



1	 <b>DEFICIENCY REPORT</b>		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> OTHER	LDR RESPONSIBILITY M. Herlihy LSU	LDR NUMBER 2507	
2	SYSTEM/COMPONENT Emergency Diesel Gen.	SYSTEM DESIGNATOR 1R43	MARK NO. 1R43*ENG-103	DATE 10/1/84	Q CLASS <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	
3	MFG./CONTRACTOR TDI	P.O. 310552	MATERIAL LOCATION Control Bldg. EDG-103	REJECT TAG NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
4	SPEC. VIOLATED N/A	DRAWING VIOLATED N/A	PROCEDURE VIOLATED NDE 6.2 para. 4.2.2	CODE/STANDARD VIOLATED		
5	CONDITION DETAILS  Per results of NDE Inspections performed on 1R43*ENG 103 (Cam Galley area) rejectable indications were noted. This is in violation of the LILCO NDE Manual NDE 6.2 (Liquid Penetrant) paragraph 4.2.2 (See attached LILCO OQA Inspection Reports for condition details)					
6	ORIGINATOR <i>Victor Ritz</i> 10/1/84 SIGNATURE DATE		OQAE <i>Thomas Rose</i> 10/1/84 SIGNATURE DATE			
7	RESPONSIBILITY <input type="checkbox"/> LSU <input checked="" type="checkbox"/> S & W ENG. <i>M. Herlihy</i> SIGNATURE/LEAD SU ENG			DATE 10/2/84		
8	ACTION <input type="checkbox"/> ACCEPT AS IS <input type="checkbox"/> REWORK <input type="checkbox"/> MANUAL <input type="checkbox"/> FSAR <input type="checkbox"/> SCRAP <input type="checkbox"/> REPAIR <input type="checkbox"/> PROCEDURE <input type="checkbox"/> OTHER					
9	DISPOSITION DETAILS  <div style="text-align: center;">  </div> <div style="text-align: center;">             8412130306 841101              PDR ADOCK 05000322              G PDR           </div>					
10	APPROVALS S & W LEAD ENG./LSU TEST ENG./DATE			PROJECT ENGINEER DATE		
11	LILCO SU ENG. DATE		LILCO SITE OQA DATE		REPAIR/REWORK REQUEST NO.	
12	ENG. COMPLETE/DATE	RRR COMPLETE		Rework Inspection <input type="checkbox"/> SAT. <input type="checkbox"/> UNSAT.		
	CONST. SUPT./DATE		LILCO SU/DATE		LILCO SITE OQA/DATE	
13	LDR CLOSED LILCO SITE OQA/DATE		NEW LDR REPORT NO. ISSUED		REMARKS	

