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March 14, 2000

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

Subject: Duke Power Company
Oconee Nuclear Station, Unit 2
Docket No. 50-270
Unit 2 EOC 17 Refueling Outage
Inservice Inspection Report
Third Ten-Year Inservice Inspection Interval

Please find attached a copy of the Inservice Inspection Report for Oconee Unit 2 End of Cycle 17 Refueling Outage. This report is submitted pursuant to Section XI of the ASME Boiler and Pressure Vessel Code, 1989 Edition, with no addenda, Article IWA 6230.

If there are any questions you may contact R. P. Todd at (864) 885-3418.

Very truly yours,

W. R. McCollum, Jr.
Site Vice-President

Attachment

A047

U. S. Nuclear Regulatory Commission

March 14, 2000

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xc wo/attachment: Mr. Luis A. Reyes
Administrator, Region II
U.S. Nuclear Regulatory Commission
61 Forsyth Street, S. W., Suite 23T85
Atlanta, GA 30303

D. E. LaBarge, Projects Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

Mr. M. C. Shannon
Senior NRC Resident Inspector
Oconee Nuclear Station

Mr. Virgil R. Autry
Division of Radioactive Waste Management
Bureau of Land and Waste Management
SC Dept. of Health & Environmental Control
2600 Bull St.
Columbia, SC 29201

February 29, 2000

Randy Todd
Oconee Compliance
Oconee Nuclear Station

Re: Inspection Report for Oconee Unit 2 EOC 17

Randy, please send this report to the NRC's document control. If you have any questions or concerns about this report, give me or Larry Keith a call at 382-5111 or 382-3141.

A handwritten signature in black ink, appearing to read "R. G. Rouse". The signature is fluid and cursive, with a long horizontal stroke at the end.

R. G. Rouse
Nuclear Services Division
Nuclear Generation Department

INSERVICE INSPECTION REPORT

DUKE POWER COMPANY OCONEE NUCLEAR STATION UNIT 2 SEVENTEENTH REFUELING OUTAGE



A Duke Energy Company

INSERVICE INSPECTION REPORT
UNIT 2 OCONEE 1999 REFUELING
OUTAGE 17

Location: 7800 Rochester Highway, Seneca, SC 29672

NRC Docket No. 50-270

Commercial Service Date: September 9, 1974

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

Revision 0

Prepared By: Randy C. Keith Date 2-14-00
Reviewed By: R. J. Rouse Date 2/14/00
Approved By: R. Kevin Rhyme Date 2/16/00

FORM NIS-1 OWNER'S DATA REPORT FOR INSERVICE INSPECTIONS
As required by the Provisions of the ASME Code Rules

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
(Name and Address of Owner)
2. Plant: Oconee Nuclear Station, 7800 Rochester Highway, Seneca, SC 29672
(Name and Address of Plant)
3. Plant Unit: 2 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: September 9, 1974 6. National Board Number for Unit N/A
7. Components Inspected:

Component or Appurtenance	Manufacturer Installer	Manufacturer Installer Serial No.	State or Province No.	National Board No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	See Section 1.1 in the Attached Report			_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

FORM NIS-1 (Back)

- 8. Examination Dates May 25, 1998 to December 16, 1999
- 9. Inspection Period Identification: Second Period of the Third Interval
- 10. Inspection Interval Identification: Third Inservice Inspection Interval
- 11. Applicable Edition of Section XI 1989 Addenda None
- 12. Date/Revision of Inspection Plan: April 7, 1998 / Revision 4
- 13. Abstract of Examinations and Test. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 3.0 and 4.0
- 14. Abstract of Results of Examination and Tests. See Section 5.0
- 15. Abstract of Corrective Measures. See Section 8.0

We certify that a) the statements made in this report are correct b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

Certificate of Authorization No. (if applicable) NA Expiration Date NA

Date 2/16/00 Signed Duke Energy Corp. By R. Kevin Payne
Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. employed by *The HSBI&I Co. of Hartford CN have inspected the components described in this Owner's Report during the period 8-11-98 to 2-29-2000, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

MB Chapman Commissions NC 914
Inspector's Signature National Board, State, Province, and Endorsements

Date 2-29-2000

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

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Hartford Steam Boiler Inspection
and Insurance Company (ANII)
c/o M. B. Chapman
Oconee Nuclear Station

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

Laura Burba
Nuclear GO
Regulatory & Industrial Affairs
Mail Code= EC050

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's Oconee Nuclear Station, Unit 2, during the 1999 Refueling Outage (also referred to as Outage 17). Outage 17 is the first outage in the second inspection period of the third ten year interval.

Included in this report are the final Inservice Inspection Plan, the inspection results for each item, a summary for each category of examination and corrective action taken when unacceptable conditions were found. In addition, there is a section included for repairs and replacements required since May 25, 1998.

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Babcock & Wilcox	620-0003-51-52	N/A	N-105
Steam Generator A	Babcock & Wilcox	620-0003-55-1	N/A	N-107
Steam Generator B	Babcock & Wilcox	620-0003-55-2	N/A	N-108
Pressurizer	Babcock & Wilcox	620-0003-59	N/A	N-106
Main Steam System	Duke Power	NA	NA	NA
Auxiliary Steam System	Duke Power	NA	NA	NA
Feedwater System	Duke Power	NA	NA	NA
Emergency Feedwater System	Duke Power	NA	NA	NA
Steam Generator Flush System	Duke Power	NA	NA	NA
Condensate System	Duke Power	NA	NA	NA
Vents and Exhaust System	Duke Power	NA	NA	NA
Condenser Circulating Water	Duke Power	NA	NA	NA

High Pressure Service Water System	Duke Power	NA	NA	NA
Low Pressure Service Water System	Duke Power	NA	NA	NA
Reactor Coolant System	Duke Power	NA	NA	NA
High Pressure Injection System	Duke Power	NA	NA	NA
Low Pressure Injection System	Duke Power	NA	NA	NA
Reactor Building Spray System	Duke Power	NA	NA	NA
Component Cooling System	Duke Power	NA	NA	NA
Spent Fuel Cooling System	Duke Power	NA	NA	NA
Vents - Reactor Building Components	Duke Power	NA	NA	NA
Drains - Reactor Building Components	Duke Power	NA	NA	NA

1.2 Authorized Nuclear Inservice Inspector(s)

Name: M. B. Chapman

Employer: The Hartford Steam Boiler Inspection & Insurance Company

Business Address: The Hartford Steam Boiler Inspection & Insurance Co.
200 Ashford Center North
Suite 300
Atlanta, GA 30338

2.0 Summary of Inservice Inspections

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 17 at Oconee Nuclear Station Unit 2.

2.1 *Class 1 Inspection*

Examination Category B-A Pressure Retaining Welds in Reactor Vessel

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B01.010	<i>Shell Welds</i>	
B01.011	Circumferential	0
B01.012	Longitudinal	NA
B01.020	<i>Head Welds</i>	
B01.021	Circumferential	0
B01.022	Meridional	NA
B01.030	Shell to Flange Welds	0
B01.040	Head to Flange Welds	0
B01.050	<i>Repair Welds</i>	
B01.051	Beltline Region	N/A
TOTALS		0

Examination Category B-B Pressure Retaining Welds in Vessels Other than Reactor Vessels

Item Number	Description	Total Examined During Outage
	Pressurizer	
B02.010	Shell to Head Welds	
B02.011	Circumferential	0
B02.012	Longitudinal	0
B02.020	Head Welds	
B02.021	Circumferential	NA
B02.022	Meridional	NA
	Steam Generator (Primary Side)	
B02.030	Head Welds	
B02.031	Circumferential	0
B02.032	Meridional	N/A
B02.040	Tubesheet to Head Weld	2
	Heat Exchangers (Primary Side) -- Head	
B02.050	Head Welds	
B02.051	Circumferential	NA
B02.052	Meridional	NA
	Heat Exchangers (Primary Side) -- Shell	
B02.060	Tubesheet to Head Welds	0
B02.070	Longitudinal Welds	NA
B02.080	Tubesheet-to-Shell Welds	NA
TOTALS		2

**Examination Category B-D Full Penetration Welds of Nozzles in Vessels
Inspection Program B**

Item Number	Description	Total Examined During Outage
	Reactor Vessel	
B03.090	Nozzle-to-Vessel Welds	0
B03.100	Nozzle Inside Radius Section	0
	Pressurizer	
B03.110	Nozzle-to-Vessel Welds	4
B03.120	Nozzle Inside Radius Section	4
	Steam Generators (Primary Side)	
B03.130	Nozzle-to-Vessel Welds	3
B03.140	Nozzle Inside Radius Section	3
	Heat Exchangers (Primary Side)	
B03.150	Nozzle-to-Vessel Welds	
B03.160	Nozzle Inside Radius Section	0
TOTALS		14

Examination Category B-E Pressure Retaining Partial Penetration Welds in Vessels

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-F Pressure Retaining Dissimilar Metal Welds

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B05.010	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.020	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Weld	NA
B05.030	Nozzle-to-Safe End Socket Welds	NA
	Pressurizer	
B05.040	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	0
B05.050	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	0
B05.060	Nozzle-to-Safe End Socket Welds	NA
	Steam Generators	
B05.070	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	NA
B05.080	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	NA
B05.090	Nozzle-to-Safe End Socket Welds	NA

Examination Category B-F (Continued)

Item Number	Description	Total Examined During Outage
	Heat Exchangers	
B05.100	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	NA
B05.110	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	NA
B05.120	Nozzle-to-Safe End Socket Welds	NA
	Piping	
B05.130	Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds	3
B05.140	Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds	4
B05.150	Dissimilar Metal Socket Welds	NA
TOTALS		7

Examination Category B-G-1

Pressure Retaining Bolting, Greater Than 2" in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B06.010	Closure Head Nuts	5
B06.020	Closure Studs, (in place)	NA
B06.030	Closure Studs, (when removed)	5
B06.040	Threads in Flange	0
B06.050	Closure Washers, Bushings	1
	Pressurizer	
B06.060	Bolts and Studs	0
B06.070	Flange Surface, (when connection disassembled)	0
B06.080	Nuts , Bushings and Washers	0
	Steam Generators	
B06.090	Bolts and Studs	NA
B06.100	Flange Surface, (when connection disassembled)	NA
B06.110	Nuts , Bushings and Washers	NA
	Heat Exchangers	
B06.120	Bolts and Studs	NA
B06.130	Flange Surface, (when connection disassembled)	NA
B06.140	Nuts , Bushings and Washers	NA

Examination Category B-G-1 (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Piping	
B06.150	Bolts and Studs	NA
B06.160	Flange Surface, (when connection disassembled)	NA
B06.170	Nuts , Bushings and Washers	NA
	Pumps	
B06.180	Bolts and Studs	0
B06.190	Flange Surface, (when connection disassembled)	1
B06.200	Nuts , Bushings and Washers	0
	Valves	
B06.210	Bolts and Studs	NA
B06.220	Flange Surface, (when connection disassembled)	NA
B06.230	Nuts , Bushings and Washers	NA
TOTALS		12

Examination Category B-G-2

Pressure Retaining Bolting, 2" and Less in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B07.010	Bolts, Studs, and Nuts	NA
	Pressurizer	
B07.020	Bolts, Studs, and Nuts	1
	Steam Generators	
B07.030	Bolts, Studs, and Nuts	0
	Heat Exchangers	
B07.040	Bolts, Studs, and Nuts	NA
	Piping	
B07.050	Bolts, Studs, and Nuts	2
	Pumps	
B07.060	Bolts, Studs, and Nuts	NA
	Valves	
B07.070	Bolts, Studs, and Nuts	0
	CRD Housings	
B07.080	Bolts, Studs, and Nuts In CRD Housing When Disassembled	2
TOTALS		5

Examination Category B-H Integral Attachments for Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B08.010	Integrally Welded Attachments	NA
	Pressurizer	
B08.020	Integrally Welded Attachments	NA
	Steam Generators	
B08.030	Integrally Welded Attachments	NA
	Heat Exchangers	
B08.040	Integrally Welded Attachments	NA
TOTALS		NA

Examination Category B-J Pressure Retaining Welds in Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.010	Nominal Pipe Size 4" or Larger	
B09.011	Circumferential Welds	10
B09.012	Longitudinal Welds ¹	0
B09.020	Nominal Pipe Size Less Than 4"	
B09.021	Circumferential Welds	14
B09.022	Longitudinal Welds ¹	NA

¹ Longitudinal welds in Examination Category B-J that intersect circumferential welds are examined per Code Case N-524.

Examination Category B-J (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.030	Branch Pipe Connection Welds	
B09.031	Nominal Pipe Size 4" or Larger	0
B09.032	Less Than Nominal Pipe Size 4"	0
B09.040	Socket Welds	2
TOTALS		26

Examination Category B-K-1 Integral Attachments for Piping, Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Piping	
B10.010	Integrally Welded Attachments	NA
	Pumps	
B10.020	Integrally Welded Attachments	NA
	Valves	
B10.030	Integrally Welded Attachments	NA
TOTALS		NA

Examination Category B-L-1, B-M-1 Pressure Retaining Welds in Pump Casings and Valve Bodies

B-L-2, B-M-2 Pump Casings and Valve Bodies

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pumps	
B12.010	Pump Casing Welds (B-L-1)	0
B12.020	Pump Casing (B-L-2) (when disassembled for Maintenance, Repair or Volumetric Examination)	0
	Valves	
B12.030	Valves, Nominal Pipe Size Less Than 4" Valve Body Welds (B-M-1)	NA
B12.040	Valves, Nominal Pipe Size 4" or Larger Valve Body Welds (B-M-1)	NA
B12.050	Valve Body, Exceeding 4" Nominal Pipe Size (B-M-2)	2
TOTALS		2

Examination Category B-N-1 Interior of Reactor Vessel

B-N-2 Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels

B-N-3 Removable Core Support Structures

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B13.010	Vessel Interior (B-N-1)	0
	Reactor Vessel (PWR)	
B13.050	Interior Attachments Within The Bellline Region (B-N-2)	NA
B13.060	Interior Attachments Beyond The Bellline Region (B-N-2)	NA
B13.070	Core Support Structure (B-N-3)	0
TOTALS		0

Examination Category B-O Pressure Retaining Welds in Control Rod Housings

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B14.010	Welds in CRD Housing	4
TOTALS		4

Examination Category B-P All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-Q Steam Generator Tubing²

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B16.010	Steam Generator Tubing in Straight Tube Design	NA
B16.020	Steam Generator Tubing in U-Tube Design	NA
TOTALS		NA

Examination Category F-A Class 1 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F1.010	Class 1 Piping Supports Reference Section 4.0 of this report	5
F1.040	Class 1 Supports Other Than Piping Reference Section 4.0 of this report	1
F1.050	Class 1 Snubbers	26
TOTALS		32

² Steam Generator Tubing is examined and documented by Steam Generator Maintenance Group of the Station Support Division as required by the Station Technical Specifications and is not included in this report.

