC. DATE 6-25-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00816476  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-137</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Donald B. Lane Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any  
warranty, expressed or implied, concerning the examinations and corrective measures  
described in this Owner's Report. Furthermore, neither the Inspector nor his  
employer shall be 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 J. O. Elliott Signature [Signature] Commissions FACTORY MUTUAL SYSTEMS  
NB-9947, ARK-II33 "N" "I"  
National Board, State, Province, and Endorsements

Date J. O. Elliott 12/19 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 8-22-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00770087  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL NA  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. NA  
Address EXPIRATION DATE NA
4. IDENTIFICATION OF SYSTEM Decay Heat (GCB-12)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W&P)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-12-HIT</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Arnold B. Sharp Jr Date 12/16, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991



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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-14-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 T.O. # 00828296  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (USI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H002</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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. REPAIRS

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 *Richard B. Lopez Jr.* Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lopez, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19, 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 I.O. # 00825706  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (481)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-51</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Arnold B. Donald Sr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions NE-9947, ARK-1133 "N" "I"  
Inspector's Signature  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991



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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-15-90 (Revised 12/10/91)  
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 SPENT 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 1, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. #00828234  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (W81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Capriment Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-146</u>	<u>1970</u>	<u>Pyramid</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified Hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Robert B. Lane Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19 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 AP&L/ENERGY OPERATIONS, INC. DATE 11-14-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00828171  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HCB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980(w81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-142</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specification
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 R. D. Lane Date 12/18, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II33 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 11-20-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00816567  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat (HEB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION 6<sup>th</sup> Edition ADDENDA, NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (UB1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-144</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specification
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ WORKING OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Arnold G. Lane Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
Owner's Report during the period 12-14-88 to 1-7-91  
have inspected the components described in this  
and state that to the best of my knowledge and belief, the Owner has performed  
examinations and taken corrective measures described in this Owner's Report in  
accordance with the requirements of the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19 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 AP&L/ENERGY OPERATIONS, INC. DATE 11-26-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O.# 00828767  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4)
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6th Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>H004</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 Donald E. Lane, Jr. Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/19, 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 APAL/ENERGY OPERATIONS, INC. DATE 11-16-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00825581  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Make-Up (CCB-4-2")
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (N81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-248</u>	<u>1970</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet design specifications
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code*

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 R. D. Lane Date 12/10, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements  
J. O. Elliott  
Date 12/19, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 11-7-90 (Revised 12/6/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET: 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00770087  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Building Spray? (GCB-12)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (u81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>GCB-12-417</u>	<u>1970</u>	<u>Revised</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified hanger to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct applicable Construction Code.*

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 R. D. Lane Date 12/10 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of N. WOOD, MASS. have inspected the component's described in this Owner's Report during the period 12-14-88 to 1-7-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
Date 12/19 1991  
National Board, State, Province, and Endorsements



FORM 101-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS  
Required by the Provisions of the ASME Code Section XI

1. APAL/ENERGY OPERATIONS, INC. DATE 5-11-90 (Revised 12/10/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00810740  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Sparg RCS Scrubber
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 19 63 EDITION, 6<sup>th</sup> Edition ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 80 (w/81)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	Anchor Darling	1702(1)	NA	Sparg Scrubber	1980	Repaired	No

7. DESCRIPTION OF WORK Repaired rod head bearing assembly & piston rod assembly
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 *Robert B. Lane Jr* Date 12/18, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
and employed by "ARKWRIGHT MUTUAL INSURANCE CO." of  
NORWOOD, MASS. have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947 ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER APAL/ENERGY OPERATIONS, INC. DATE 3-28-89 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 JOO 0781650  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY APAL/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Decay Heat
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1963 EDITION, 6th Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (481)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>DH-144</u>	<u>1968</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Removed arc strikes from hanger
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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 Robert B. Smith Jr. Date 12/16, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions NP 887, ARK-1133 "N" "I"  
Inspector's Signature  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/19 1991

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

1. OWNER AP&I/ENERGY OPERATIONS, INC. DATE 8-21-90 (Revised 12/10/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00820224  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&I/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM ICW (HBB-2)
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1983 EDITION, 6<sup>th</sup> Edition ADDENDA, NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (WPI)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED OR REPLACEMENT	ASME CODE STAMP/ET (YES OR NO)
<del>Component</del>	<del>Various</del>	<del>NA</del>	<del>NA</del>	<del>CV-2234</del>	<del>1970</del>	<del>Repaired</del>	<del>No</del>
<del>Component</del>	<del>Various</del>	<del>NA</del>	<del>NA</del>	<del>CV-2214</del>	<del>1970</del>	<del>Repaired</del>	<del>No</del>
<del>Component</del>	<del>Various</del>	<del>NA</del>	<del>NA</del>	<del>CV-2233</del>	<del>1970</del>	<del>Repaired</del>	<del>No</del>
<del>Component</del>	<del>Various</del>	<del>NA</del>	<del>NA</del>	<del>CV-2233</del>	<del>1970</del>	<del>Repaired</del>	<del>No</del>