**MAGNETIC PARTICLE EXAMINATION REPORT**

<b>A. MATERIAL</b>		TYPE <u>Grey Iron</u>		FABRICATED PROCESS <input type="checkbox"/> WELDED <input type="checkbox"/> CAST <input type="checkbox"/> WORKED	
		GEOMETRY <input type="checkbox"/> PIPE <input type="checkbox"/> PLATE <input type="checkbox"/> ROD <input type="checkbox"/> OTHER:			
CROSS SECTION THICKNESS	MAX <u>N/A</u> INCH	MIN <u>N/A</u> INCH	SURFACE CONDITION	<input type="checkbox"/> MACHINED <input checked="" type="checkbox"/> GROUND <input type="checkbox"/> AS FABRICATED <input type="checkbox"/> OTHER	
B. NDE PROCEDURE NO. <u>7.1-7.2</u>		MWR/RR NO. <u>RR R43 2029</u>		EQUIPMENT ID S/N <u>16186</u> METER NO. <u>872 + 836</u>	
TECHNIQUE	<input type="checkbox"/> PRODS <input checked="" type="checkbox"/> YOKE <input type="checkbox"/> COIL <input type="checkbox"/> OTHER				
CURRENT	<input checked="" type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> HW/DC <input type="checkbox"/> 10 lb PLATE <input type="checkbox"/> 40 lb PLATE				
AMPS <u>N/A</u> AMPS PER IN. <u>N/A</u>		PROD SPACING YOKE <u>8"</u> PRODS <u>N/A</u>			
NATERIALS	<input type="checkbox"/> DRY <input checked="" type="checkbox"/> WET <u>MAGNAGLO 14AM PREPARED BATH</u> BRAND/DESIGNATION <u>BATH #8413007</u>				
SKETCH OR OTHER DETAIL: USE OTHER SIDE IF NECESSARY  <p align="center"><u>SEE ATTACHED SHEETS</u></p> <p><u>This examination was performed to assist in placement of strain gauges. M.T. indications are noted on attached sheets. Also attached is a copy of memo to J. Kelly dated 9/20/84, Revised 9/28/84.</u></p>					
C. EVALUATION		REPORT BELOW THOSE INDICATIONS OBSERVED AND THE PERTINENT INFORMATION REQUIRED. WHERE ADDITIONAL SPACE IS REQUIRED USE OTHER SIDE			
LOCATION	SIZE (INCHES)	DESCRIPTION	ACTION (ACCEPT/REJECT, AND COMMENT AS NECESSARY)		
1			<div style="font-size: 4em; transform: rotate(-45deg); opacity: 0.5;">NA</div>		
2					
3					
4					
D. ACCEPTANCE CRITERIA	<u>N/A</u>		OPERATOR <u>VICTOR PLATANIA</u> LEVEL <u>II</u> DATE <u>10/1/84</u>		
E. ATTEST	<u>[Signature]</u> RESPONSIBLE CERTIFIED PERSONNEL		<u>II</u> LEVEL		<u>10/1/84</u> DATE

1843 X EDS-103

AREAS OF CONCERN  
SIXES 278

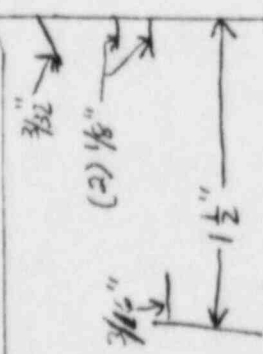
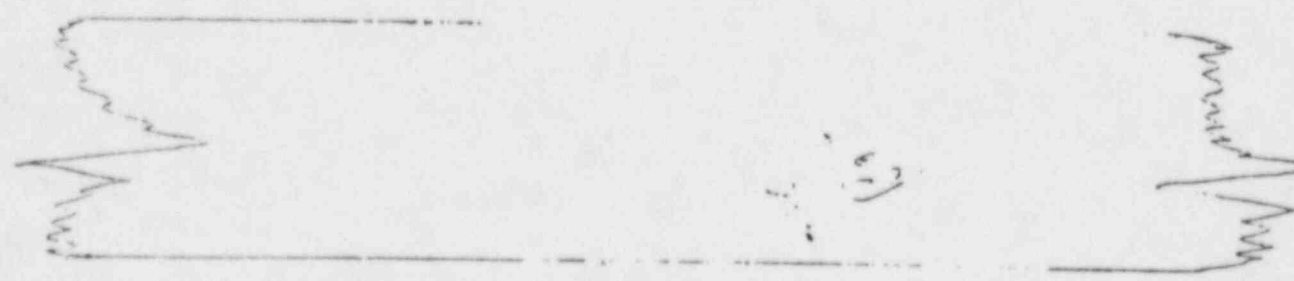
1843