2.2 Class 2 Inspections

Examination Category C-A Pressure Retaining Welds in Pressure Vessel

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C01.010	Shell Circumferential Welds	0
C01.020	Head Circumferential Welds	0
C01.030	Tubesheet to Shell Weld	1
TOTALS		1

Examination Category C-B Pressure Retaining Nozzle Welds in Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.010	Nozzles in Vessels $\leq 1/2$ " Nominal Thickness	
C02.011	Nozzle-to-Shell (or Head) Weld	0
C02.020	Nozzles Without Reinforcing Plate In Vessels $> 1/2$ " Nominal Thickness	
C02.021	Nozzle-to-Shell (or Head) Weld	0
C02.022	Nozzle Inside Radius Section	0
C02.030	Nozzles With Reinforcing Plate in Vessels $> 1/2$ " Nominal Thickness	

Examination Category C-B (Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.031	Reinforcing Plate Welds to Nozzle and Vessel	0
C02.032	Nozzle-to-Shell (or Head) Welds When Inside of Vessel Is Accessible	0
C02.033	Nozzle-to-Shell (or Head) Welds When Inside of Vessel is Inaccessible	0
TOTALS		0

Examination Category C-C Integral Attachments For Vessels, Piping, Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pressure Vessels	
C03.010	Integrally Welded Attachments	4
	Piping	
C03.020	Integrally Welded Attachments	7
	Pumps	
C03.030	Integrally Welded Attachments	0
	Valves	
C03.040	Integrally Welded Attachments	NA
TOTALS		11

**Examination Category C-D Pressure Retaining Bolting Greater Than 2”
in Diameter**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Pressure Vessels</i>	
C04.010	Bolts and Studs	NA
	<i>Piping</i>	
C04.020	Bolts and Studs	NA
	<i>Pumps</i>	
C04.030	Bolts and Studs	1
	<i>Valves</i>	
C04.040	Bolts and Studs	1
TOTALS		2

**Examination Category C-F-1 Pressure Retaining Welds in Austenitic
Stainless Steel or High Alloy Piping**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.010	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4	
C05.011	Circumferential Weld	1
C05.012	Longitudinal Welds ³	NA
C05.020	Piping Welds $> 1/5$ " Nominal Wall Thickness for Piping \geq Nominal Pipe Size 2 and \leq Nominal Pipe Size 4	
C05.021	Circumferential Welds	22
C05.022	Longitudinal Welds ³	NA
C05.030	Socket Welds	1
C05.040	Pipe Branch Connections of Branch Piping \geq Nominal Pipe Size 2	
C05.041	Circumferential Weld	0
C05.042	Longitudinal Weld ³	NA
TOTALS		24

³ Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-F-2 Pressure Retaining Welds in Carbon or Low Alloy Steel Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.050	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4	
C05.051	Circumferential Weld	6
C05.052	Longitudinal Weld ³	NA
C05.060	Piping Welds > $1/5$ " Nominal Wall Thickness for Piping \geq Nominal Pipe Size 2 and \leq Nominal Pipe Size 4	
C05.061	Circumferential Weld	NA
C05.062	Longitudinal Weld ³	NA
C05.070	Socket Welds	NA
C05.080	Pipe Branch Connections of Branch Piping \geq Nominal Pipe Size 2	
C05.081	Circumferential Weld	1
C05.082	Longitudinal Weld ³	NA
TOTALS		7

³ Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-G Pressure Retaining Welds in Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pumps	
C06.010	Pump Casing Welds	NA
	Valves	
C06.020	Valve Body Welds	0
TOTALS		0

Examination Category C-H All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category F-A Class 2 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F1.020	Class 2 Piping Supports Reference Section 4.0 of this report	18
F1.040	Class 2 Supports Other Than Piping Reference Section 4.0 of this report	0
F1.050	Class 2 Snubbers Reference Section 4.0 of this report	49
TOTALS		67

2.3 Augmented Inspections

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
G01.001	Reactor Coolant Pump Flywheel	0
G02.001	HPI Nozzle Safe End Examinations	0
G03.001	Pressurizer Surge Line Examinations	0
G04.001	Thermal Stress Piping (NRC Bulletin 88-08)	13
G05.001	Pressurizer Spray Piping Thermal Transient Inspection	N/A
G06.001	Auxiliary Feedwater Header Water Hammer Examinations (PSC21-82)	0
G07.001	Augmented Examination of Longitudinal Piping Welds With A Nominal Wall Thickness < $\frac{3}{8}$ " and > Nominal Pipe Size 4"	0
G08.001	Pressurizer Sensing/ Sampling Nozzle Safe Ends	0
G09.001	Class 2 Piping Welds Nominal Pipe Size > 4" With Nominal Wall Thickness < $\frac{3}{8}$ "	7
G10.001	Class 1 RTE Mounting Bosses	2
G11.001	Reactor Coolant Pumps 3A2 and 3B1 Alternate Examinations	0
G12.001	HPI System Upgrade Piping Welds With A Nominal Wall Thickness $\leq \frac{1}{5}$ " on Piping with a Nominal Pipe Size ≥ 2 " and Nominal Pipe Size ≤ 4 ".	3

A detailed description of each examination listed in Sections 2.1 through 2.3 are located in Section 4 of this report. Results of each examination are located in Section 5 of this report.

3.0 Third Ten Year Inspection Status

The completion status of inspections required in the third ten year inspection interval by the 1989 ASME Section XI Code, no Addenda, is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, and in Table IWC-2500-1 for Class 2 Inspections. Augmented inspections are also included.

Class 1 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁴Deferral Allowed</i>
B-A	Pressure Retaining Welds in Reactor Vessel	8 Welds	2.5 Welds	31%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	11 Welds	4 Welds	36%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	30 Inspections	17 Inspections	57%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 11.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	32 Welds	16 Welds	50%	No
B-G-1	Pressure Retaining Bolting Greater than 2 Inch Diameter	130 Items	50.6 Items	39%	Yes
B-G-2	Pressure Retaining Bolting 2 Inches and Less in Diameter	22 Items	10 Items	45%	No
B-H	Integral Attachment for Vessels	N/A	N/A	N/A	N/A
B-J	Pressure Retaining Welds in Piping	127 Welds	61.5 Welds	48%	No

⁴Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Class 1 Inspections (Continued)

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	⁴ Deferral Allowed
B-K-1	Integral Attachments for Piping, Pumps and Valves	N/A	N/A	N/A	N/A
B-L-1	Pressure Retaining Welds in Pump Casings	1 Weld	1 Weld	100%	Yes
B-L-2	Pump Casings	1 Casing	1 Casing	100%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	N/A
B-M-2	Valve Body > 4 in. Nominal Pipe Size	3 Valves	3 Valves	100%	Yes
B-N-1	Interior of Reactor Vessel	3 Inspections	1 Inspection	33%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	N/A	N/A	N/A	N/A
B-N-3	Removable Core Support Structures	1 Item	0 Items	0%	Yes
B-O	Pressure Retaining Welds in Control Rod Housings	3 Housings	2 Housing	67%	Yes
B-P	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	N/A	N/A	N/A	N/A
F-A F1.10 & F1.040 items.	Class 1 Component Supports (Except Snubbers)	30 Supports	14 Supports	47%	No
F-A F1.050 items	Class 1 Component Supports, Snubbers	26 Snubbers	26 Snubbers	100%	No

⁴ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Class 2 Inspections

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	⁴ Deferral Allowed
C-A	Pressure Retaining Welds in Pressure Vessels	8 Welds	3 Welds	38%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	4 Welds	2 Welds	50%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	66 Attachments	33 Attachments	50%	No
C-D	Pressure Retaining Bolting Greater Than 2 Inches in Diameter	2 Item	2Items	100%	No
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	148 Welds	66 Welds	45%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	53 Welds	23 Welds	43%	No
C-G	Pressure Retaining Welds in Pumps and Valves	1	1	100%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
F-A F1.020 & F1.040 items.	Class 2 Component Supports (Except Snubbers)	113 Supports	54 Supports	48%	No
F-A F1.050 items	Class 2 Component Supports, Snubbers	49 Snubbers	49 Snubbers	100%	No

⁴ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1.

Augmented Inspections

<i>Description</i>	<i>Percentage Complete</i>
Reactor Coolant Pump Flywheels (Item No. Series G01)	Not Scheduled
High Pressure Injection and Make-Up Nozzle Safe-Ends (Item No. Series G02)	Not Scheduled
Pressurizer Surge Line Drain Line (Item No. Series G03)	Not Scheduled
Thermal Stress Piping (Item No. Series G04)	100% of EOC 17 Requirements
Pressurizer Spray Piping Thermal Transient Inspection (Item No. Series G05)	Not Scheduled
Auxiliary Feedwater Header Preliminary Safety Concern (PSC 21-82) Water Hammer Examinations (Item No. Series G06)	Not Scheduled
Augmented Examination of Longitudinal Piping Welds With A Nominal Wall Thickness Less Than 3/8" and Greater Than Nominal Pipe Size 4" (Item No. Series G07)	No longer applicable. Code Case N-524 is being used for the examination of all longitudinal piping welds.
Pressurizer Sensing/Sampling Nozzle Safe Ends (Item No. Series G08)	Not Scheduled
Class 2 Piping Welds Nominal Pipe Size Greater Than 4" With A Nominal Wall Thickness Less Than 3/8" (Item No. Series G09)	100% of EOC 17 Requirements
Class 1 RTE Mounting Bosses (Item No. Series G10)	100% of EOC 17 Requirements
HPI System Upgrade (Item No. Series G12)	100% of EOC 17 Requirements

4.0 Final Inservice Inspection Plan

The final ISI Plan shown in this section lists all ASME Section XI Class 1 and ASME Section XI Class 2, and Augmented examinations credited for Outage 17 at Oconee Nuclear Station Unit 2.

The information shown below is a field description for the reporting format included in this section of the report:

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID Number	=	Unique Identification Number
Iso / Dwg. Numbers	=	Location and/or Detail Drawings
Proc	=	Examination Procedures
Insp Req.	=	Examination Technique - Magnetic Particle, Dye Penetrant, etc.
Mat / Sch.	=	General Description of Material
Diam. / Thick	=	Diameter/Thickness
Cal Blocks	=	Calibration Block Number
Comments	=	General and/or Detail Description

CATEGORY B-B, Pressure Retaining Welds in Vessels Other Than Reactor Vessels

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 Inservice Inspection Database Management System

Steam Generators (Primary Side)

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Tubesheet-to-Head Weld ****								
B02.040.001	2-SGA-WG58-1	50 ISI-OCN2-003	NDE-970	UT	CS	119.000	40393	Steam Generator 2A Upper Head Pc. 8 to Tubesheet Pc. 51.
	Circumferential	OM-1201-450	NDE-640			8.000		Schedule this weld during the 1st period of the 4th interval for surveillance purposes (third & final surveillance). Ref. PIP 2-O-96-0917.
Class A				Head to Tubesheet				
B02.040.002	2-SGA-WG58-2	50 ISI-OCN2-003	NDE-970	UT	CS	119.000	40393	Steam Generator 2A Lower Head Pc. 7 to Tubesheet Pc. 50.
	Circumferential	OM-1201-450	NDE-640			8.000		Added to EOC 15 per IWB-2430(a).
Class A				Head to Tubesheet				
Total B02.040 Items:		2						
Total B02 Items:		2						

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Pressurizer

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle-to-Vessel Welds ****								
B03.110.002	2-PZR-WP34	50 ISI-OCN2-002	NDE-620	UT	CS	7.750	40394	Pressurizer Spray Nozzle Pc. 09 to Upper Head Pc. 05.
	Circumferential	OM-1201-456	NDE-640			4.750	50236	Calibration block 50236 is being added as a result of a revision 8 to examination procedure NDE-620.
Class A	Stress weld	B&W149769E		Nozzle to Upper Head				
B03.110.003	2-PZR-WP33-3	50 ISI-OCN2-002	NDE-620	UT	CS	6.875	40394	Pressurizer Relief Nozzle Pc.31 to Upper Head Pc. 05 Between W&Z Axis.
	Circumferential	OM-1201-456	NDE-640			4.750	50236	Calibration block 50236 is being added as a result of a revision 8 to examination procedure NDE-620.
Class A		B&W149770E		Nozzle to Upper Head				
B03.110.004	2-PZR-WP33-2	50 ISI-OCN2-002	NDE-620	UT	CS	6.875	40394	Pressurizer Relief Nozzle Pc.31 to Head Pc. 05 on Y- Axis.
	Circumferential	OM-1201-456	NDE-640			4.750	50236	Calibration block 50236 is being added as a result of a revision 8 to examination procedure NDE-620.
Class A		B&W149770E		Nozzle to Upper Head				
B03.110.005	2-PZR-WP33-1	50 ISI-OCN2-002	NDE-620	UT	CS	6.875	40394	Pressurizer Relief Nozzle Pc.31 to Head Pc. 05 Between W&X Axis.
	Circumferential	OM-1201-456	NDE-640			4.750	50236	Calibration block 50236 is being added as a result of a revision 8 to examination procedure NDE-620.
Class A		B&W149770E		Nozzle to Upper Head				

Total B03.110 Items: 4

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Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

Pressurizer

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle Inside Radius Section ****									
B03.120.002	2-PZR-WP34	50	ISI-OCN2-002 B&W149768E	NDE-680	UT	CS	7.750 2.125	40394	Pressurizer Spray Nozzle Pc. 09 (Inside Radius Section) .
Class A					Nozzle to Upper Head				
B03.120.003	2-PZR-WP33-3	50	ISI-OCN2-002 B&W149770E	NDE-680	UT	CS	6.875 2.310	40394	Pressurizer Relief Nozzle Pc. 31 Between W & Z Axis. (Inside Radius Section).
Class A					Nozzle to Upper Head				
B03.120.004	2-PZR-WP33-2	50	ISI-OCN2-002 B&W149770E	NDE-680	UT	CS	6.875 2.310	40394	Pressurizer Relief Nozzle Pc. 31. Y- Axis (Inside Radius Section).
Class A					Nozzle to Upper Head				
B03.120.005	2-PZR-WP33-1	50	ISI-OCN2-002 B&W149770E	NDE-680	UT	CS	6.875 2.310	40394	Pressurizer Relief Nozzle Pc. 31 W & X Axis (Inside Radius Section).
Class A					Nozzle to Upper Head				
Total B03.120 Items: 4									

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Inservice Inspection Plan for Interval 3 Outage 3

Steam Generators (Primary Side)

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle-to-Vessel Welds ****								
B03.130.001	2-SGA-WG50-2	50 ISI-OCN2-003	NDE-970	UT	CS	38.380	40393	Steam Generator 2A Outlet Nozzle Pc. 65 to Lower Head Pc. 7 Between W-Z Axis.
	Circumferential	OM-1201-450	NDE-640			8.500		
Class A		B&W146467E		Nozzle to Head				
B03.130.002	2-SGA-WG50-1	50 ISI-OCN2-003	NDE-970	UT	CS	38.380	40393	Steam Generator 2A Outlet Nozzle Pc. 65 to Lower Head Pc. 7 Between Y-Z Axis.
	Circumferential	OM-1201-450	NDE-640			8.500		
Class A		B&W146467E		Nozzle to Head				
B03.130.006	2-SGB-WG25	50 ISI-OCN2-004	NDE-970	UT	CS	48.630	40393	Steam Generator 2B Inlet Nozzle Pc. 70 to Upper Head Pc. 8.
	Circumferential	OM-1201-450	NDE-640			8.000		
Class A		B&W103213D		Nozzle to Head				
Total B03.130 Items:		3						

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

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Steam Generators (Primary Side)

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle Inside Radius Section ****								
B03.140.001	2-SGA-WG50-2	50 ISI-OCN2-003 OM-1201-450 B&W103214D	NDE-680	UT	CS	38.380 8.500	40393	Steam Generator 2A Outlet Nozzle Pc.65 Between W-Z Axis. (Inside Radius Section)
Class A					Nozzle to Lower Head			
B03.140.002	2-SGA-WG50-1	50 ISI-OCN2-003 OM-1201-450 B&W103214D	NDE-680	UT	CS	38.380 8.500	40393	Steam Generator 2A Outlet Nozzle Pc.65 Between Y-Z Axis. (Inside Radius Section)
Class A					Nozzle to Lower Head			
B03.140.006	2-SGB-WG25	50 ISI-OCN2-004 OM-1201-450 B&W103213D	NDE-680	UT	CS	48.630 8.000	40393	Steam Generator 2B Inlet Nozzle Pc.70. (Inside Radius Section)
Class A					Nozzle to			
Total B03.140 Items:		3						
Total B03 Items:		14						

CATEGORY B-F, Pressure Retaining

Dissimilar Metal Welds

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Piping

Oconee 2

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B05.130.011B	2-PIB2-7	50 ISI-OCN2-010	NDE-35	PT	SS-CS	33.500		
	Circumferential	OM-1201-966				2.330		
	Class A							Pipe Pc. 56 to Safe-End (Pc. 55)