7. DESCRIPTION OF WORK Modify control valve supports per CCP84-1002
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

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, Division XI.  
repair or replacement

Type Code Symbol Stamp N/A

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

Signed [Signature] Date 12/19, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any  
warranty, expressed or implied, concerning the examinations and corrective measures  
described in this Owner's Report. Furthermore, neither the Inspector nor his  
employer shall be 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 FACTORY MUTUAL SYSTEMS  
NB-9947, ARK-1133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott  
Date 12/20, 1991

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 12-18-89 (Revised 12/12/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 2  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT ONE  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00795528  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OP., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM High Pressure Safety Injection
5. (a) APPLICABLE CONSTRUCTION CODE ASCE 1963 EDITION, 6<sup>th</sup> Edition ADDENDA, N/A CODE CASE  
(b) APPLICABLE EDITION C7 SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1980 (w/1)
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-154</u>	<u>1971</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-156</u>	<u>1971</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-204</u>	<u>1971</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-157</u>	<u>1971</u>	<u>Repaired</u>	<u>No</u>
<u>Component Support</u>	<u>Various</u>	<u>NA</u>	<u>NA</u>	<u>MU-175</u>	<u>1971</u>	<u>Repaired</u>	<u>No</u>

7. DESCRIPTION OF WORK Modified design to meet specifications.
8. TESTS CONDUCTED: HYDROSTATIC ☒ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct  
Applicable Construction Code.*

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this  
repair conform 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 Donald B. Lane Date 12/19/91 19\_\_  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

CERTIFICATE OF 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 ARKANSAS  
NORWOOD, MASS. and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
have inspected the components described in this  
Owner's Report during the period 12-14-88 to 1-7-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date 12/20 1991  
National Board, State, Province, and Endorsements

Sheet 2 of 2

REVISÉD 06/12/85



ATTACHMENT 2

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 2-28-91 Thu 4-2-91 (Revised 12/9/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SKITT 1 of 3  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 DCE 86-2116 P and DCE 90-2004  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137 G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant and Main Steam
5. (a) APPLICABLE CONSTRUCTION CODE AISC 1969 EDITION, Supp. 14.2 ADDENDA,  
NA CODE CASE 11-78 & 12-71
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 1986
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<del>Component</del>	PSA	4794	NA	28CA-14-H1	UNK	Replaced	No
<del>Support</del>	PSA	10737	NA	28CA-14-H1	1991	Replacement	No
<del>Component</del>	PSA	13692	NA	28CA-13-H4	UNK	Replaced	No
<del>Support</del>	PSP	12885	NA	28CA-13-H4	1991	Replacement	No
<del>Component</del>	PSA	12767	NA	28CA-15-H24	UNK	Replaced	No

7. DESCRIPTION OF WORK Replaced Component support per DCE's
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 was revised to reflect the correct applicable construction code.*

## 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 *E. D. Lane* Date 12/11, 1991  
Owner or Owner's Designee, Title  
E. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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

*J. O. Elliott* Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date December 13, 1991

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component	PSA	10745	NA	ZCCA-15-H24	1991	Replacement	No
Component	PSA	209	NA	ZCCA-20-H16B) Rake		Replaced	No
Component	PSA	13888	NA	ZCCA-20-H16L)	1991	Replacement	No
Component	PSA	239	NA	ZCCA-21-H15	Link	Replaced	No
Component	PSA	5659	NA	ZCCA-21-H15	1991	Replacement	No
Component	PSA	354	NA	ZCCA-22-H14	Link	Replaced	No
Component	PSA	2729	NA	ZCCA-22-H14	1991	Replacement	No
Component	PSA	221	NA	ZCCA-23-H11	Link	Replaced	No
Component	PSA	5058	NA	ZCCA-23-H11	1991	Replacement	No
Component	PSA	104	NA	ZCCA-23-H21	Link	Replaced	No
Component	PSA	10719	NA	ZCCA-23-H21	1991	Replacement	No
Component	PSA	334	NA	ZCCA-23-H28	Link	Replaced	No
Component	PSA	5052	NA	ZCCA-23-H28	1991	Replacement	No
Component	PSA	335	NA	ZCCA-24-H15	Link	Replaced	No
Component	PSA	5051	NA	ZCCA-24-H15	1991	Replacement	No
Component	PSA	202	NA	ZCCA-25-413	Link	Replaced	No
Component	PSA	12123	NA	ZCCA-25-H13	1991	Replacement	No
Component	PSA	13690	NA	ZCCA-25-H14	Link	Replaced	No
Component	PSA	10004	NA	ZCCA-25-H14	1991	Replacement	No
Component	AD	872	NA	ZEBB-16-H5	Link	Replaced	No
Component	AD	874	NA	ZEBB-16-H5	1991	Replacement	No
Component	PSA	551	NA	ZHCB-4-H179	Link	Replaced	No
Component	PSA	26160	NA	ZHCB-4-H179	1991	Replacement	No
Component	AD	586	NA	ZVTS-4-H1	Link	Replaced	No
Component	AD	716	NA	ZVTS-4-H1	1991	Replacement	No



NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Component Support	P-M	1819(18)	NA	2-HS-RCPE	1991	Replaced	No
Component Support	P-M	1816(15)	NA	2-HS-RLPE	1991	Replacement	No
Component Support	P-M	1815(14)	NA	2HS-RCPPW	1991	Replaced	No
Component Support	P-	1819(18)	NA	2HS-RCPPW	1991	Replacement	No
Component Support	PSH	1851	NA	ZERD-3-H9	1991	Replaced	No
Component Support	PSA	12774	NA	ZERD-3-H9	1991	Replacement	No
Component Support	PSA	112	NA	ZERD-4-H10	1991	Replaced	No
Component Support	PSA	30677	NA	ZERD-4-H10	1991	Replacement	No
Component Support	AD	14	NA	ZCCA-15-H45	1991	Replaced	No
Component Support	AD	1406	NA	ZCCA-15-H45	1991	Replacement	No
Component Support	AD	5	NA	ZCCA-15-H48	1991	Replaced	No
Component Support	AD	1407	NA	ZCCA-15-H48	1991	Replacement	No
Component Support	AD	417	NA	ZCCA-15-H53	1991	Replaced	No
Component Support	AD	1006	NA	ZCCA-15-H53	1991	Replacement	No
Component Support	AD	7	NA	ZCCA-15-H60	1991	Replaced	No
Component Support	AD	415	NA	ZCCA-15-H60	1991	Replacement	No
Component Support	AD	4	NA	ZCCA-16-11	1991	Replaced	No
Component Support	AD	26	NA	DETAIL-A	1991	Replacement	No
Component Support	AD	17	NA	ZCCA-47-1	1991	Replaced	No
Component Support	AD	416	NA	DETAIL-A	1991	Replacement	No

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 4-4-91 (Revised 12/9/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SPWAT 1 of 3  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O.#00832659  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Steam Generator (SE-248)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, N/A ADDENDA  
NA CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>Primary Manway Stud</u>	<u>C.E.</u>	<u>NA</u>	<u>NA</u>	<u>BP-1</u>	<u>1989</u>	<u>Replaced</u>	<u>No</u>
<u>Primary Manway Stud</u>	<u>C.E.</u>	<u>NA</u>	<u>NA</u>	<u>BP1-1</u>	<u>1989</u>	<u>Replacement</u>	<u>No</u>
<u>Primary Manway Stud</u>	<u>CE</u>	<u>NA</u>	<u>NA</u>	<u>BP3</u>	<u>1989</u>	<u>Replaced</u>	<u>No</u>
<u>Primary Manway Stud</u>	<u>CE</u>	<u>NA</u>	<u>NA</u>	<u>BP3-1</u>	<u>1989</u>	<u>Replacement</u>	<u>No</u>
<u>Primary Manway Stud</u>	<u>CE</u>	<u>NA</u>	<u>NA</u>	<u>BP4</u>	<u>1989</u>	<u>Replaced</u>	<u>No</u>

7. DESCRIPTION OF WORK Replaced 22 Primary Manway Studs & 1 nut.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☒  
OTHER ☐ PRESSURE 2500 psi TEST TEMP. 650 °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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 was revised to reflect the correct job order number.*

## 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] Date 12/11, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"  
National Board, State, Province, and Endorsements