EDS-RM-103

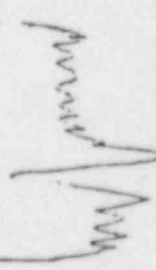
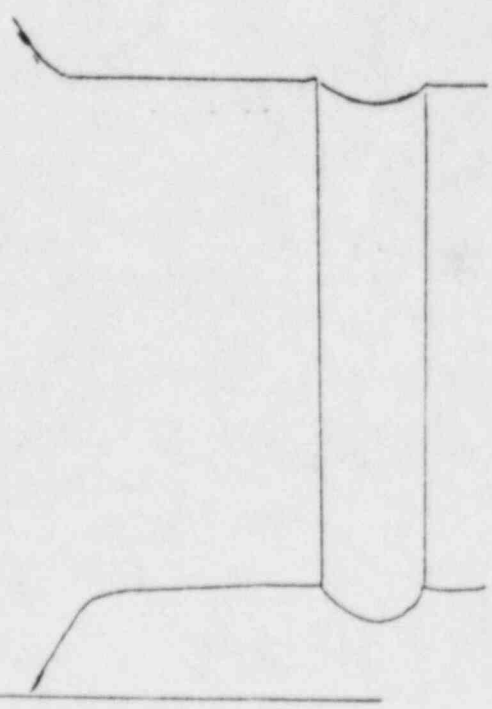
CYLINDER #8

CAM SADDLE AREA

IR43# EDC 103  
MT EXAMINATION INDICATIONS



3



Inspector / Date Jan 10/1/84

CYLINDER # 2

-- CAM SADDLE AREA

IR43\* EDG 103

MT EXAMINATION INDICATIONS

2" LINEAR

1/2"

2" LINEAR

2"

1/2" 1/2" 1/4"

1/4" 3/16" 1/16"

CAM SADDLE # 2

Inspector / Date Jan 6 Mosby Level II 10/1/84

4

September 20, 1984

J. Kelly

4103 *msd 9/20/84*  
Diesel Engine 101<sup>A</sup> - Cam Galley Strain  
Gauge NDE Testing  
SHOREHAM NUCLEAR POWER STATION - UNIT 1  
W.O. 44430/48923

DR/QE has been requested by FaAA to perform MPI of all Cam Galley saddles on DG-101. This exam would be a repeat of informational MP performed by CQA, LDR 1224, RR 869, 870, 871 and 880. In addition to MP inspections, LP baseline inspections will also be completed.

MPI can not be completed in compliance with LILCO NDE Procedure 7.1 and 7.2, due to access limitations (i.e., Paragraph 4.1.3 NDE 7.1). I have reviewed this deviation with C. Wells, FaAA, Telecon 9/19/84 and R. Kascsak, NED, Telecon 9/20/84, and have received their concurrence that it is acceptable to perform the MP test (i.e., one test with magnetic flux applied in one direction).

If you have any further questions, please call me on ext. 334 or 335.

The informational MPI and mapping described above will be required to assist in placement of strain gauges. NDE 7.1 accept/reject criteria does not apply.