Total B05.130 Items: 9

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

Piping

Oconee 2

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Less Than NPS 4; Dissimilar Metal Butt Welds ****								
B05.140.001	2-50-7-14	50 2-50-7 (1)	NDE-35	PT	SS-Inconel	1.500		Pump 2A2 Suction Nozzle to elbow weld.
	Circumferential	OFD-100A-2.1				0.281		
	Class A				Nozzle to Elbow			
	Dissimilar							
B05.140.002	2-50-7-29	50 2-50-7 (1)	NDE-35	PT	SS-Inconel	1.500		Pump 2A1 Suction Nozzle to elbow weld.
	Circumferential	OFD-100A-2.1				0.281		
	Class A				Nozzle to Elbow			
	Dissimilar							
B05.140.003	2-50-7-8	50 2-50-7 (2)	NDE-35	PT	SS-Inconel	1.500		Pump 2B2 Suction Nozzle to elbow weld.
	Circumferential	OFD-100A-2.1				0.281		
	Class A				Elbow to Nozzle			
	Dissimilar							
B05.140.007	2-PDB2-11	50 ISI-OCN2-014	NDE-35	PT	SS-CS	3.500		
	Circumferential	B&W146829E				0.750		
	Class A				Nozzle Pc. 46 to Safe-End Pc. 47			
	Dissimilar							
Total B05.140 Items:		4						
Total B05 Items:		13						

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Reactor Vessel

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Closure Head Nuts ****								
B06.010.022	2-RPV-26-204-22	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Pc. 26.
Class A								
B06.010.023	2-RPV-26-204-23	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Pc. 26.
Class A								
B06.010.024	2-RPV-26-204-24	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Pc. 26.
Class A								
B06.010.025	2-RPV-26-204-25	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Pc. 26.
Class A								
B06.010.026	2-RPV-26-204-26	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	9.250 1.300		Reactor Vessel Closure Nut Pc. 26.
Class A								
Total B06.010 Items:		5						

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Reactor Vessel

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Closure Studs, when removed ****								
B06.030.022	2-RPV-25-204-22	50 OM-1201-4 B&W152009E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.022A	2-RPV-25-204-22	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.023	2-RPV-25-204-23	50 OM-1201-4 B&W152009E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.023A	2-RPV-25-204-23	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.024	2-RPV-25-204-24	50 OM-1201-4 B&W152009E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.024A	2-RPV-25-204-24	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.025	2-RPV-25-204-25	50 OM-1201-4 B&W152009E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.025A	2-RPV-25-204-25	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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Reactor Vessel

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.026	2-RPV-25-204-26	50 OM-1201-4 B&W152009E	NDE-944	UT	CS	6.500 0.000	40420	Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								
B06.030.026A	2-RPV-25-204-26	50 OM-1201-4 B&W152009E	NDE-25	MT	CS	6.500 0.000		Reactor Vessel Closure Studs - Removed; Pc. 25. Stud Length = 63.250.
Class A								

Total B06.030 Items: 10

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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Reactor Vessel

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Closure Washers, Bushings ****								
B06.050.001D	2-RPV-WASH-BUSH	50	QAL-13	VT-1	CS	9.750		Reactor Vessel Closure Washers and Bushings.
		B&W152009E				0.000		Stud Holes 22 Thru 26.
Class A								
Total B06.050 Items:		1						

**CATEGORY B-G-1, Pressure Retaining
Bolting, Greater than 2" In Diameter**

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QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System**

Pumps

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Flange Surface, when connection disassembled ****								
B06.190.003	2-RCP-2B1-FLANGE	50	QAL-13	VT-1	SS		0.000	Reactor Coolant Pump 2B1 main flange. Including 1" annular surface of flange surrounding each stud. (Inspect only if disassembled).
		OM-1201D-0005					0.000	
Class A		OM-1201-1217						
Total B06.190 Items:		1						
Total B06 Items:		17						

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

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Pressurizer

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.020.002	2-PZR-CHB-STUDS	50	QAL-13	VT-1	CS	2.000		Pressurizer Center Heater Bundle Studs Pc. 75
		B&W149775E				0.000		(Total 16 Studs). Length = 19.312".
Class A								
Total B07.020 Items:		1						

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Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

Piping

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.050.003	2-PZR-RC67-BOLT	50	QAL-13	VT-1	CS	1.125		Pressurizer Relief Valve RC-67 Nozzle Flange Bolting (Nozzle between W & X Axis) Total 8 Bolts and Nuts.
Class A		OM-1201-1526 B&W149762E				0.000		
B07.050.004	2-PZR-RC68-BOLT	50	QAL-13	VT-1	CS	1.125		Pressurizer Relief Valve RC-68 Nozzle Flange Bolting (Nozzle 15 Degrees off Y - Axis) Total 8 Bolts and Nuts.
Class A		OM-1201-1526 B&W149762E				0.000		
Total B07.050 Items:		2						

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

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CRD Housings

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.080.001	2-RPV-CRD-BOLTS	50 DPS 706599-1056 OM-201-2248 B&W152006E	QAL-13	VT-1	CS		1.250 0.000	CRD Housing Bolts (Total 8 Bolts) CRD # 1,2,5,44,47,7,20, 37, 40, 46, & 60 Inspected to date. (Inspect only if disassembled). Reference Request for Relief ONS-004 and ONS-005.
	Class A							
B07.080.002	2-RPV-CRD-RINGS	50 DPS 706599-1056 OM-201-2248 B&W152006E	QAL-13	VT-1	CS		11.500 1.250	CRD Housing Rings ; 1 Pair per housing Pc.120 ; CRD # 1,2,5,44,47,20,37, 40, 46, & 60) Inspected to date.(Inspect only if disassembled).
	Class A							
Total B07.080 Items:		2						
Total B07 Items:		5						

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

DUKE ENERGY CORPORATION
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Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****								
B09.011.001	2-53A-10-3	53A 2-53A-10	NDE-600	UT	SS	12.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.1				1.125	Valve 2LP-1 to Pipe	
	Class A							
B09.011.001A	2-53A-10-3	53A 2-53A-10	NDE-35	PT	SS	12.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.1				1.125	Valve 2LP-1 to Pipe	
	Class A							
B09.011.007	2-53A-8-43	53A 2-53A-8(2)	NDE-600	UT	SS	14.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.3				1.250	Pipe to Elbow	
	Class A							
B09.011.007A	2-53A-8-43	53A 2-53A-8(2)	NDE-35	PT	SS	14.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.3				1.250	Pipe to Elbow	
	Class A							
B09.011.015	2-53A-9-16	53A 2-53A-9	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.3				1.000	Pipe to Valve 2LP-48	
	Class A							
B09.011.015A	2-53A-9-16	53A 2-53A-9	NDE-35	PT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-102A-2.3				1.000	Pipe to Valve 2LP-48	
	Class A							
B09.011.023	2-PIA1-1	50 ISI-OCN2-007	NDE-600	UT	CS	33.500		TERMINAL END Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OM-1201-966				2.330	Nozzle Steam Gen. 2A to Pipe Pc. 67	
	Class A Term end							
B09.011.023A	2-PIA1-1	50 ISI-OCN2-007	NDE-25	MT	CS	33.500		TERMINAL END
	Circumferential	OM-1201-966				2.330	Nozzle Steam Gen. 2A to Pipe Pc. 67	
	Class A Term end							

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CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.025	2-PIA2-1	50	ISI-OCN2-008	NDE-600	UT	CS	33.500		TERMINAL END
	Circumferential		OM-1201-966				2.330		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Term end								Nozzle Steam Gen. 2A to Pipe Pc. 67
B09.011.025A	2-PIA2-1	50	ISI-OCN2-008	NDE-25	MT	CS	33.500		TERMINAL END
	Circumferential		OM-1201-966				2.330		
Class A	Term end								Nozzle Steam Gen. 2A to Pipe Pc. 67
B09.011.027	2-PIB1-1	50	ISI-OCN2-009	NDE-600	UT	CS	33.500		TERMINAL END
	Circumferential		OM-1201-966				2.330		Reference Request for Relief 95-GO-03 for calibration block.
Class A	Term end								Nozzle Steam Gen. 2B to Pipe Pc. 67
B09.011.027A	2-PIB1-1	50	ISI-OCN2-009	NDE-25	MT	CS	33.500		TERMINAL END
	Circumferential		OM-1201-966				2.330		
Class A	Term end								Nozzle Steam Gen. 2B to Pipe Pc. 67
B09.011.031	2-PIB2-8	50	ISI-OCN2-010	NDE-600	UT	SS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential		OM-1201-966				2.330		
Class A									RCP 2B2 Casing to Pipe Safe-End Pc. 55
B09.011.031A	2-PIB2-8	50	ISI-OCN2-010	NDE-35	PT	SS	33.500		
	Circumferential		OM-1201-966				2.330		
Class A									RCP 2B2 Casing to Pipe Safe-End Pc. 55
B09.011.045	2-PSP-3	50	ISI-OCN2-016	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential		OFD-100A-2.2				0.438		
Class A	Stress weld								Elbow to Reducer
B09.011.045A	2-PSP-3	50	ISI-OCN2-016	NDE-35	PT	SS	4.000		
	Circumferential		OFD-100A-2.2				0.438		
Class A	Stress weld								Elbow to Reducer
B09.011.046	2-PIB2-3	50	ISI-OCN2-010	NDE-600	UT	CS	33.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential		OM-1201-966				2.330		
Class A									Elbow Pc.45 to Pipe Pc. 63

CATEGORY B-J, Pressure Retaining Welds In Piping

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

NPS 4 or Larger

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.011.046A	2-PIB2-3	50 ISI-OCN2-010	NDE-25	MT	CS	33.500		
	Circumferential	OM-1201-966				2.330		
Class A				Elbow Pc.45 to Pipe Pc. 63				
B09.011.047	2-PHA-10	50 ISI-OCN2-005	NDE-600	UT	CS	42.750		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OM-1201-966				2.856		
Class A				Elbow Pc. 1A to Elbow Pc.1B				
B09.011.047A	2-PHA-10	50 ISI-OCN2-005	NDE-25	MT	CS	42.750		
	Circumferential	OM-1201-966				2.856		
Class A				Elbow Pc. 1A to Elbow Pc.1B				

Total B09.011 Items: 20

CATEGORY B-J, Pressure Retaining Welds In Piping**Less Than NPS 4**DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****								
B09.021.011	2-51A-147-26	51A 2-51A-147	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.1				0.375		
	Class A			Pipe to Pipe				
B09.021.023	2-51A-30-15	51A 2-51A-30	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.4				0.375		
	Class A			Pipe to Pipe				
B09.021.029	2-51A-30-40	51A 2-51A-30	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.4				0.375		
	Class A			Elbow to Pipe				
B09.021.031	2HP-216-8	51A 2HP-216	NDE-35	PT	SS	2.500		This weld was listed previously as 2-51A-30-52 until iso 2-51A-30 was redrawn.
	Circumferential	OFD-101A-2.4				0.375		
	Class A			Elbow to Pipe				
B09.021.033	2-51A-35-28A	51A 2-51A-35 (2)	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.1				0.375		
	Class A			Pipe to Elbow				
B09.021.034	2-51A-35-33	51A 2-51A-35 (2)	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.1				0.375		
	Class A			Pipe to Elbow				
B09.021.049	2-50-7-30	50 2-50-7 (1)	NDE-35	PT	SS	1.500		
	Circumferential	OFD-100A-2.1				0.281		
	Class A			Elbow to Pipe				
B09.021.051	2-50-7-9	50 2-50-7 (2)	NDE-35	PT	SS	1.500		
	Circumferential	OFD-100A-2.1				0.281		
	Class A			Pipe to Elbow				

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

Less Than NPS 4

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.021.053	2-PSP-25	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		1.500 0.281	
Class A	Circumferential Stress weld								Tee to Reducer
B09.021.059	2-PSP-14	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		2.500 0.375	
Class A	Circumferential Stress weld								Elbow to Tee
B09.021.062	2-PSP-12	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		2.500 0.375	
Class A	Circumferential								Valve 2RC-001 to Pipe
B09.021.063	2-PSP-18	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		2.500 0.375	
Class A	Circumferential								Pipe to Pipe
B09.021.064	2-PSP-21	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		2.500 0.375	
Class A	Circumferential								Pipe to Pipe
B09.021.065	2-PSP-22	50	ISI-OCN2-016 OFD-100A-2.2	NDE-35	PT	SS		2.500 0.375	Pump 2B1 Discharge piping nozzle to PZR Spray line weld.
Class A	Circumferential								Pipe to Nozzle

Total B09.021 Items: 14

CATEGORY B-J, Pressure Retaining Welds In PipingDUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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02/02/2000**Socket Welds**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.004	2-50-129-3B	50 2-50-129	NDE-35	PT	SS	1.500		
	Socket	OFD-100A-2.2				0.281		Elbow to Pipe
	Class A							
B09.040.006	2-51A-145-26	51A 2-51A-145	NDE-35	PT	SS	2.000		
	Socket	OFD-101A-2.1				0.344		Pipe to Valve 2HP4
	Class A							
Total B09.040 Items:	2							
Total B09 Items:	36							

CATEGORY B-M-2, Valve Bodies

DUKE ENERGY CORPORATION
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Valves

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Valve Body, Exceeding NPS 4 ****								
B12.050.005	2-53A-LP47	53A	QAL-14	VT-3	SS	14.250		B-Side LPI Valve Body- valve LP-47. (Inspect only if valve is disassembled for maintenance purposes, valve repair, etc.) Valve LP-47 was not disassembled during outage 2.
Class A		OM-245-001 OFD-102A-2.2				0.000	Valve (Internal Surfaces) to	
B12.050.006	2-53A-LP48	53A	QAL-14	VT-3	SS	10.937		B-Side LPI Valve Body- valve LP-48. (Inspect only if valve is disassembled for maintenance purposes, valve repair, etc.) Valve LP-48 was not disassembled during outage 2.
Class A		OM-245-001 OFD-102A-2.2				0.000	Valve (Internal Surfaces) to	
Total B12.050 Items:	2							
Total B12 Items:	2							

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

**DUKE ENERGY CORPORATION
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Reactor Vessel

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Welds in CRD Housing ****								
B14.010.002	2-RPV-CRD-52WH9	50	NDE-35	PT	SS-Inconel	4.025		CRDM Housing Body to Adapter MK - 67 to MK- 55.
	Class A	OM-1201-1529 OM-1201-1530				0.650		Housing Body to Adapter
B14.010.004	2-RPV-CRD-52W60	50	NDE-35	PT	SS-CS	5.000		CRDM Base to Motor Tube - CRDM # 52.
	Class A	DPS 706599-1056 OM-1201-1530				0.500		CRDM Base to Motor Tube
B14.010.007	2-RPV-CRD-52	50	NDE-35	PT	SS-CS	4.300		CRDM Motor Tube to Extension - CRDM # 52.
	Class A	DPS 706599-1056 OM-1201-1530				0.400		CRDM Motor Tube to Extension
B14.010.010	2-RPV-CRD-52W61	50	NDE-35	PT	SS	4.190		Peripheral CRDM Extension to Cap - CRDM # 52.
	Class A	DPS 706599-1056 OM-1201-1530				0.380		Extension to Cap
Total B14.010 Items:		4						
Total B14 Items:		4						

CATEGORY C-A, Pressure Retaining Welds In Pressure Vessels

DUKE ENERGY CORPORATION
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Tubesheet-to-Shell Weld

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.030.003	2-LPCB-SH-TUBE		NDE-630	UT	SS-CS	46.000	40385	LP Cooler 2B S/S Shell to Tubesheet Flange
	Circumferential	OM-201-0286				0.750		
	Class B	OFD-102A-2.2						Shell to Tubesheet Flange