J. O. Elliott  
Date December 13, 1991



NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
Primary Hawway Stud	C.E.	NA	NA	BP4-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP5	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP5-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP7	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP7-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP10	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP10-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP12	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP12-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP14	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP14-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP18	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP18-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP19	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP19-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP20	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP20-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP21	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP21-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP23	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP23-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP24	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP24-1	1991 <sup>E</sup>	Replacement	No
Primary Hawway Stud	C.E.	NA	NA	BP28	1989	Replaced	No
Primary Hawway Stud	C.E.	NA	NA	BP28-1	1991 <sup>E</sup>	Replacement	No





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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-30-91 (Revised 12/9/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. # 00830772  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Chemical Valves Control System (CVCS)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, NA ADDENDA,  
NA CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF 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" Class-2 Check Valve	Rockwell	KA-609	NA	20VC-78	1970	Replaced	No
2" Class-2 Check Valve	Rockwell	NA-353	NA	20VC-78	1975	Replacement	No

7. DESCRIPTION OF WORK Cut-out valve and replaced with like for like
8. TESTS CONDUCTED: HYDROSTATIC ☒ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE 188 psi TEST TEMP. 300 °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 NPV-1 Rockwell International  
Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the type of pressure test conducted.

### 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 Frank B. Long Jr. Date 12/11, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

### CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"  
Date December 13, 1991  
National Board, State, Province, and Endorsements

# FORM NPV-1 MANUFACTURERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES\*

As Required by the Provisions of the ASME Code Rules

20VC-78  
S/N-353

1. Manufactured by Rockwell International Flow Control Division Order No. 61-90531  
P. O. Box 501, Sulphur Springs, Texas 75480  
(Name & Address of Manufacturer)
2. Manufactured for Bechtel Power Corporation Order No. 6600-M-2114-00  
P. O. Box 3965, San Francisco, California 94119  
(Name and Address)
3. Owner Arkansas Power and Light Company  
P. O. Box 459, Russellville, Arkansas 72801
4. Location of Plant Arkansas Nuclear One, Unit Number Two  
London, Arkansas 72847
5. Pump or Valve Identification (3) 2"D3674 F316T1 Valves Serial Number NA352 thru NA354  
Rockwell International Assembly Lot No. M695  
(Brief description of service for which equipment was designed)
6. (a) Drawing No. D-473665 Rev. None Prepared by David H. Therneau  
 (b) National Board No. None
7. Design Conditions 2240 psi 800 °F  
(Pressure) (Temperature)
8. The material, design, construction, and workmanship complies with ASME Code Section III, Class 1  
 Edition 1971, Addenda Date December 31, 1972 See No. None

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
Valve Disk	K8778 *	A567-1	Consolidated Heat T.
(b) Forgings			
Valve Bodies	SK859N	NA162-GR-F316N	Texas Forge Heat 08872**
Valve Body	SK867N	NA162-GR-F316N	Texas Forge Heat 09001**

\*\* Mill: All-chrome Inconel





# FORM NPV-1 (back)

Part No.	Material Spec. No.	Manufacturer	Remarks
(c) Baking			
(d) Other Parts			
Valve Covers	SA479-T-316	Crucible	Heat X15327 *
Sealweld Filler	SPAS-9-FR316	Teladyna McKay	Heat L-2134 *

B. Hydrostatic test 5400 psi.

## CERTIFICATION OF DESIGN

Design information on file at Rockwell International, Sulphur Springs, Texas  
 Stress analysis report on file at Rockwell International, Sulphur Springs, Texas  
 Design specifications certified by B. R. Leonard, Jr. (1) Prof. Eng. State Texas Reg. No. 25165  
 Stress analysis report certified by David H. Thomson (1) Prof. Eng. State Texas Reg. No. 30081  
 (1) Signature not required. List name only.

We certify that the statements made in this report are correct.

Date 10-28 1975 Signed Rockwell International By H. H. Robinson  
 (Manufacturer)

Certificate of Authorization No. N818 expires August 6, 1977

## CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of Province of Texas and employed by Janssens Mutual Casualty Co. of Long Grove, Illinois 60049 have inspected the equipment described in this Data Report on 10-28 1975, and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Code, Section III.  
 By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the equipment described in this Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any potential injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 10-28 1975

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

1. OWNER AP&L/ENERGY OPERATIONS, INC. DATE 3-19-91 (Revised 12/9/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00824676  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Reactor Coolant System (RCS)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION. NA ADDENDA.  
NB CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR RE-PLACEMENT	ASME CODE COMPLIANT (YES OR NO)
75" Class-2 Gate Valve	Garrett-Rock	#1	NA	2SV-4632	1981	Repaired	Yes

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

This NIS-2 was revised to reflect the correct valve serial number.