*M.H. Schuster*  
M. H. Schuster

MHS/ds

*Approved*  
*J. Kelly 9/20/84*





## LIQUID PENETRANT EXAMINATION REPORT

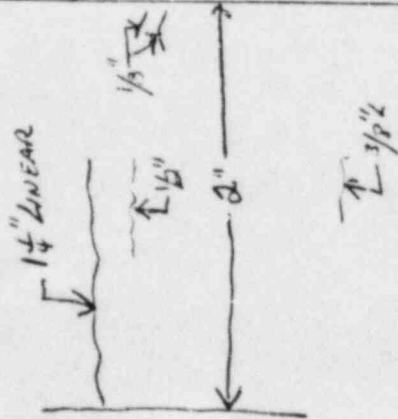
A. MATERIAL		TYPE	FABRICATED PROCESS	<input type="checkbox"/> WELDED <input checked="" type="checkbox"/> CAST <input type="checkbox"/> WORKED	
CROSS SECTION THICKNESS		GEOMETRY	<input type="checkbox"/> PIPE <input type="checkbox"/> PLATE <input type="checkbox"/> ROD <input type="checkbox"/> OTHER:		
MAX	MIN	PIPE DIA.	SURFACE CONDITION	<input type="checkbox"/> MACHINED <input checked="" type="checkbox"/> GROUND <small>PAINT REMOVED AND LIGHT GRINDING</small> <input type="checkbox"/> AS FABRICATED <input type="checkbox"/> OTHER	
No. <u>6.2</u>		SURFACE/MAT'L. TEMP. <u>82°F</u>		M&TE. NO. <u>365</u> MWR/RR. No. <u>RR 243-7029</u>	
INSPECTION MATERIALS		BRAND	DESIGNATION	BATCH NO.	
1. PRE-CLEANER		<u>MAGNAFLUX</u>	<u>SKC-NF/2C-7B</u>	<u>82J083</u>	
2. PENETRANT		<u>MAGNAFLUX</u>	<u>SKL-HF/S</u>	<u>83G018</u>	
3. EMULSIFIER AND/OR REMOVER		<u>MAGNAFLUX</u>	<u>SKC-NF/2C-7B</u>	<u>82J083</u>	
4. DEVELOPER		<u>MAGNAFLUX</u>	<u>SKD-NF/2P-9B</u>	<u>83H041</u>	
5. POST EXAMINATION CLEANER		<u>MAGNAFLUX</u>	<u>SKC-NF/2C-7B</u>	<u>82J083</u>	
SKETCH OR OTHER DETAIL: USE OTHER SIDE IF NECESSARY  <u>SEE ATTACHED SHEETS</u>  <u>This examination was performed after area grinding in preparation for placement of strain gauges.</u>					
C. EVALUATION		REPORT BELOW THOSE INDICATIONS OBSERVED AND THE PERTINENT INFORMATION REQUIRED. WHERE ADDITIONAL SPACE IS REQUIRED USE OTHER SIDE.			
LOCATION	SIZE (INCHES)	DESCRIPTION	ACTION (ACCEPT/REJECT, AND COMMENT AS NECESSARY)		
1 CAM SADDLE #2	SEE ATTACHED SKETCH OF LINEAR INDICATIONS		REJECT		
2 CAM SADDLE #8	SEE ATTACHED SKETCH OF LINEAR INDICATIONS		REJECT		
3 N/A	N/A	N/A	N/A		
4 N/A	N/A	N/A	N/A		
D. ACCEPTANCE CRITERIA	NDE 6.2 PARA. 4.2.2		OPERATOR <u>James H. Perry / V. Plantania</u> Level <u>II</u> Date <u>10/1/84</u>		
E. ATTEST	<u>James H. Perry</u> (6) RESPONSIBLE CERTIFIED PERSONNEL		<u>II</u> LEVEL		<u>10/1/84</u> DATE

COMPONENT I.D. 1R43\*EDG-103 (MEAS OF Cam SADDLES #2 &amp; #8) SYSTEM 11043

PLANT/LOCATION EDG-RM-103

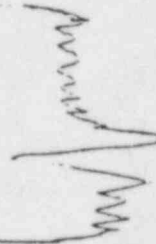
CYLINDER #2

--CAM SADDLE AREA



(7)

11\"/>



Inspector / Date Lawrence Level II 10/1/84

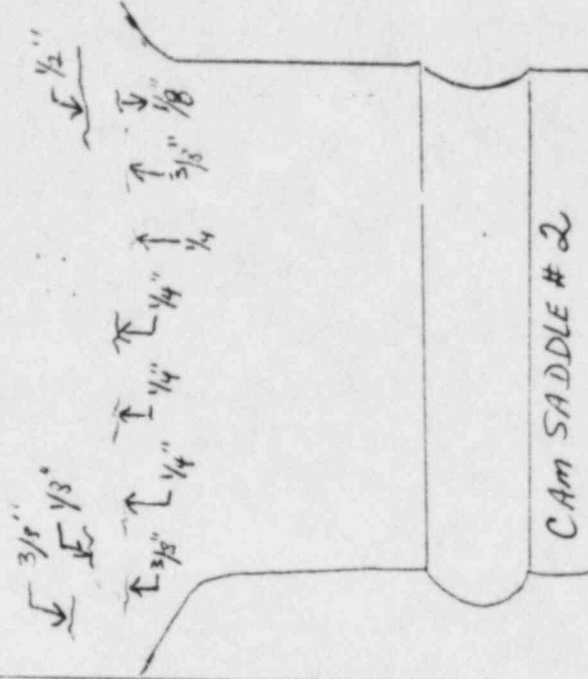
1R43 \* EDG-103

LP EXAMINATION INDICATIONS

PENETRANT DWELL TIME - 10 MIN.