Total C01.030 Items: 1

Total C01 Items: 1

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

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Pressure Vessels

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****								
C03.010.001	2-SGA-WG84-YZ		NDE-25	MT	CS	0.000		Steam Generator 2A Feedwater Header Support
	Class B	OM-1201-1511 OM-1201-95				1.000		Attachment Pc. 152/153 Y-Z Quadrant nearest to Y-Axis.
C03.010.002	2-SGA-WG84-ZY		NDE-25	MT	CS	0.000		Steam Generator 2A Feedwater Header Support
	Class B	OM-1201-1511 OM-1201-95				1.000		Attachment Pc. 152/153 Y-Z Quadrant nearest to Z-Axis.
C03.010.005	2-SGB-WG84-XY		NDE-25	MT	CS	0.000		Steam Generator 2B Feedwater Header Support
	Class B	OM-1201-1511 OM-1201-95				1.000		Attachment Pc. 152/153 X-Y Quadrant nearest to X-Axis.
C03.010.006	2-SGB-WG84-YX		NDE-25	MT	CS	0.000		Steam Generator 2B Feedwater Header Support
	Class B	OM-1201-1511 OM-1201-95				1.000		Attachment Pc. 152/153 X-Y Quadrant nearest to Y-Axis.
Total C03.010 Items:		4						

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

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Piping

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****								
C03.020.012	2-01A-H7B	01A 0-1480A	NDE-25	MT	CS		26.000	FILE NO. OSC-440
	Constant Support	OFD-122A-2.1					1.000	PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B								
C03.020.023	2-14B-H12	14B 0-1479A	NDE-25	MT	CS		6.000	FILE NO. OSC-1325
	Rigid Restraint	OFD-124B-2.2					0.750	PROBLEM NO. 2-14-16 VOL.6OF12 LP SERVICE WATER
Class B								
C03.020.034	2-14B-H5F	14B 0-1479A	NDE-25	MT	CS		8.000	FILE NO. OSC-1325
	Rigid Restraint	OFD-124B-2.2					1.500	PROBLEM NO. 2-14-14 vol.4of12 LPSWATER
Class B								
C03.020.039	2-51A-SR116	51A 1-0-436J	NDE-35	PT	SS		4.000	File Number = OSC-481,Page 142.1; Problem
	Rigid Restraint	OFD-101A-2.3					0.750	Number = 51-2
Class B								
C03.020.043	2-53B-H1	53B 5-0-1444	NDE-35	PT	SS		12.000	FILE NO. OS-487, PROBLEM NO. 2-53-01, SHT3
	Spring Hgr	OFD-102A-2.1					1.000	OF 5. LPI TO DECAY HEAT REMOVAL SYSTEM 53B.
Class B								
C03.020.044	2-53B-H14	53B 6-0-438C	NDE-35	PT	SS		8.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 3
	Rigid Restraint	OFD-102A-2.1					1.000	OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
C03.020.050	2-53B-R11	53B 0-1439B	NDE-35	PT	SS		10.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 3
	Rigid Restraint	OFD-102A-2.2					1.500	OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
				SWAY STRUT to				
Total C03.020 Items:		7						
Total C03 Items:		11						

**CATEGORY C-D, Pressure Retaining Bolting
Greater Than 2 in. In Diameter**

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Pumps

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Bolts and Studs ****								
C04.030.001	2-HPI-PUMP-2A	51A	NDE-943	UT	SS	2.500	40422	Case Bolting on HPI Pump 2A. (2.5" in diameter and 12" in length; 20 bolts total)
	Class B	OM-201-1704 OFD-101A-2.3				0.000		We are required to inspect the Case bolting on only one of the HPI pumps during the 3rd interval. (HPI Pump 2A, 2B or 2C). We scheduled the inspection for every outage hoping that one of the pumps will be disassembled during the interval. If one is not disassembled then we will have to inspect the bolting in one of the pumps in place.

Total C04.030 Items: 1

**CATEGORY C-D, Pressure Retaining Bolting
Greater Than 2 in. In Diameter**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Valves

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

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

C04.040.002	2-01A-SV2-STUD	01A	NDE-945	UT	CS	2.250	40417		Main Steam Stop Valve SV2.
	Class B	OM-200-195 OFD-122B-2.1				0.000			Studs to

Total C04.040 Items: 1

Total C04 Items: 2

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.011.005	2LP-150-17	53A 2LP-150	NDE-600	UT	SS	10.000		Reference Request for Relief 95-GO-03 for calibration block. This weld was listed previously as 2-53A-9-17 until iso 2-53A-9 was redrawn.
	Circumferential	OFD-102A-2.3				1.125		
	Class B			Pipe to Valve 2LP-48				
C05.011.005A	2LP-150-17	53A 2LP-150	NDE-35	PT	SS	10.000		This weld was listed previously as 2-53A-9-17 until iso 2-53A-9 was redrawn.
	Circumferential	OFD-102A-2.3				1.125		
	Class B			Pipe to Valve 2LP-48				
Total C05.011 Items:		2						

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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**Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.021.007	2-51A-130-14	51A 2-51A-130	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.007A	2-51A-130-14	51A 2-51A-130	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.008	2-51A-130-4A	51A 2-51A-130	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.008A	2-51A-130-4A	51A 2-51A-130	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.009	2-51A-131-1	51A 2-51A-131	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.009A	2-51A-131-1	51A 2-51A-131	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.010	2-51A-131-11	51A 2-51A-131	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Elbow to Pipe	
	Class B							
C05.021.010A	2-51A-131-11	51A 2-51A-131	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Elbow to Pipe	
	Class B							

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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**Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.036	2-51A-28-15	51A 2-51A-28 (1) OFD-101A-2.4	NDE-600	UT	SS	4.000 0.531		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Pipe to Flange				
C05.021.036A	2-51A-28-15	51A 2-51A-28 (1) OFD-101A-2.4	NDE-35	PT	SS	4.000 0.531		
Class B	Circumferential			Pipe to Flange				
C05.021.037	2-51A-28-17	51A 2-51A-28 (1) OFD-101A-2.4	NDE-600	UT	SS	4.000 0.531		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Tee to Pipe				
C05.021.037A	2-51A-28-17	51A 2-51A-28 (1) OFD-101A-2.4	NDE-35	PT	SS	4.000 0.531		
Class B	Circumferential			Tee to Pipe				
C05.021.038	2-51A-28-21	51A 2-51A-28 (1) OFD-101A-2.4	NDE-600	UT	SS	4.000 0.531		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Pipe to Valve 2HP-135				
C05.021.038A	2-51A-28-21	51A 2-51A-28 (1) OFD-101A-2.4	NDE-35	PT	SS	4.000 0.531		
Class B	Circumferential			Pipe to Valve 2HP-135				
C05.021.039	2-51A-28-23	51A 2-51A-28 (1) OFD-101A-2.4	NDE-600	UT	SS	4.000 0.531		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Tee to Elbow				
C05.021.039A	2-51A-28-23	51A 2-51A-28 (1) OFD-101A-2.4	NDE-35	PT	SS	4.000 0.531		
Class B	Circumferential			Tee to Elbow				
C05.021.040	2HP-222-2	51A 2HP-222 OFD-101A-2.4	NDE-600	UT	SS	4.000 0.674		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential			Valve 2HP-26 to Elbow				

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**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

**Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4**

Oconee 2

Inservive Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.040A	2HP-222-2 Circumferential Class B	51A 2HP-222 OFD-101A-2.4	NDE-35	PT	SS	4.000 0.674		Valve 2HP-26 to Elbow
C05.021.041	2-51A-28-104 Circumferential Class B	51A 2-51A-28 (2) OFD-101A-2.4	NDE-600	UT	SS	4.000 0.674		Reference Request for Relief 95-GO-03 for calibration block. Elbow to Pipe
C05.021.041A	2-51A-28-104 Circumferential Class B	51A 2-51A-28 (2) OFD-101A-2.4	NDE-35	PT	SS	4.000 0.674		Elbow to Pipe
C05.021.066	2-51A-17-93 Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.3	NDE-600	UT	SS	2.500 0.375		Reference Request for Relief 95-GO-03 for calibration block. Tee to Pipe
C05.021.066A	2-51A-17-93 Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.3	NDE-35	PT	SS	2.500 0.375		Tee to Pipe
C05.021.067	2-51A-17-98EA Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.2	NDE-600	UT	SS	2.500 0.375		Reference Request for Relief 95-GO-03 for calibration block. Valve 2HP-63 to Elbow
C05.021.067A	2-51A-17-98EA Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.2	NDE-35	PT	SS	2.500 0.375		Valve 2HP-63 to Elbow
C05.021.068	2-51A-17-98EB Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.2	NDE-600	UT	SS	2.500 0.375		Reference Request for Relief 95-GO-03 for calibration block. Elbow to Valve 2HP-62
C05.021.068A	2-51A-17-98EB Circumferential Class B	51A 2-51A-17 (2) OFD-101A-2.2	NDE-35	PT	SS	2.500 0.375		Elbow to Valve 2HP-62

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
C05.021.069	2-51A-28-102	51A 2-51A-28 (2)	NDE-600	UT	SS	2.500	Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.552	
Class B				Pipe to Tee			
C05.021.069A	2-51A-28-102	51A 2-51A-28 (2)	NDE-35	PT	SS	2.500	
	Circumferential	OFD-101A-2.4				0.552	
Class B				Pipe to Tee			
C05.021.070	2HP-299-72	51A 2HP-299	NDE-600	UT	SS	2.500	Reference Request for Relief 95-GO-03 for calibration block. Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-72.
	Circumferential	OFD-101A-2.4				0.375	
Class B				Pipe to Tee			
C05.021.070A	2HP-299-72	51A 2HP-299	NDE-35	PT	SS	2.500	Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-72.
	Circumferential	OFD-101A-2.4				0.375	
Class B				Pipe to Tee			
C05.021.071	2HP-299-75	51A 2HP-299	NDE-600	UT	SS	2.500	Reference Request for Relief 95-GO-03 for calibration block. Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-75.
	Circumferential	OFD-101A-2.4				0.375	
Class B				Pipe to Elbow			
C05.021.071A	2HP-299-75	51A 2HP-299	NDE-35	PT	SS	2.500	Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-75.
	Circumferential	OFD-101A-2.4				0.375	
Class B				Pipe to Elbow			
C05.021.072	2HP-341-77	51A 2HP-341	NDE-600	UT	SS	2.500	Reference Request for Relief 95-GO-03 for calibration block. This weld used to be listed as 2-51A-28-77 and was shown on isometric 2-51A-28 (2).
	Circumferential	OFD-101A-2.4				0.375	
Class B				Valve 2HP-119 to Elbow			
C05.021.072A	2HP-341-77	51A 2HP-341	NDE-35	PT	SS	2.500	This weld used to be listed as 2-51A-28-77 and was shown on isometric 2-51A-28 (2).
	Circumferential	OFD-101A-2.4				0.375	
Class B				Valve 2HP-119 to Elbow			

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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**Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.073	2HP-299-76	51A 2HP-299	NDE-600	UT	SS	2.500		Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-76. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.375	Elbow to Valve 2HP-119	
	Class B							
C05.021.073A	2HP-299-76	51A 2HP-299	NDE-35	PT	SS	2.500		Isometric 2-51A-28 was revised to transfer some welds to new isometric 2HP-299. This weld used to be 2-51A-28-76.
	Circumferential	OFD-101A-2.4				0.375	Elbow to Valve 2HP-119	
	Class B							
C05.021.085	2-51A-27-11	51A 2-51A-27 (1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.085A	2-51A-27-11	51A 2-51A-27 (1)	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Pipe to Elbow	
	Class B							
C05.021.091	2-51A-27-34	51A 2-51A-27 (1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Elbow to Pipe	
	Class B							
C05.021.091A	2-51A-27-34	51A 2-51A-27 (1)	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Elbow to Pipe	
	Class B							
C05.021.097	2-51A-28-7	51A 2-51A-28 (1)	NDE-600	UT	SS	4.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.4				0.531	Tee to Pipe	
	Class B							
C05.021.097A	2-51A-28-7	51A 2-51A-28 (1)	NDE-35	PT	SS	4.000		
	Circumferential	OFD-101A-2.4				0.531	Tee to Pipe	
	Class B							

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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**Piping Welds > 1/5 in. Nom Wall For Piping >=
NPS 2 And <= NPS 4**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.021.103	2-51A-33-4	51A 2-51A-33	NDE-600	UT	SS	2.500		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-101A-2.1				0.375		
Class B				Pipe to Elbow				
C05.021.103A	2-51A-33-4	51A 2-51A-33	NDE-35	PT	SS	2.500		
	Circumferential	OFD-101A-2.1				0.375		
Class B				Pipe to Elbow				
Total C05.021 Items:		44						

**CATEGORY C-F-1, Pressure Retaining Welds
In Austenitic SS or High Alloy Piping**

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Socket Welds

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
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C05.030.004	2-51B-23-67	51B 2-51B-23	NDE-35	PT	SS		2.000	
	Socket	OFD-101A-2.2					0.154	
	Class B			Tee to				Pipe

Total C05.030 Items: 1

**CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping**

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

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****								
C05.051.002	2-01A-4-29	01A 2-01A-4 (2) OFD-122A-2.1	NDE-600	UT	CS	36.000 1.164		Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential						Pipe to Elbow	
C05.051.002A	2-01A-4-29	01A 2-01A-4 (2) OFD-122A-2.1	NDE-25	MT	CS	36.000 1.164		
Class B	Circumferential						Pipe to Elbow	
C05.051.004	2-MS1A-B	01A 2-01A-5 (2) OFD-122A-2.1 2MS-1A	NDE-600	UT	CS	26.000 0.875		Subassembly 2MS-1A. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential						Pipe to Reducer	
C05.051.004A	2-MS1A-B	01A 2-01A-5 (2) OFD-122A-2.1 2MS-1A	NDE-25	MT	CS	26.000 0.875		Subassembly 2MS-1A
Class B	Circumferential						Pipe to Reducer	
C05.051.011	2-MSB10-E	01A 2MS-111 OFD-122A-2.2 2MSB-10	NDE-600	UT	CS	12.000 0.562		Subassembly 2MSB-10. Reference Request for Relief 95-GO-03 for calibration block. This subassembly used to be shown on isometric 2-01A-15 until the subassembly was transferred to 2MS-111.
Class B	Circumferential						Elbow to Pipe	
C05.051.011A	2-MSB10-E	01A 2MS-111 OFD-122A-2.2 2MSB-10	NDE-25	MT	CS	12.000 0.562		Subassembly 2MSB-10. This subassembly used to be shown on isometric 2-01A-15 until the subassembly was transferred to 2MS-111.
Class B	Circumferential						Elbow to Pipe	
C05.051.031	2-14B-49-136	14B 2-14B-49 OFD-124B-2.2	NDE-600	UT	CS	8.000 0.500		Flange at valve 2LPSW-18. Reference Request for Relief 95-GO-03 for calibration block.
Class B	Circumferential						Flange to Pipe	
C05.051.031A	2-14B-49-136	14B 2-14B-49 OFD-124B-2.2	NDE-25	MT	CS	8.000 0.500		Flange at valve 2LPSW-18.
Class B	Circumferential						Flange to Pipe	

**CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping**

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

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
C05.051.033	2-14B-50-111	14B 2-14B-50	NDE-600	UT	CS	8.000		Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-124B-2.2				0.500		
Class B				Elbow to Pipe				
C05.051.033A	2-14B-50-111	14B 2-14B-50	NDE-25	MT	CS	8.000		
	Circumferential	OFD-124B-2.2				0.500		
Class B				Elbow to Pipe				
C05.051.034	2LPS-606-4	14B 2LPS-606	NDE-600	UT	CS	8.000		This weld was listed previously as 2-14B-51-4 until iso 2-14B-51 was redrawn. Reference Request for Relief 95-GO-03 for calibration block.
	Circumferential	OFD-124B-2.2				0.500		
Class B				Pipe to Elbow				
C05.051.034A	2LPS-606-4	14B 2LPS-606	NDE-25	MT	CS	8.000		This weld was listed previously as 2-14B-51-4 until iso 2-14B-51 was redrawn.
	Circumferential	OFD-124B-2.2				0.500		
Class B				Pipe to Elbow				