## 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 R. D. Lane Date 12/11, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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

J. O. Elliott  
Inspector's Signature

Commissions

FACTORY MUTUAL SYSTEMS  
NB-9947, ARK-I133 "N" "I"

National Board, State, Province, and Endorsements

J. O. Elliott

Date December 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-4-91 (Revised 12/9/91)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name
- RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00836618  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address
- EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Low Pressure Safety Injection (LPSI)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, NA ADDENDA,  
CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
12" Class-1 Check Valve	Atwood Manill Co.	8-626	NA	ZSI-15C	1974	Repaired	Yes

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 has been revised to reflect the correct valve serial number and date of manufacture.*

## 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 Donald B. Lane for Date 12/11, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-I133 "N" "I"

J. O. Elliott  
Date December 13 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-19-91 (12/9/91) (Amended)  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name
- RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 J.O. # 00812403  
Address Repair Organisation PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name
- RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Chemical & Volume Control System
5. (a) APPLICABLE CONSTRUCTION CODE III 1971 EDITION, NA ADDENDA,  
N/A CODE CASE
- (b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF 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" Class-2 Gate Valve	Garg-Walker	939	NA	2CVC-2B	1971	Repaired	Yes

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld.
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☐  
OTHER ☐ PRESSURE NA psi TEST TEMP. NA °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 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

Applicable Manufacturer's Data Report to be Attached

*This NIS-2 was revised to reflect the correct valve serial number.*

## 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 Donald B. Lane Date 12/11, 1991  
Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS and employed by ARKWRIGHT MUTUAL INSURANCE CO. of NORWOOD, MASS. have inspected the components described in this Owner's Report during the period 11-20-89 to 4-20-91 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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-II133 "N" "I"  
Date December 13, 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 AP&L/ENERGY OPERATIONS, INC. DATE 3-15-91 (Revised 12/9/91)  
Name  
RT. 3, BOX 137 G, RUSSELLVILLE, AR. 72801 SHEET 1 of 1  
Address
2. PLANT ARKANSAS NUCLEAR ONE UNIT Two  
Name  
RT. 3, BOX 137G, RUSSELLVILLE, AR. 72801 J.O. #00784465  
Address Repair Organization PO No., Job No., etc.
3. WORK PERFORMED BY AP&L/ENERGY OPS., INC. TYPE CODE SYMBOL STAMP N/A  
Name  
RT. 3, Box 137G, RUSSELLVILLE, AR. 72801 AUTHORIZATION NO. N/A  
Address EXPIRATION DATE N/A
4. IDENTIFICATION OF SYSTEM Hydrogen Purge (HPA)
5. (a) APPLICABLE CONSTRUCTION CODE III 19 71 EDITION, N/A ADDENDA,  
N/A CODE CASE  
(b) APPLICABLE EDITION OF SECTION XI UTILIZED FOR REPAIRS OR REPLACEMENTS 19 86
6. IDENTIFICATION OF COMPONENTS REPAIRED OR REPLACED AND REPLACEMENT COMPONENTS

NAME OF COMPONENT	NAME OF MANUFACTURER	MANUFACTURER SERIAL NO.	NATIONAL BOARD NO.	OTHER IDENTIFICATION	YEAR BUILT	REPAIRED, REPLACED, OR REPLACEMENT	ASME CODE STAMPED (YES OR NO)
<u>2" Class-3 Globe Valve</u>	<u>Target Rock</u>	<u># 3</u>	<u>NA</u>	<u>2SV-8275-1</u>	<u>1976</u>	<u>Repaired</u>	<u>Yes</u>

7. DESCRIPTION OF WORK Removed and rewelded body to bonnet seal weld
8. TESTS CONDUCTED: HYDROSTATIC ☐ PNEUMATIC ☐ NOMINAL OPERATING PRESSURE ☒  
OTHER ☐ PRESSURE 25 psi TEST TEMP. 170 °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

Applicable Manufacturer's Data Reports to be Attached

*This NIS-2 was revised to reflect the valve  
serial number.*

## 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 R. D. Lane Date 12/11, 1991

Owner or Owner's Designee, Title  
R. D. Lane, Manager Engineering - STANDARDS & PROGRAMS

## CERTIFICATE OF 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 ARKANSAS  
and employed by ARKWRIGHT MUTUAL INSURANCE CO. of  
NORFOLK, MASS. have inspected the components described in the  
Owner's Report during the period 11-20-89 to 4-20-91  
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 the ASME Code, Section XI.

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

J. O. Elliott Commissions FACTORY MUTUAL SYSTEMS  
Inspector's Signature NB-9947, ARK-1133 "N" "I"

J. O. Elliott National Board, State, Province, and Endorsements

Date December 13, 1991