DEVELOPER DWELL TIME - 7 MIN.

MATL. Temp. - 82°F



CAM SADDLE #2

Cylinder # 8

CAM SADDLE AREA

1R43X EDG-103

LP EXAMINATION INDICATIONS

PENETRANT DWELL TIME - 10 MIN

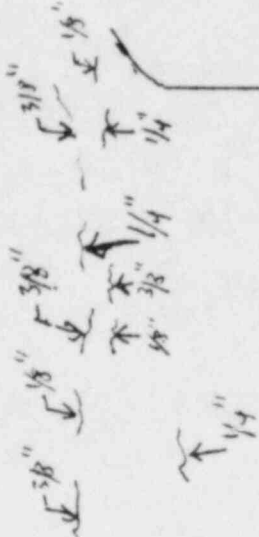
DEVELOPER DWELL TIME - 7 MIN

MATL. Temp - 82°F

3/8"

2"

8



CAM SADDLE # 8

Inspector / Date James Ahlby Level II 10/1/84

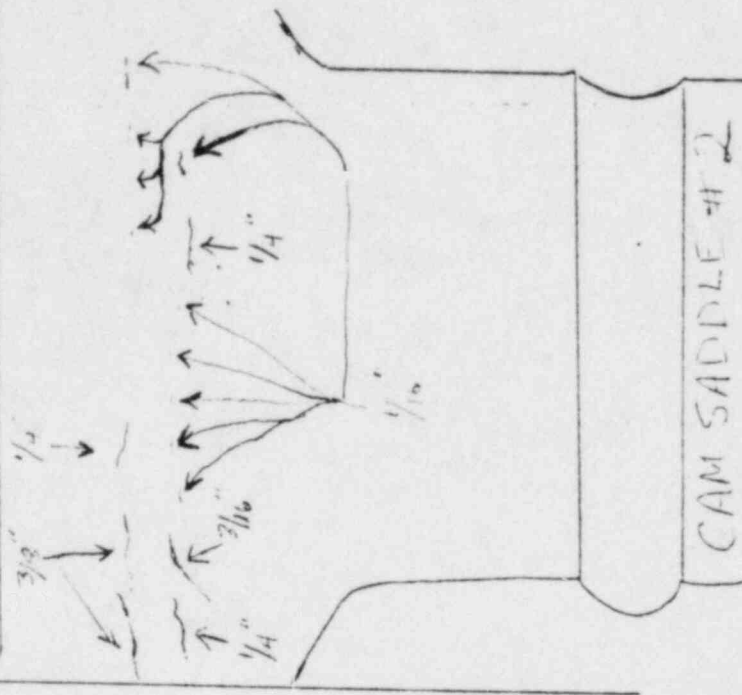




## MAGNETIC PARTICLE EXAMINATION REPORT

A. MATERIAL		TYPE <i>Cast Iron</i>	FABRICATED PROCESS <input type="checkbox"/> WELDED <input type="checkbox"/> CAST <input type="checkbox"/> WORKED	COMPONENT I.D.
CROSS SECTION THICKNESS	MAX MIN <i>N/A</i>	GEOMETRY <input type="checkbox"/> PIPE <input type="checkbox"/> PLATE <input type="checkbox"/> ROD <input type="checkbox"/> OTHER:		
		PIPE DIA. <i>1 1/2"</i>	SURFACE CONDITION <input type="checkbox"/> MACHINED <input type="checkbox"/> GROUND <input type="checkbox"/> AS FABRICATED <input type="checkbox"/> OTHER	
B. NDE PROCEDURE NO. <i>71-7</i>		MWR/RR NO. <i>RR R43 2029</i>	EQUIPMENT I.D. S/N M&E NO. <i>572 4 836</i>	
TECHNIQUE	<input type="checkbox"/> PRODS <input checked="" type="checkbox"/> YOKE <input type="checkbox"/> COIL <input type="checkbox"/> OTHER			
CURRENT	<input checked="" type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> HW/DC	<input type="checkbox"/> 10 lb PLATE <input type="checkbox"/> 40 lb PLATE		
AMPS <i>100</i> AMPS. PER. IN. <i>100</i>		PROD SPACING YOKE <i>9"</i> PRODS <i>N/A</i>		
MATERIALS	<input type="checkbox"/> DRY <input checked="" type="checkbox"/> WET	BRAND/DESIGNATION <i>Batch # 9413007</i>		
SKETCH OR OTHER DETAIL: USE OTHER SIDE IF NECESSARY  <i>This examination was performed to assist in placement of strain gauges. MT indications are noted in attached sheet. Also attached is copy of J Kelly memo dated Sept 20, 1984 - revised 9/25/84.</i>				