Total C05.051 Items: 12

**CATEGORY C-F-2. Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping**

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**Pipe Branch Connections of Branch Piping >=
NPS 2**

Oconee 2

Inservice Inspection Plan for Interval 3 Outage 3

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

C05.081.004	2-FWD63-B	03 2-03-18 (2)	NDE-25	MT	CS	20.000		This branch connection weld is covered by a reinforcing plate weld. The examination requirements will be as shown by Figure IWC-2500-13.
	Branch	OFD-121B-2.3				1.031		
	Class B	2FWD-63		Pipe to Pipe				

Total C05.081 Items: 1

Total C05 Items: 60

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

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Component Supports and Restraints ****								
D02.020.009	2-03-H49	03 0-551	QAL-14	VT-3	NA	24.000		FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
	Rigid Restraint	OFD-121B-2.3				1.500		
	Class C							SWAY STRUT to
D02.020.049	2-03A-H8A	03A 0-1480A	QAL-14	VT-3	NA	6.000		File Number = OSC-1224-17, Page No. 50.1;
	Rigid Restraint	OFD-121D-2.1				0.203		Problem Number = 2-03A-13; Aux Service Water Piping
	Class C							
D02.020.053	2-03A-R59	03A 1-0-1439A	QAL-14	VT-3	NA	6.000		File Number = OSC-447, Page No. 107; Problem
	Rigid Restraint	OFD-121D-2.1				1.000		Number = 2-03A-05;
	Class C							
D02.020.056	2-03A-RL-0603	03A 0-1401B	QAL-14	VT-3	NA	6.000		File Number = OSC-449; Problem Number =
	Rigid Restraint	OFD-121D-2.1				0.500		2-03A-08, Sht. 4 of 6; Emergency Feedwater Bypass Line
	Class C							
D02.020.060	2-03A-SR11	03A 1-0-1437A	QAL-14	VT-3	NA	6.000		File Number = OSC-449; Problem Number =
	Rigid Restraint	OFD-121D-2.1				1.000		2-03A-08, Sht 3 of 6; Emergency Feedwater Bypass Line
	Class C							
D02.020.064	2-03A-SR16	03A 1-0-437B	QAL-14	VT-3	NA	6.000		File Number = OSC-450, Page No. 105; Problem
	Rigid Restraint	OFD-121D-2.1				1.000		Number = 2-03A-09; EFW Crossover
	Class C							
D02.020.065	2-03A-SR17	03A 1-0-1401B	QAL-14	VT-3	NA	6.000		File Number = OSC-457, Page No. 43; problem
	Rigid Restraint	OFD-121D-2.1				1.000		Number = 2-03a-04; EFW Bypass Line to EFW Pumps
	Class C							
D02.020.071	2-03A-SR24	03A 1-0-1400B	QAL-14	VT-3	NA	6.000		File Number = OSC-449; Problem Number =
	Rigid Restraint	OFD-121D-2.1				0.500		2-03A-08, Sht. 5 of 6; Emergency Feedwater Bypass Line
	Class C							

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

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
D02.020.079	2-03A-SR3 Rigid Restraint Class C	03A 1-0-1437A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 1.000	File Number = OSC-450, Page No. 105; Problem Number = 2-03A-09; EFW Crossover
D02.020.082	2-03A-SR31 Rigid Restraint Class C	03A 1-0-1401A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 1.000	File Number = OS-459; Problem Number = 2-03A-06 Sht. 1 of 4; Emergency Feedwater
D02.020.094	2-03A-SR44 Rigid Restraint Class C	03A 1-0-1439C OFD-121D-2.1	QAL-14	VT-3	NA		6.000 0.375	File Number = OSC-1224-21; Problem Numbers = 2-03A-14, Shts. 1 of 3 & 2 of 3; Aux Service Water Pipe
D02.020.107	2-13-SR2 Rigid Restraint Class C	13 7-0-1400B OFD-133A-2.2	QAL-14	VT-3	NA		24.000 0.500	File Number = OS-471; Problem Number = 13-7, SHT. 1 of 1; Emergency Cooling Water Discharge
D02.020.108	0-14-H7010 Rigid Restraint Class C	13 0-447B OFD-133A-2.5	QAL-14	VT-3	NA		6.000 0.500	File Number = OSC-1224-28; Problem Number = 4-14-15, Sht. 1 of 1
D02.020.110	2-14B-DE026 Rigid Restraint Class C	14B 0-437B OFD-124B-1.1	QAL-14	VT-3	NA		12.000 1.000	Calclaton No. OSC-1541; Problem No. 1-14-06 SHT.3 OF 3. System 14B;PAGE 102; LPSW SUPPLY TO COMPONENT COOLERS & LP COOLERS 1A & 1B
D02.020.111	2-14B-DE135 Rigid Restraint Class C	14B 0-1437A OFD-124B-2.1	QAL-14	VT-3	NA		20.000 1.000	FILE NO. OSC-475 PROBLEM NO.2-14-6 SHT.3OF3 LP SERVICE WATER
D02.020.112	2-14B-DE136 Rigid Restraint Class C	14B 0-1437A OFD-124B-2.1	QAL-14	VT-3	NA		20.000 1.000	FILE NO. OSC-475 PROBLEM NO. 2-14-6 SHT3OF3 LP SERVICE WATER
D02.020.113	2-14B-DE137 Rigid Restraint Class C	14B 0-1437A OFD-124B-2.1	QAL-14	VT-3	NA		20.000 1.000	FILE NO. OSC-475 PROBLEM NO. 2-14-6 SHT3OF3 LP SERVICE WATER

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

**DUKE ENERGY CORPORATION
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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
D02.020.114	2-14B-DE139	14B 0-1437A	QAL-14	VT-3	NA		16.000	FILE NO. OSC-474
	Rigid Restraint	OFD-124B-2.1					1.000	PROBLEM NO. 4-14-04 SHT1OF3 LP SERVICE WATER
Class C								
D02.020.115	2-14B-DE141	14B 0-1437A	QAL-14	VT-3	NA		16.000	FILE NO. OSC-474
	Rigid Restraint	OFD-124B-2.1					1.000	PROBLEM NO. 4-14-04 SHT1OF3 LP SERVICE WATER
Class C								
D02.020.117	2-14B-DE180	14B 0-1439A	QAL-14	VT-3	NA		8.000	FILE NO. OSC-475
	Rigid Restraint	OFD-124B-2.2					0.125	PROBLEM NO. 2-14-6 SHT.2OF3 LPSWATER
Class C								
D02.020.118	2-14B-DE181	14B 0-1439A	QAL-14	VT-3	NA		8.000	FILE NO. OSC-475
	Rigid Restraint	OFD-124B-2.2					0.125	PROBLEM NO. 2-14-6 SHT.2OF3 LPSWATER
Class C								
D02.020.120	2-14B-H2	14B 1-0-1437A	QAL-14	VT-3	NA		16.000	FILE NO. OSC-475
	Rigid Restraint	OFD-124B-2.1					1.500	PROBLEM NO. 2-14-6 SHT3OF3 LP SERVICE WATER
Class C								
					SWAY STRUT to			
D02.020.122	2-14B-H3	14B 1-0-1444	QAL-14	VT-3	NA		14.000	FILE NO. OSC-475
	Rigid Restraint	OFD-124B-2.1					1.500	PROBLEM NO. 2-14-6 SHT1OF3 LP SERVICE WATER
Class C								
Total D02.020 Items:		23						

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

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Mechanical and Hydraulic Snubbers ****								
D02.030.005	2-03A-H3A	03A 0-1480A	QAL-14	VT-3	NA	6.000		File Number = OSC-1224-17, Page No. 50.1; Problem Number = 2-03A-13; Aux Service Water Piping. Inspect with Item No. F01.050.083
	Mech Snubber	OFD-121D-2.1				0.237		
	Class C							
D02.030.006	2-03A-SR100	03A 1-0-1400B	QAL-14	VT-3	NA	6.000		File Number = OSC-449; Problem Number = 2-03A-08, Sht. 5 of 6; Emergency Feedwater Bypass Line. Inspect with Item No. F01.050.045
	Hyd Snubber	OFD-121D-2.1				0.203		
	Class C							
Total D02.030 Items:		2						

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

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Spring Type Supports ****								
D02.040.007	2-03-H63	03 0-1439A	QAL-14	VT-3	NA		24.000	FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
	Spring Hgr	OFD-121B-2.3					0.500	
	Class C							
D02.040.012	2-03A-H36	03A 1-0-1400A	QAL-14	VT-3	NA		6.000	File Number = OSC-1213; Problem Number = 2-03A-12, Sht. 1 of 2; Aux Feedwater Discharge Sys.
	Spring Hgr	OFD-121D-2.1					0.125	
	Class C							
D02.040.013	2-03A-H49	03A 1-0-1401B	QAL-14	VT-3	NA		6.000	File Number = OSC-449; Problem Number = 2-03A-08, Sht. 4 of 6; Emergency Feedwater Bypass Line
	Spring Hgr	OFD-121D-2.1					0.500	
	Class C							
Total D02.040 Items:		3						
Total D02 Items:		28						

CATEGORY D-C, Systems In Support Of RHR
From Spent Fuel Storage Pool

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
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****** Component Supports and Restraints ******

D03.020.003	2-56-SR31	56 0-1439E	QAL-14	VT-3	NA		8.000	Calclaton No. OS-421
	Rigid Restraint	OFD-104A-1.1					0.750	Page 97; Problem No.4-56-02
	Class C							Spent Fuel Cooling System 56

Total D03.020 Items: 1

Total D03 Items: 1

CATEGORY F-A, Supports (Category A)

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

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.010.004	2-51A-H5C	51A 0-1478A	QAL-14	VT-3	NA		2.500	File Number = OSC-1660-06, Page 84.1; Problem Number = 2-51-12; RC Pump Piping to HP Injection Letdown Coolers
	Rigid Restraint	OFD-101A-2.1					0.500	
Class A								
Total F01.010 Items:		1						
F01.011.003	2-51A-H8A	51A 0-1479A	QAL-14	VT-3	NA		2.500	FILE NO. OSC-1324-06 SHT.4OF5 PROBLEM NO.2-53-15 HPI SYSTEM EAST COOLANT LOOP
	Rigid Restraint	OFD-101A-2.4					0.000	
Class A								
Total F01.011 Items:		1						
F01.012.003	2-50-H8	50 0-1480A	QAL-14	VT-3	NA		2.500	FILE NO. OSC-1324-06 SHT.1 OF 2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM. INSPECT WITH ITEM NO. F01.050.020
	Hyd Snubber	OFD-100A-2.2					0.000	
Class A								
F01.012.008	2-57-RJP-H0801	57 0-1481A	QAL-14	VT-3	NA		2.500	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM. INSPECT WITH ITEM NO. F01.050.038
	Hyd Snubber	OFD-100A-2.2					0.000	
Class A								
F01.012.010	2-50-RCPM-2A2-SS2	50 0-1066A	QAL-14	VT-3	NA		6.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.050.102.
	Hyd Snubber	OFD-100A-2.1					0.000	
		OFD-100A-2.3						
Class A								
Total F01.012 Items:		3						

CATEGORY F-A, Supports (Category A)

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Class 2 Weld Connections to Building Structure**Inservice Inspection Plan for Interval 3 Outage 3**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.020.004 Class B	2-01A-H7 Rigid Restraint	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
F01.020.009 Class B	2-14B-H22C Rigid Restraint	14B 0-1480A OFD-124B-2.2	QAL-14	VT-3	NA		8.000 0.000	FILE NO. OSC-1325 PROBLEM NO. 2-14-13 VOL.3OF12 LP SERVICE WATER
F01.020.013 Class B	2-51A-H10C Rigid Restraint	51A 0-1478A OFD-101A-2.1	QAL-14	VT-3	NA		2.500 0.500	File Number = OSC-1322; Problem Number = 2-51-25; Drawing No.= 0-1492B-4(s) & Drawing No.= 0-1492B-4A(s); SYSTEM 51A
F01.020.016 Class B	2-51A-H175 Rigid Restraint	51A 0-1439A OFD-101A-2.4	QAL-14	VT-3	NA		4.000 0.000	FILE NO. OSC-1023 PAGE 47.1 PROBLEM NO.2-51-18 HPI SYSTEM CROSSOVER LINE
F01.020.019 Class B	2-51A-H7 Rigid Restraint	51A 2-0-437B OFD-101A-2.4	QAL-14	VT-3	NA		4.000 0.000	FILE NO. OSC-1023 PAGE 52.1 PROBLEM NO.2-51-18 HPI SYSTEM CROSSOVER LINE
F01.020.024 Class B	2-53B-DE054 Rigid Restraint	53B 0-1436A OFD-102A-2.2	QAL-14	VT-3	NA		10.000 0.000	FILE NO. OS-487, PROBLEM NO. 2-53-01, SHT 3 OF 5. L. P. INJECTION & DECAY HEAT REMOVAL SYSTEM 53B.
F01.020.029 Class B	2-53B-H31 Rigid Restraint	53B 5-0-1439C OFD-102A-2.2	QAL-14	VT-3	NA		10.000 0.500	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 3 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
F01.020.037 Class B	2-54A-H25 Rigid Restraint	54A 3-0-1439A OFD-103A-2.1	QAL-14	VT-3	NA		8.000 0.000	FILE NO. OS-496, PROBLEM NO. 2-54-03, SHT 2 OF 2. SYSTEM 54A.

CATEGORY F-A, Supports (Category A)

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Class 2 Weld Connections to Building Structure

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.020.046	2-51B-H55	51B 2-0-436E	QAL-14	VT-3	NA	4.000		Calc# OSC-479, Page 52
	Rigid Restraint	OFD-101A-2.1				0.000		Problem# 2-51-01, sht. 3 of 6
Class B								
Total F01.020 Items:		9						
F01.021.005	2-14B-H12	14B 0-1479A	QAL-14	VT-3	NA	6.000		FILE NO. OSC-1325
	Rigid Restraint	OFD-124B-2.2				0.750		PROBLEM NO. 2-14-16 VOL.6 OF 12 LP SERVICE WATER
Class B								
F01.021.008	2-51A-SR116	51A 1-0-436J	QAL-14	VT-3	NA	4.000		FILE NO. OSC-481,Page 142.1; Problem Number =
	Rigid Restraint	OFD-101A-2.3				0.750		51-2
Class B								
F01.021.016	2-51A-H6	51A 3-0-437B	QAL-14	VT-3	NA	4.000		FILE NO. OSC-1023 PAGE 52.1 PROBLEM
	Rigid Restraint	OFD-101A-2.4				0.000		NO.2-51-18 HPI SYSTEM CROSSOVER LINE
Class B								
F01.021.020	2-53-H5	53 0-1478A	QAL-14	VT-3	NA	12.000		FILE NO. OSC-1320-06, PROBLEM NO. 2-53-10,
	Rigid Restraint	OFD-102A-2.1				0.337		PAGE 83. DECAY HEAT REMOVAL SYSTEM.
Class B								
F01.021.031	2-51B-DE012	51B 436J	QAL-14	VT-3	NA	2.000		Calc# OSC-481, Page 147
	Rigid Restraint	OFD-101A-2.2				0.000		Problem# 51-2, sht. 6 of 6
Class B								
Total F01.021 Items:		5						
F01.022.004	2-01A-H3	01A 2-1-0-1401B	QAL-14	VT-3	NA	8.000		FILE NO. OSC-446
	Spring Hgr	OFD-122A-2.3				0.000		PROBLEM NO. 2-01-5 SHT 1 OF 3 STEAM SUPPLY TO FWP TURBINE
Class B								

CATEGORY F-A, Supports (Category C)

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Class 2 Weld Connections to Building Structure