C. EVALUATION		REPORT BELOW THOSE INDICATIONS OBSERVED AND THE PERTINENT INFORMATION REQUIRED. WHERE ADDITIONAL SPACE IS REQUIRED USE OTHER SIDE		
LOCATION	SIZE (INCHES)	DESCRIPTION	ACTION (ACCEPT/REJECT, AND COMMENT AS NECESSARY)	PLANT/LOCATION <i>1006 RM 103</i>
1				
2				
3				
4				
D. ACCEPTANCE CRITERIA	<i>N/A</i>		OPERATOR <i>J. French / B. Scripture</i> LEVEL <i>II</i> DATE <i>9/30/84</i>	
E. ATTEST	<i>William J. French</i> RESPONSIBLE CERTIFIED PERSONNEL <b>9</b>		LEVEL DATE <i>9/30/84</i>	

MT examination induction



CAM SADDLE #2

1887/1888

RRR R43 2029

September 20, 1984

J. Kelly

*4103 mms 9/21/84*  
Diesel Engine 101<sup>A</sup> - Cam Galley Strain  
Gauge NDE Testing  
SHOREHAM NUCLEAR POWER STATION - UNIT 1  
W.O. 44430/48923

DR/OF has been requested by FaAA to perform MPI of all Cam Galley saddles on DG-101. This exam would be a repeat of informational MP performed by OQA, LDR 1224, RR 669, 870, 871 and 880. In addition to MP inspections, LP baseline inspections will also be completed.

MPI can not be completed in compliance with LILCO NDE Procedure 7.1 and 7.2, due to access limitations (i.e., Paragraph 4.1.3 NDE 7.1). I have reviewed this deviation with C. Wells, FaAA, Telecon 9/19/84 and R. Kascsak, NED, Telecon 9/20/84, and have received their concurrence that it is acceptable to perform the MP test (i.e., one test with magnetic flux applied in one direction).

If you have any further questions, please call me on ext. 334 or 335.

The informational MPI and mapping described above will be required to assist in placement of strain gauges. NDE 7.1 accept/reject criteria does not apply. *mms 9/21/84*

*MH Schuster*  
M. H. Schuster

MHS/ds

*Approved*  
*M Kelly 9/20/84*

(11)