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.022.008	2-03-H7A Hyd Snubber	03 0-1480A OFD-121B-2.3	QAL-14	VT-3	NA	24.000 0.237		MAIN FEEDWATER WEST GEN. 2B, DWG NO. O-1490 B-4. INSPECT WITH ITEM NO. F01.050.016
Class B								
F01.022.016	2-53B-H2 Spring Hgr	53B 10-0-435B OFD-102A-2.2	QAL-14	VT-3	NA	8.000 0.216		FILE NO. OS-487, PROBLEM NO. 2-53-01, SHT 3 OF 5. L. P. INJECTION & DECAY HEAT REMOVAL SYSTEM 53B.
Class B								
F01.022.022	2-57-H16 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM. INSPECT WITH ITEM NO. F01.050.030
Class B								
Total F01.022 Items:		4						

CATEGORY F-A, Supports (Category A)

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

Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.002	0-14-H7020 Rigid Restraint	13 0-447A OFD-133A-2.5	QAL-14	VT-3	NA	6.000 0.000		File Number = OSC-1224-28; Problem Number = 4-14-15, Sht. 1 of 1
Class C								
F01.030.005	2-03A-DE007 Rigid Restraint	03A 0-1401B OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.000		File Number = OSC-457, Page No. 43; problem Number = 2-03a-04; EFW Bypass Line to EFW Pumps
Class C								
F01.030.011	2-03A-GC-907 Rigid Restraint	03A 0-1401A OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.000		File Number = OS-459; Problem Number = 2-03A-06 Sht. 1 of 4; Emergency Feedwater
Class C								
F01.030.020	2-03A-SR16 Rigid Restraint	03A 1-0-1401B OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.000		File Number = OSC-457, Page No. 43; problem Number = 2-03a-04; EFW Bypass Line to EFW Pumps
Class C								
F01.030.026	2-07A-R44 Rigid Restraint	07A 6-0-1402A OFD-121A-2.7	QAL-14	VT-3	NA	24.000 0.000		FILE NO. OSC-467, PROBLEM NO. 2-07-01, PG 108. UPPER SURGE TANK TO CONDENSER SYSTEM 07A.
Class C								
F01.030.032	2-14B-H25 Rigid Restraint	14B 0-1437A OFD-124B-2.1	QAL-14	VT-3	NA	16.000 0.000		FILE NO. OSC-473 PROBLEM NO. 2-14-5 SHT3OF3 LP SERVICE WATER
Class C								
F01.030.039	2-14B-DE182 Rigid Restraint	14B 1-0-1439B OFD-124B-2.2	QAL-14	VT-3	NA	8.000 0.000		File No. OSC-474, Page 88.1 Problem No. 2-14-4,sht 3 of3 Low Pressure Service Water
Class C								
Total F01.030 Items:		7						
F01.031.002	0-13-H7007 Rigid Restraint	13 0-447A OFD-133A-2.5	QAL-14	VT-3	NA	8.000 0.000		FILE NO. OSC-1224-25 PROBLEM NO. 4-13-03 SHT.1 OF 1 SUCTION FOR AUX.&DIESEL ENGINE SWP
Class C								

CATEGORY F-A, Supports (Category B)

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Class 3 Weld/Mech Conns at Inter Joints in
Multiconn Int & Nonint Supp

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
F01.031.009	2-03A-SR11 Rigid Restraint	03A 1-0-1401B OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.000	File Number = OSC-447, Page No. 112; Problem Number = 2-03A-05; EFW to Main Feedwater Line
Class C							
F01.031.016	2-07A-SR3 Rigid Restraint	07A 0-1400A OFD-121A-2.8	QAL-14	VT-3	NA	8.000 0.000	FILE NO. OSC-466, PROBLEM NO. 2-07-02, SHTS. 1 OF 3, & 3 OF 3. SYSTEM 07A.
Class C							
F01.031.020	2-56-SR31 Rigid Restraint	56 0-1439E OFD-104A-1.1	QAL-14	VT-3	NA	8.000 0.750	Calcalaton No. OS-421 Page 97; Problem No.4-56-02 Spent Fuel Cooling System 56
Class C							
Total F01.031 Items:		4					
F01.032.001	2-01A-H8 Spring Hgr	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000	FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C							
F01.032.010	2-56-H13 Spring Hgr	56 4-0-437B OFD-104A-1.1	QAL-15	VT-3	NA	8.000 0.000	Calcalaton No. OS-421 Page 96.1; Problem No.4-56-02 Spent Fuel Cooling System 56
Class C							
Total F01.032 Items:		2					

CATEGORY F-A, Supports

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**Clearances of Guides & Stops, Align of Supps,
 Assembly of Supp Items**

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
F01.040.004	2-LDCB-SUPPORT	51A 1-34097-2 OM-201-3107 OFD-101A-2.1	QAL-14	VT-3	CS	0.000 0.000	2B Letdown Cooler Supports. Class A.
	Class A					Pc. 12 to Casing Shell Pc. 8	
F01.040.009	2-EFDW-MD-PU-A	OM-206-0036 OFD-121D-2.1	QAL-14	VT-3	NA	0.000 0.000	Emergency Feedwater Motot Driven Pump 2A. Pump Support & Pad. Class C
	Class C						
F01.040.011	2-EFDW-TD-PU	OM-206A-0001 OFD-121D-2.1	QAL-14	VT-3	NA	0.000 0.000	Emergency Feedwater Turbine Driven Pump. Pump Support & Pad. Class C
	Class C						
Total F01.040 Items:		3					

CATEGORY F-A, Supports

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Spring Supports & Constant Load Supports**Inservice Inspection Plan for Interval 3 Outage 3**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.050.001	2-03-R12 Mech Snubber Class C	03 0-1401A OFD-121B-2.3	QAL-14	VT-3	NA		24.000 1.000	FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
F01.050.002	2-03-R7 Mech Snubber Class C	03 0-1401A OFD-121B-2.3	QAL-14	VT-3	NA		24.000 1.000	FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
F01.050.003	2-03-H4087 Mech Snubber Class C	03 0-1401A OFD-121B-2.3	QAL-14	VT-3	NA		24.000 0.000	FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
F01.050.004	2-01A-R14 Hyd Snubber Class B	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
F01.050.005	2-01A-R15 Hyd Snubber Class B	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
F01.050.006	2-01A-R16 Hyd Snubber Class B	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
F01.050.007	2-01A-R2-1 Hyd Snubber Class B	01A 0-1441 OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.688	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
F01.050.008	2-01A-R2-2 Hyd Snubber Class B	01A 0-1441 OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.688	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING

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F01.050.009	2-01A-R9-2	01A 0-1441	QAL-14	VT-3	NA	36.000	FILE NO. OSC-440
	Hyd Snubber	OFD-122A-2.1				0.688	PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.010	2-01A-R9-3	01A 0-1441	QAL-14	VT-3	NA	36.000	FILE NO. OSC-440
	Hyd Snubber	OFD-122A-2.1				0.688	PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.011	2-01A-R9-4	01A 0-1441	QAL-14	VT-3	NA	36.000	FILE NO. OSC-440
	Hyd Snubber	OFD-122A-2.1				0.688	PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.012	2-53-H3	53 0-1478A	QAL-14	VT-3	NA	12.000	FILE NO. OSC-1320-06, PROBLEM NO. 2-53-10,
	Hyd Snubber	OFD-102A-2.1				0.280	PAGE 83. DECAY HEAT REMOVAL SYSTEM.
Class A							
F01.050.013	2-50-H12	50 0-1479A	QAL-14	VT-3	NA	2.500	FILE NO. OSC-1324-06 SHT.10F2 PROBLEM
	Hyd Snubber	OFD-100A-2.2				0.000	NO.2-53-14 PZR SPRAY SYSTEM
Class A							
F01.050.014	2-51A-H2A	51A 0-1479A	QAL-14	VT-3	NA	2.500	FILE NO. OSC-1324-06 SHT.40F5 PROBLEM
	Hyd Snubber	OFD-101A-2.4				0.154	NO.2-53-15 HPI SYSTEM EAST COOLANT LOOP
Class A							
F01.050.015	2-03-H6B	03 0-1480A	QAL-14	VT-3	NA	20.000	MAIN FEEDWATER EAST GEN. 2A, DWG NO.
	Hyd Snubber	OFD-121B-2.3				0.000	0-1490 B-2.
Class B							
F01.050.016	2-03-H7A	03 0-1480A	QAL-14	VT-3	NA	24.000	MAIN FEEDWATER WEST GEN. 2B, DWG NO.
	Hyd Snubber	OFD-121B-2.3				0.237	O-1490 B-4.
Class B							
F01.050.017	2-03A-H1B	03A 0-1480A	QAL-14	VT-3	NA	6.000	File Number = OSC-1224-17, Page 49; Problem
	Hyd Snubber	OFD-121D-2.1				0.237	Number 2-03A-13; Aux Service Water Piping.
Class C							

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F01.050.018	2-50-H10 Hyd Snubber	50 0-1480A OFD-100A-2.2	QAL-14	VT-3	NA	2.500 0.000	FILE NO. OSC-1324-06 SHT.1OF2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM
Class A							
F01.050.019	2-50-H11 Hyd Snubber	50 0-1480A OFD-100A-2.2	QAL-14	VT-3	NA	2.500 0.000	FILE NO. OSC-1324-06 SHT.1 OF 2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM.
Class A							
F01.050.020	2-50-H8 Hyd Snubber	50 0-1480A OFD-100A-2.2	QAL-14	VT-3	NA	2.500 0.000	FILE NO. OSC-1324-06 SHT.1 OF 2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM.
Class A							
F01.050.021	2-50-H9 Hyd Snubber	50 0-1480A OFD-100A-2.2	QAL-14	VT-3	NA	2.500 0.000	FILE NO. OSC-1324-06 SHT.1OF2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM
Class A							
F01.050.022	2-01A-H2A Hyd Snubber	01A 0-1481A OFD-122A-2.1	QAL-14	VT-3	NA	24.000 0.322	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.023	2-01A-H2B Hyd Snubber	01A 0-1481B OFD-122A-2.1	QAL-14	VT-3	NA	24.000 0.322	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING.
Class B							
F01.050.024	2-01A-H8A Hyd Snubber	01A 0-1481A OFD-122A-2.1	QAL-14	VT-3	NA	24.000 0.322	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.025	2-01A-H8B Hyd Snubber	01A 0-1481A OFD-122A-2.1	QAL-14	VT-3	NA	24.000 0.322	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B							
F01.050.026	2-50-H1 Hyd Snubber	50 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA	2.500 0.000	FILE NO. OSC-1324-06 SHT.1OF2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM
Class A							

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F01.050.027	2-50-H3 Hyd Snubber	50 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		2.500 0.154	FILE NO. OSC-1324-06 SHT.1 OF 2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM.
Class A								
F01.050.028	2-50-H7 Hyd Snubber	50 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		2.500 0.500	FILE NO. OSC-1324-06 SHT.1OF2 PROBLEM NO.2-53-14 PZR SPRAY SYSTEM
Class A								
F01.050.029	2-57-H15 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								
F01.050.030	2-57-H16 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM.
Class B								
F01.050.031	2-57-H17 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								
F01.050.032	2-57-H20 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								
F01.050.033	2-57-H21 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								
F01.050.034	2-57-H23 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								
F01.050.035	2-57-H25 Hyd Snubber	57 0-1481A OFD-100A-2.2	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM NO.2-57-01 PZR RELIEF VLV SYSTEM
Class B								

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F01.050.036	2-57-H7	57 0-1481A	QAL-14	VT-3	NA	8.000		FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM
	Hyd Snubber	OFD-100A-2.2				0.000		NO.2-57-01
	Class B							PZR RELIEF VLV SYSTEM.
F01.050.037	2-57-H9	57 0-1481A	QAL-14	VT-3	NA	8.000		FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM
	Hyd Snubber	OFD-100A-2.2				0.216		NO.2-57-01
	Class B							PZR RELIEF VLV SYSTEM
F01.050.038	2-57-RJP-H0801	57 0-1481A	QAL-14	VT-3	NA	4.000		FILE NO. OSC-1332-06 PAGE 14.1 PROBLEM
	Hyd Snubber	OFD-100A-2.2				0.000		NO.2-57-01
	Class A							PZR RELIEF VLV SYSTEM.
F01.050.039	2-50-H1A	50 0-1479A	QAL-14	VT-3	NA	10.000		PZR Surge Line.
	Hyd Snubber	OFD-100A-2.1				0.000		
	Class A	0-2491B-2A						
F01.050.040	2-50-H2A	50 0-1479A	QAL-14	VT-3	NA	10.000		PZR Surge Line.
	Hyd Snubber	OFD-100A-2.1				0.000		
	Class A	0-2491B-2A						
F01.050.041	2-50-H3A	50 0-1479A	QAL-14	VT-3	NA	10.000		PZR Surge Line.
	Hyd Snubber	OFD-100A-2.1				0.000		
	Class A	0-2491B-2A						
F01.050.042	2-03A-SR102	03A 1-0-1400A	QAL-14	VT-3	NA	6.000		File Number = OSC-450, Page No. 106; Problem
	Hyd Snubber	OFD-121D-2.1				0.000		Number = 2-03A-09; EFW Crossover
	Class C							
F01.050.043	2-03A-SR103	03A 1-0-1400A	QAL-14	VT-3	NA	6.000		File Number = OSC-451, Page No. 85; Problem
	Hyd Snubber	OFD-121D-2.1				0.000		Number = 2-03A-10; Sys 03A
	Class C							
F01.050.044	2-03A-SR104	03A 1-0-1400A	QAL-14	VT-3	NA	6.000		File Number = OSC-451, Page No. 84A; Problem
	Hyd Snubber	OFD-121D-2.1				0.000		Number = 2-03A-10; Sys 03A
	Class C							

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F01.050.045	2-03A-SR100 Hyd Snubber Class C	03A 1-0-1400B OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.203	File Number = OSC-449; Problem Number = 2-03A-08, Sht. 5 of 6; Emergency Feedwater Bypass Line.
F01.050.046	2-03A-SR101PO Hyd Snubber Class C	03A 1-0-1401B OFD-121D-2.1	QAL-14	VT-3	NA	6.000 0.000	File Number = OSC-449; Problem Number = 2-03A-08, Sht. 4 of 6; Emergency Feedwater Bypass Line.
F01.050.047	2-51A-SR150 Hyd Snubber Class B	51A 1-0-1444 OFD-101A-2.4	QAL-14	VT-3	NA	4.000 0.000	FILE NO. OSC-1023 PAGE 52.1 PROBLEM NO.2-51-18 HPI SYSTEM CROSSOVER LINE
F01.050.049	2-01A-H43 Hyd Snubber Class B	01A 1-1-0-1401B OFD-122A-2.2	QAL-14	VT-3	NA	12.000 0.000	FILE NO. OSC-442 PROBLEM NO. 2-01-02 SHT2OF5 MAIN STEAM BYPASS TO CONDENSER
F01.050.050	2-01A-H44 Hyd Snubber Class B	01A 1-1-0-1401B OFD-122A-2.2	QAL-14	VT-3	NA	12.000 0.000	FILE NO. OSC-442 PROBLEM NO. 2-01-02 SHT2OF5 MAIN STEAM BYPASS TO CONDENSER
F01.050.051	2-53B-SR100 Hyd Snubber Class B	53B 2-0-435B OFD-102A-2.1	QAL-14	VT-3	NA	14.000 0.000	FILE NO. OS-487, PROBLEM NO. 2-53-01, SHT 1 OF 5. LPI TO DECAY HEAT REMOVAL SYSTEM 53B.
F01.050.052	2-53B-SR1000 Hyd Snubber Class B	53B 2-0-436E OFD-102A-2.1	QAL-14	VT-3	NA	14.000 0.000	FILE NO. OSC-481, PROBLEM NO. 51-2, SHT 4 OF 6. HPI PUMP SUCT. HEADER W/BRANCHES FROM B.W.S. TANK, L.S. TANK AND L.P. COOLERS "2A" & "2B".
F01.050.053	2-01A-R7 Hyd Snubber Class B	01A 3-0-1401B OFD-122A-2.1	QAL-14	VT-3	NA	12.000 0.000	FILE NO. OSC-443 PROBLEM NO. 2-01-04 PAGE 23 MAIN STEAM PIPING.
F01.050.054	2-54A-R16 Hyd Snubber Class B	54A 3-0-1439A OFD-103A-2.1	QAL-14	VT-3	NA	8.000 0.000	FILE NO. OS-496, PROBLEM NO. 2-54-03, SHT 2 OF 2. SYSTEM 54A.

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F01.050.055	2-54A-R101 Hyd Snubber	54A 3-0-435B OFD-103A-2.1	QAL-14	VT-3	NA	8.000 0.000		FILE NO. OS-494, PROBLEM NO. 2-54-1, SHT 1 OF 1. REACTOR BUILDING SPRAY LINE "2A".
Class B								
F01.050.056	2-54A-R2B Hyd Snubber	54A 3-0-435B OFD-103A-2.1	QAL-14	VT-3	NA	8.000 1.000		FILE NO. OS-495, PROBLEM NO. 2-54-02, SHT 1 OF 1. REACTOR BUILDING SPRAY LINE "2B".
Class B								
F01.050.057	2-01A-R17 Hyd Snubber	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.058	2-01A-R18 Hyd Snubber	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.059	2-01A-R21 Hyd Snubber	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.060	2-01A-R22 Hyd Snubber	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.061	2-01A-R6 Hyd Snubber	01A 4-1-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.062	2-01A-R2 Hyd Snubber	01A 4-2-0-1403C OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 2 OF 4.
Class C								
F01.050.063	2-53B-SR1000 Hyd Snubber	53B 5-0-435B OFD-102A-2.2	QAL-14	VT-3	NA	10.000 0.000		FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 1 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								

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F01.050.064	2-13-SR1 Hyd Snubber	13 7-0-1400A OFD-133A-2.2	QAL-14	VT-3	NA		12.000 0.000	File Number = OS-471; Problem Number = 13-7, Sht. 1 of 1; Emergency Cooling Water Discharge
Class C								
F01.050.065	2-13-SR4 Hyd Snubber	13 7-0-1400B OFD-133A-2.2	QAL-14	VT-3	NA		30.000 0.000	File Number = OS-471; Problem Number = 13-7, Sht. 1 of 1; Emergency Cooling Water Discharge
Class C								
F01.050.066	2-07A-DE039 Mech Snubber	07A 0-1400A OFD-121A-2.7	QAL-14	VT-3	NA		24.000 0.000	FILE NO. OSC-467, PROBLEM NO. 2-07-01, PG 108. UPPER SURGE TANK TO CONDENSER SYSTEM 07A.
Class C								
F01.050.067	2-03-R13 Mech Snubber	03 0-1401A OFD-121B-2.3	QAL-14	VT-3	NA		24.000 0.000	FILE NO. OS-454, PROBLEM NO. 2-03-01, PG 44.
Class C								
F01.050.068	2-03A-DE034 Mech Snubber	03A 0-1401A OFD-121B-2.3	QAL-14	VT-3	NA		6.000 0.000	FILE NO. OSC-447, PROBLEM NO. 2-03A-05, SHT 4 OF 7.
Class C								
F01.050.069	2-03A-H4088 Mech Snubber	03A 0-1401A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 0.000	File Number = OS-459; Problem Number = 2-03A-06 Sht. 1 of 4; Emergency Feedwater
Class C								
F01.050.070	2-01A-R11 Mech Snubber	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B								
F01.050.071	2-01A-R4 Mech Snubber	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 0.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
Class B								
F01.050.072	2-01A-R6 Mech Snubber	01A 0-1401B OFD-122A-2.1	QAL-14	VT-3	NA		36.000 1.000	FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING.
Class B								

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F01.050.073	2-01A-DE076	01A 0-1403D	QAL-14	VT-3	NA	6.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
	Mech Snubber	OFD-122A-2.4				0.000		
Class C								
F01.050.074	2-01A-DE077	01A 0-1403D	QAL-14	VT-3	NA	6.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 2 OF 4.
	Mech Snubber	OFD-122A-2.4				0.000		
Class C								
F01.050.075	2-51A-H184	51A 0-1439A	QAL-14	VT-3	NA	4.000		FILE NO. OSC-1023 PAGE 48.1 PROBLEM NO.2-51-18 HPI SYSTEM CROSSOVER LINE
	Mech Snubber	OFD-101A-2.4				0.000		
Class B								
F01.050.076	2-51A-H167	51A 0-1439C	QAL-14	VT-3	NA	4.000		FILE NO. OSC-1023 PAGE 47.1 PROBLEM NO.2-51-18 HPI SYSTEM CROSSOVER LINE
	Mech Snubber	OFD-101A-2.4				0.000		
Class B								
F01.050.077	2-01A-DE060	01A 0-1441	QAL-14	VT-3	NA	36.000		FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
	Mech Snubber	OFD-122A-2.1				0.000		
Class B								
F01.050.078	2-01A-DE061	01A 0-1441	QAL-14	VT-3	NA	36.000		FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
	Mech Snubber	OFD-122A-2.1				0.000		
Class B								
F01.050.079	2-01A-R7	01A 0-1441	QAL-14	VT-3	NA	36.000		FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING.
	Hyd Snubber	OFD-122A-2.1				1.000		
Class B								
F01.050.080	2-01A-R9-1	01A 0-1441	QAL-14	VT-3	NA	36.000		FILE NO. OSC-440 PROBLEM NO. 2-01-01 PAGE 40 MAIN STEAM PIPING
	Hyd Snubber	OFD-122A-2.1				0.688		
Class B								
F01.050.081	2-03A-NPS-H28	03A 0-1478A	QAL-14	VT-3	NA	3.000		FILE NO. OSC-1224-17, PROBLEM NO. 2-03A-13, SHT 4 OF 5.
	Mech Snubber	OFD-121B-2.5				0.000		
Class C								

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.082	2-03-H6103 Mech Snubber	03 0-1480A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 0.000	File Number = OSC-1224-17, Page No. 50.1; Problem Number = 2-03A-13; Aux Service Water Piping
Class B								
F01.050.083	2-03A-H3A Mech Snubber	03A 0-1480A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 0.237	File Number = OSC-1224-17, Page No. 50.1; Problem Number = 2-03A-13; Aux Service Water Piping.
Class C								
F01.050.084	2-57-NWIZ Mech Snubber	57 0-1480A OFD-107A-2.1	QAL-14	VT-3	NA		12.000 0.000	FILE NO. OSC-1332-06, PROBLEM NO. 2-57-01, PG 14.1.
Class C								
F01.050.086	2-03A-H121 Mech Snubber	03A 1-0-1400A OFD-121D-2.1	QAL-14	VT-3	NA		6.000 0.000	File Number = OSC-1213; Problem Number = 2-03A-12, Sht. 1 of 2; Aux Feedwater Discharge Sys.
Class C								
F01.050.087	2-53B-DE063 Mech Snubber	53B 1-0-1436A OFD-102A-2.2	QAL-14	VT-3	NA		10.000 0.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 2 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
F01.050.088	2-53B-DE068 Mech Snubber	53B 1-0-1439C OFD-102A-2.2	QAL-14	VT-3	NA		10.000 0.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 3 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
F01.050.089	2-53B-DE060 Mech Snubber	53B 1-0-435B OFD-102A-2.2	QAL-14	VT-3	NA		8.000 0.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 1 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
F01.050.090	2-53B-DE070 Mech Snubber	53B 1-0-438C OFD-102A-2.1	QAL-14	VT-3	NA		8.000 0.000	FILE NO. OS-493, PROBLEM NO. 2-53-2, SHT 3 OF 4. FROM L. P. PUMPS "2A" & "2C" TO R. B. & BORATED WATER STORAGE TANK SYSTEM "53A" & "53B".
Class B								
F01.050.091	2-53B-DE056 Mech Snubber	53B 2-0-436E OFD-102A-2.1	QAL-14	VT-3	NA		14.000 0.000	FILE NO. OSC-481, PROBLEM NO. 51-2, SHT 4 OF 6. HPI PUMP SUCT. HEADER W/BRANCHES FROM B.W.S. TANK, L.S. TANK AND L.P. COOLERS "2A" & "2B".
Class B								

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.050.092	2-01A-R19 Mech Snubber	01A 4-0-1403D OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.000		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 1 OF 4. STEAM SUPPLY TO EFWP.
Class C								
F01.050.093	2-01A-R27 Mech Snubber	01A 4-2-0-1400A OFD-122A-2.4	QAL-14	VT-3	NA	6.000 0.237		FILE NO. OSC-445, PROBLEM NO. 2-01-6, SHT 2 OF 4.
Class C								
F01.050.094	2-53B-DE057 Mech Snubber	53B 5-0-435B OFD-102A-2.2	QAL-14	VT-3	NA	10.000 0.000		FILE NO. OS-487, PROBLEM NO. 2-53-01, SHT 3 OF 5. L. P. INJECTION & DECAY HEAT REMOVAL SYSTEM 53B.
Class B								
F01.050.095	2-07A-H60 Mech Snubber	07A 6-0-1400A OFD-121A-2.8	QAL-14	VT-3	NA	20.000 0.000		FILE NO. OSC-467, PROBLEM NO. 2-07-1 SHTS. 1 OF 6, 2 OF 6, & 3 OF 6. CONDENSATE SYSTEM.
Class C								
F01.050.096	2-07A-H61 Mech Snubber	07A 6-0-1400A OFD-121A-2.8	QAL-14	VT-3	NA	20.000 0.000		FILE NO. OSC-467, PROBLEM NO. 2-07-1 SHTS. 1 OF 6, 2 OF 6, & 3 OF 6. CONDENSATE SYSTEM.
Class C								
F01.050.097	2-07A-H62 Mech Snubber	07A 6-0-1400A OFD-121A-2.8	QAL-14	VT-3	NA	24.000 0.000		FILE NO. OSC-467, PROBLEM NO. 2-07-1 SHTS. 1 OF 6, 2 OF 6, & 3 OF 6. CONDENSATE SYSTEM.
Class C								
F01.050.098	2-50-RCPM-2A1-SS1 Hyd Snubber	50 0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000		File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.009.
Class A								
F01.050.099	2-50-RCPM-2A1-SS2 Hyd Snubber	50 0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000		File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.100	2-50-RCPM-2A1-SS3 Hyd Snubber	50 0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000		File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								

CATEGORY F-A, Supports

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK CAL BLOCKS	COMMENTS
F01.050.101	2-50-RCPM-2A2-SS1	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.102	2-50-RCPM-2A2-SS2	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.010.
Class A								
F01.050.103	2-50-RCPM-2A2-SS3	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.104	2-50-RCPM-2B1-SS1	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.105	2-50-RCPM-2B1-SS2	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.106	2-50-RCPM-2B1-SS3	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.011.
Class A								
F01.050.107	2-50-RCPM-2B2-SS1	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								
F01.050.108	2-50-RCPM-2B2-SS2	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575. Inspect with F01.012.012.
Class A								
F01.050.109	2-50-RCPM-2B2-SS3	50	0-1066A OFD-100A-2.1 OFD-100A-2.3	QAL-14	VT-3	NA	6.000 0.000	File No. OSC-0991-01-0001, Reactor Coolant Pump Motor Snubbers. Reference PIP 0-O96-1575
Class A								

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
G04.001.007 Class A	2HP-218-18 Circumferential	51A 2HP-218 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375	TBD	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan - Volume 1. This weld was listed previously as 2-51A-27-73 until iso 2-51A-27 (2) was redrawn.
				Elbow to Pipe				
G04.001.010 Class A	2HP-214-13 Circumferential	51A 2HP-214 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375	TBD	Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan - Volume 1. This weld was listed previously as 2-51A-27-108 until iso 2-51A-27 (3) was redrawn.
				Pipe to Elbow				
G04.001.011 Class A	2HP-214-15 Circumferential	51A 2HP-214 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan - Volume 1. This weld was originally 2-51A-27-110 until it was cut out during outage 15 and remade as 2HP-214-15 also during outage 15.
				Pipe to Valve 2HP-488				
G04.001.017 Class A	2HP-214-14 Circumferential	51A 2HP-214 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-27-109 until iso 2-51A-27 (3) was redrawn.
				Elbow to Pipe				
G04.001.018 Class A	2HP-216-7 Circumferential	51A 2HP-216 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-30-51 until iso 2-51A-30 was redrawn.
				Pipe to Elbow				
G04.001.019 Class A	2HP-216-8 Circumferential	51A 2HP-216 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-30-52 until iso 2-51A-30 was redrawn.
				Elbow to Pipe				
G04.001.020 Class A	2HP-216-9 Circumferential	51A 2HP-216 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was originally 2-51A-30-54 until it was cut out and remade as 2HP-216-9.
				Pipe to Valve 2HP-486				

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G04.001.021	2HP-217-10 Circumferential Class A	51A 2HP-217 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-30-28 until iso 2-51A-30 was redrawn.
							Pipe to Elbow	
G04.001.022	2HP-217-11 Circumferential Class A	51A 2HP-217 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-30-29 until iso 2-51A-30 was redrawn.
							Elbow to Pipe	
G04.001.023	2HP-217-12 Circumferential Class A	51A 2HP-217 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was originally 2-51A-30-31 until it was cut out and remade as 2HP-217-12.
							Pipe to Valve 2HP-487	
G04.001.024	2HP-218-20 Circumferential Class A	51A 2HP-218 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-27-79 until iso 2-51A-27 (2) was redrawn.
							Pipe to Elbow	
G04.001.025	2HP-218-21 Circumferential Class A	51A 2HP-218 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan. This weld was listed previously as 2-51A-27-80 until iso 2-51A-27 (2) was redrawn.
							Elbow to Pipe	
G04.001.026	2HP-218-22 Circumferential Class A	51A 2HP-218 OFD-101A-2.4	NDE-600	UT	SS	2.500 0.375		Inspect 100% of weld & 1" of base material (axial & circumferential). Reference Section 7 Paragraph 7.1.4 of ISI Plan.
							Pipe to Valve 2HP-489	
Total G04.001 Items:		13						
Total G04 Items:		13						

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

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G09.001.001	2LPS-603-2	14B 2LPS-603 OFD-124B-2.2	NDE-25	MT	CS	8.000 0.322		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1. This weld was listed previously as 2-14B-250-2 until iso 2-14B-250 was redrawn.
Class B	Circumferential			Pipe to Elbow				
G09.001.012	2-53B-19-58	53B 2-53B-19(3) OFD-102A-2.2	NDE-35	PT	SS	10.000 0.250		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Pipe to Valve 2LP-10				
G09.001.024	2-53B-28-44	53B 2-53B-28(2) OFD-102A-2.2	NDE-35	PT	SS	6.000 0.134		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Elbow to Reducer				
G09.001.031	2-53B-31-5	53B 2-53B-31(4) OFD-102A-2.2	NDE-35	PT	SS	10.000 0.165		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Pipe to Elbow				
G09.001.037	2-54A-8-2	54A 2-54A-8 (1) OFD-103A-2.1	NDE-35	PT	SS	8.000 0.250		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Elbow to Pipe				
G09.001.038	2-54A-8-9	54A 2-54A-8 (1) OFD-103A-2.1	NDE-35	PT	SS	8.000 0.250		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Pipe to Elbow				
G09.001.039	2-54A-8-13	54A 2-54A-8 (1) OFD-103A-2.1	NDE-35	PT	SS	8.000 0.250		Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.9 in ISI Plan - Volume 1.
Class B	Circumferential			Pipe to Elbow				
Total G09.001 Items:	7							
Total G09 Items:	7							

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Class 1 RTE Mounting Bosses

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Inservice Inspection Plan for Interval 3 Outage 3

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
G10.001.009	2-PIB1-12	50	ISI-OCN2-009 OM-1201-1521	NDE-35	PT	CS-Inconel	8.750 2.250		Reference Section 7, Paragraph 7.1.10 in ISI Plan - Volume 1. The diameter of hole that penetrates the nozzle into RCP 2B1 Suction Piping = .613.
Class A	Circumferential							Nozzle RTE Mount. Boss Pc. 58 to Pipe Pc. 56	
	Dissimilar								
G10.001.010	2-PIB2-12	50	ISI-OCN2-010 OM-1201-1521	NDE-35	PT	CS-Inconel	8.750 2.250		Reference Section 7, Paragraph 7.1.10 in ISI Plan - Volume 1. The diameter of hole that penetrates the nozzle into RCP 2B2 Suction Piping = .613.
Class A	Circumferential							Nozzle RTE Mount. Boss Pc. 58 to Pipe Pc. 56	
	Dissimilar								
Total G10.001 Items:		2							
Total G10 Items:		2							

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HPI System Upgrade**Inservice Inspection Plan for Interval 3 Outage 3**

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
G12.001.002	2-51B-18-79	51B 2-51B-18	NDE-35	PT	SS		3.000	Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.12 in ISI Plan - Volume 1.
	Circumferential	OFD-101A-2.2					0.120	
	Class B							Elbow to Valve 2LWD-223
G12.001.009	2-51B-22-32	51B 2-51B-22	NDE-35	PT	SS		3.000	Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.12 in ISI Plan - Volume 1.
	Circumferential	OFD-101A-2.2					0.120	
	Class B							Elbow to Pipe
G12.001.014	2-51B-25-83	51B 2-51B-25	NDE-35	PT	SS		4.000	Non-Legitimate Weld in Inspection Category C-F-1. Reference Section 7, Paragraph 7.1.12 in ISI Plan - Volume 1.
	Circumferential	OFD-101A-2.1					0.120	
	Class B							Pipe to Valve 2HP72
Total G12.001 Items:		3						
Total G12 Items:		3						

5.0 Results Of Inspections Performed

The results of each examination shown in the final ISI Plan (Section 4 of this report) are included in this section. The completion date and status for each examination are shown. Limited examinations are described in further detail in Section 5.2. All examinations revealing reportable indications are described in further detail in Section 6.