RRR R43 2029



## LIQUID PENETRANT EXAMINATION REPORT

A. MATERIAL				TYPE <i>Scripture</i>		FABRICATED PROCESS		<input type="checkbox"/> WELDED <input checked="" type="checkbox"/> CAST <input type="checkbox"/> WORKED		PT
CROSS SECTION THICKNESS		MAX <i>n/a</i>	PIPE DIA. <i>1 1/4</i>	SURFACE CONDITION		<input type="checkbox"/> MACHINED <input type="checkbox"/> GROUND		<input type="checkbox"/> AS FABRICATED <input checked="" type="checkbox"/> OTHER		COMPONENT I.D. <i>1643 x 176 - 103 (diam of Cam) 1643 (bolts &amp; nuts)</i>
B. NDE PROCEDURE No. <i>6.2</i>		SURFACE/MAT'L. TEMP. <i>50° F</i>		M&T. NO. <i>365</i>		MWR/RR. No. <i>8222432029</i>				SYSTEM <i>1643</i>
INSPECTION MATERIALS		BRAND		DESIGNATION		BATCH NO.				
1. PRE-CLEANER		<i>Magnaflux</i>		<i>SKL NF/20 7B</i>		<i>S2J 093</i>				
2. PENETRANT		<i>"</i>		<i>SKL-HF/5</i>		<i>S36 018</i>				
3. EMULSIFIER AND/OR REMOVER		<i>"</i>		<i>SKL-HF/20 7B</i>		<i>R2J 083</i>				
4. DEVELOPER		<i>"</i>		<i>SKL-HF/20 7B</i>		<i>S3H 041</i>				
5. POST EXAMINATION CLEANER		<i>"</i>		<i>SKL NF 20 7B</i>		<i>R2J 083</i>				
SKETCH OR OTHER DETAIL: USE OTHER SIDE IF NECESSARY <i>This examination was performed prior to examination area grinding for attachment of strain gauges. After grinding another examination is required.</i> <i>See attached</i>										PLANT/LOCATION <i>1643 - 1643</i>
C. EVALUATION		REPORT BELOW THOSE INDICATIONS OBSERVED AND THE PERTINENT INFORMATION REQUIRED. WHERE ADDITIONAL SPACE IS REQUIRED USE OTHER SIDE.								
LOCATION	SIZE (INCHES)	DESCRIPTION		ACTION (ACCEPT/REJECT, AND COMMENT AS NECESSARY)						
<i>1 # 2</i>	<i>n/a</i>	<i>n/a</i>		<i>Accepted / No relevant indications</i>						
<i>2 # 2</i>	<i>see attached sketch of near indications</i>	<i>see attached sketch of near indications</i>		<i>Reject / Area is to be ground and RT retest performed</i>						
<i>3</i>	<i>n/a</i>	<i>n/a</i>		<i>n/a</i>						
<i>4</i>	<i>n/a</i>	<i>n/a</i>		<i>n/a</i>						
D. ACCEPTANCE CRITERIA		<i>NDE 6.2 para 4.2.2</i>				OPERATOR <i>W J French</i> <i>W J French</i> Level <i>II</i> <i>W J French</i> Date <i>9/26/2011</i>				103
E. ATTEST		<i>William A. French</i>				<i>II</i> <i>9/26/2011</i>				
		RESPONSIBLE CERTIFIED PERSONNEL <i>12</i>				LEVEL DATE				



IR47, R43-103

Inspection indications

Fracture length Time - 10 min.

Drill hole Time - 7 min.

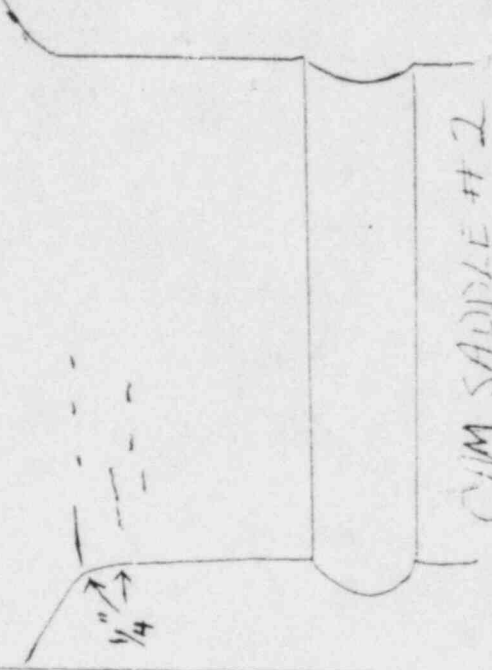
Roll trap - 8.10.15

Tie  
Bolt



All indications are  
1/16" unless otherwise noted.

(13)



CIM SADDLE #2

Inspector/Date/Initial

RHR R43 2029



Date 9/30/84

REVIEWED BY: J. [Signature]