5.1 The information shown below is a field description for the reporting format included in this section of the report:

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), IWF-2500-1 (Class 1 and Class 2), Augmented Requirements
ID Number	=	Unique Identification Number
System	=	System examined
Insp Date	=	Date of Examination
Insp Status	=	CLR Clear REC Recordable REP Reportable
Insp Limited	=	Indicates inspection was limited. Coverage obtained is listed
Geo. Ref. (Geometric Reflector applies only to UT)	=	<u>Y</u> Yes <u>N</u> No
RFR	=	Request for Relief Required
Comments	=	General and/or Detail Description

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 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
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 Interval 3 Outage 3

EOC 17
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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.040.001	2-SGA-WG58-1	50	11/29/1999	REC	---	N	N	This was a surveillance inspection. Indication # 1-45 degrees did not show any growth of the indication or significant changes in the data recorded from the previous inspection.
B02.040.002	2-SGA-WG58-2	50	11/11/1999	CLR	---	N	N	
B03.110.002	2-PZR-WP34	50	12/02/1999	CLR	36.00%	N	Y	Request for Relief # 00-01
B03.110.003	2-PZR-WP33-3	50	12/02/1999	CLR	37.10%	N	Y	Request for Relief # 00-01
B03.110.004	2-PZR-WP33-2	50	12/02/1999	CLR	37.10%	N	Y	Request for Relief # 00-01
B03.110.005	2-PZR-WP33-1	50	12/02/1999	CLR	37.10%	N	Y	Request for Relief # 00-01
B03.120.002	2-PZR-WP34	50	12/02/1999	CLR	---	N	N	
B03.120.003	2-PZR-WP33-3	50	12/02/1999	CLR	91.70%	N	N	
B03.120.004	2-PZR-WP33-2	50	12/02/1999	CLR	91.70%	N	N	
B03.120.005	2-PZR-WP33-1	50	12/02/1999	CLR	91.70%	N	N	
B03.130.001	2-SGA-WG50-2	50	11/15/1999	CLR	54.77%	N	Y	Request for Relief # 95-04
B03.130.002	2-SGA-WG50-1	50	11/15/1999	CLR	54.77%	N	Y	Request for Relief # 95-04
B03.130.006	2-SGB-WG25	50	12/02/1999	CLR	58.00%	N	Y	Request for Relief # 00-01
B03.140.001	2-SGA-WG50-2	50	11/15/1999	CLR	46.15%	N	Y	Request for Relief # 95-04
B03.140.002	2-SGA-WG50-1	50	11/15/1999	CLR	46.15%	N	Y	Request for Relief # 95-04
B03.140.006	2-SGB-WG25	50	12/02/1999	CLR	70.21%	N	Y	Request for Relief # 00-01
B05.130.008	2-PIA1-7	50	11/10/1999	CLR	---	N	N	
B05.130.008A	2-PIA1-7	50	11/10/1999	CLR	---	N	N	
B05.130.008B	2-PIA1-7	50	11/10/1999	CLR	---	N	N	
B05.130.010	2-PIB1-7	50	11/12/1999	CLR	---	N	N	
B05.130.010A	2-PIB1-7	50	11/12/1999	CLR	---	N	N	
B05.130.010B	2-PIB1-7	50	11/11/1999	CLR	---	N	N	
B05.130.011	2-PIB2-7	50	11/12/1999	CLR	---	N	N	
B05.130.011A	2-PIB2-7	50	11/12/1999	CLR	---	N	N	
B05.130.011B	2-PIB2-7	50	11/12/1999	CLR	---	N	N	
B05.140.001	2-50-7-14	50	11/09/1999	CLR	---	N	N	
B05.140.002	2-50-7-29	50	11/09/1999	CLR	---	N	N	
B05.140.003	2-50-7-8	50	11/11/1999	CLR	---	N	N	
B05.140.007	2-PDB2-11	50	11/19/1999	CLR	---	N	N	
B06.010.022	2-RPV-26-204-22	50	11/22/1999	CLR	---	N	N	
B06.010.023	2-RPV-26-204-23	50	11/22/1999	CLR	---	N	N	
B06.010.024	2-RPV-26-204-24	50	11/16/1999	CLR	---	N	N	
B06.010.025	2-RPV-26-204-25	50	11/16/1999	CLR	---	N	N	
B06.010.026	2-RPV-26-204-26	50	11/16/1999	CLR	---	N	N	
B06.030.022	2-RPV-25-204-22	50	11/22/1999	CLR	---	N	N	

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B06.030.022A	2-RPV-25-204-22	50	11/22/1999	CLR	---	N	N	
B06.030.023	2-RPV-25-204-23	50	11/21/1999	CLR	---	N	N	
B06.030.023A	2-RPV-25-204-23	50	11/22/1999	CLR	---	N	N	
B06.030.024	2-RPV-25-204-24	50	11/16/1999	CLR	---	N	N	
B06.030.024A	2-RPV-25-204-24	50	11/16/1999	CLR	---	N	N	
B06.030.025	2-RPV-25-204-25	50	11/16/1999	CLR	---	N	N	
B06.030.025A	2-RPV-25-204-25	50	11/16/1999	CLR	---	N	N	
B06.030.026	2-RPV-25-204-26	50	11/16/1999	CLR	---	N	N	
B06.030.026A	2-RPV-25-204-26	50	11/16/1999	CLR	---	N	N	
B06.050.001D	2-RPV-WASH-BUSH	50	11/23/1999	CLR	---	N	N	Washers 24, 25, and 26 were inspected by E. Campbell on 11-16-99.
B06.190.003	2-RCP-2B1-FLANGE	50	11/21/1999	REC	---	N	N	Washers 22 and 23 were inspected by J.G. Jackson on 11-23-99. Damaged area was looked at by RCP Engineer and was found to be acceptable for service. See Work Order 98209430-04 for Engineering Evaluation.
B07.020.002	2-PZR-CHB-STUDS	50	11/21/1999	CLR	---	N	N	
B07.050.003	2-PZR-RC67-BOLT	50	12/03/1999	CLR	---	N	N	
B07.050.004	2-PZR-RC68-BOLT	50	12/03/1999	CLR	---	N	N	
B07.080.001	2-RPV-CRD-BOLTS	50	11/23/1999	CLR	---	N	N	The bolting on the following CRD numbers was inspected:4,7,16,32,52,67,43,24,12,17,23,40,64,41,46,50,62,68,44,25,21,10,22,39,63,9,2,6,51, and 8. No apparent service induced damage.
B07.080.002	2-RPV-CRD-RINGS	50	11/23/1999	CLR	---	N	N	The Housing Rings on the following CRD numbers were inspected:4,7,16,32,52,67,43,24,12,17,23,40,64,41,46,50,62,68,44,25,21,10,22,39,63,9,2,6,51, and 8. No apparent service induced damage.
B09.011.001	2-53A-10-3	53A	11/23/1999	CLR	---	N	N	
B09.011.001A	2-53A-10-3	53A	11/23/1999	CLR	---	N	N	
B09.011.007	2-53A-8-43	53A	11/23/1999	REC	---	Y	N	Indication # 1 was determined to be heavy root configuration. Indication did not hold up to skew. 60 Deg. RL & 70 Deg. shear produces less than 50% amplitude. Review of past UT data and radiographs support this determination.
B09.011.007A	2-53A-8-43	53A	11/23/1999	CLR	---	N	N	
B09.011.015	2-53A-9-16	53A	11/23/1999	REC	---	Y	N	Indication # 1-60 degrees is a shear wave relector due to a counterbored area on the pipe side of the weld. Thickness readings in this area show a 0.10" difference 0.3" from the weld centerline. Indication # 2-60 degrees L is a 28 degrees trailing

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								shear wave that accompanies the 60 degrees L wave signal reflecting off the counterbore on the pipe side. The 70 degrees shear wave signal used for confirmation was equal to the 60 degrees signal. The WSY -70 produces a CE-2 signal which is continuous 360 degrees and does not move on the baseline. RT film indicates a sharp edge in this area.
B09.011.015A	2-53A-9-16	53A	11/23/1999	CLR	---	N	N	
B09.011.023	2-PIA1-1	50	11/15/1999	CLR	---	N	N	
B09.011.023A	2-PIA1-1	50	11/15/1999	CLR	---	N	N	
B09.011.025	2-PIA2-1	50	11/15/1999	CLR	---	N	N	
B09.011.025A	2-PIA2-1	50	11/15/1999	CLR	---	N	N	
B09.011.027	2-PIB1-1	50	12/01/1999	CLR	---	N	N	
B09.011.027A	2-PIB1-1	50	12/01/1999	CLR	---	N	N	
B09.011.031	2-PIB2-8	50	11/30/1999	CLR	---	N	N	
B09.011.031A	2-PIB2-8	50	11/30/1999	CLR	---	N	N	
B09.011.045	2-PSP-3	50	11/16/1999	CLR	---	N	N	
B09.011.045A	2-PSP-3	50	11/15/1999	CLR	---	N	N	
B09.011.046	2-PIB2-3	50	11/11/1999	CLR	---	N	N	
B09.011.046A	2-PIB2-3	50	11/11/1999	CLR	---	N	N	
B09.011.047	2-PHA-10	50	11/29/1999	CLR	---	N	N	
B09.011.047A	2-PHA-10	50	11/29/1999	CLR	---	N	N	
B09.021.011	2-51A-147-26	51A	11/25/1999	CLR	---	N	N	
B09.021.023	2-51A-30-15	51A	11/26/1999	CLR	---	N	N	
B09.021.029	2-51A-30-40	51A	11/26/1999	CLR	---	N	N	
B09.021.031	2HP-216-8	51A	11/17/1999	CLR	---	N	N	
B09.021.033	2-51A-35-28A	51A	11/29/1999	CLR	---	N	N	
B09.021.034	2-51A-35-33	51A	11/25/1999	CLR	---	N	N	
B09.021.049	2-50-7-30	50	11/09/1999	CLR	---	N	N	
B09.021.051	2-50-7-9	50	11/11/1999	CLR	---	N	N	
B09.021.053	2-PSP-25	50	11/15/1999	CLR	---	N	N	
B09.021.059	2-PSP-14	50	11/15/1999	CLR	---	N	N	
B09.021.062	2-PSP-12	50	11/15/1999	CLR	---	N	N	
B09.021.063	2-PSP-18	50	12/05/1999	CLR	---	N	N	
B09.021.064	2-PSP-21	50	12/05/1999	CLR	---	N	N	
B09.021.065	2-PSP-22	50	11/15/1999	CLR	---	N	N	
B09.040.004	2-50-129-3B	50	12/04/1999	CLR	---	N	N	
B09.040.006	2-51A-145-26	51A	11/15/1999	CLR	---	N	N	

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B12.050.005	2-53A-LP47	53A	11/18/1999	CLR	---	N	N	
B12.050.006	2-53A-LP48	53A	11/19/1999	CLR	---	N	N	
B14.010.002	2-RPV-CRD-52WH9	50	11/17/1999	CLR	---	N	N	
B14.010.004	2-RPV-CRD-52W60	50	11/17/1999	CLR	---	N	N	
B14.010.007	2-RPV-CRD-52	50	11/17/1999	CLR	---	N	N	
B14.010.010	2-RPV-CRD-52W61	50	11/17/1999	CLR	---	N	N	
C01.030.003	2-LPCB-SH-TUBE		09/08/1999	REC	---	Y	N	Indication # 1 is a geometric reflector due to weld root configuration. This was verified using a WSY-70 Bimodal. Indication # 2 and # 3 (circ. direction) explained by B&W and proven by drawing to be ID divider plate running full length of vessel. See drawing D-1738-8 rev. 14. B&W drawing # 620-0003 36-32-002.
C03.010.001	2-SGA-WG84-YZ		11/14/1999	CLR	92.90%	N	N	
C03.010.002	2-SGA-WG84-ZY		11/14/1999	CLR	92.90%	N	N	
C03.010.005	2-SGB-WG84-XY		11/11/1999	CLR	---	N	N	
C03.010.006	2-SGB-WG84-YX		11/11/1999	CLR	---	N	N	
C03.020.012	2-01A-H7B	01A	11/13/1999	CLR	---	N	N	
C03.020.023	2-14B-H12	14B	11/23/1999	CLR	---	N	N	
C03.020.034	2-14B-H5F	14B	11/23/1999	CLR	---	N	N	
C03.020.039	2-51A-SR116	51A	11/21/1999	CLR	---	N	N	
C03.020.043	2-53B-H1	53B	09/09/1999	CLR	---	N	N	
C03.020.044	2-53B-H14	53B	09/13/1999	CLR	---	N	N	
C03.020.050	2-53B-R11	53B	09/07/1999	CLR	---	N	N	
C04.030.001	2-HPI-PUMP-2A	51A	11/24/1999	CLR	---	N	N	
C04.040.002	2-01A-SV2-STUD	01A	11/23/1999	CLR	---	N	N	
C05.011.005	2LP-150-17	53A	11/23/1999	REC	---	Y	N	Indication #1 is a redirected 60 degrees shear wave. Indication # 2 is a mode converted shear to L wave caused by the 28 degrees shear striking the counterbore and mode converting to an L wave. The indication is seen concurrently with indication # 3 but is plotted separately for clarity. Indication # 3 is caused by the 28 degrees trailing shear wave that accompanies the 60 degrees L wave reflecting off the pipe side counterbore.
C05.011.005A	2LP-150-17	53A	11/23/1999	CLR	---	N	N	
C05.021.007	2-51A-130-14	51A	08/31/1999	REC	---	Y	N	Indications # 1-60 degrees and 2-60 degrees are reflectors from I.D. counterbore. This was verified using a 70 degrees shear wave (lower amplitude) and review of RT film (for info only).
C05.021.007A	2-51A-130-14	51A	08/31/1999	CLR	---	N	N	

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C05.021.008	2-51A-130-4A	51A	09/09/1999	CLR	---	N	N	
C05.021.008A	2-51A-130-4A	51A	09/09/1999	CLR	---	N	N	
C05.021.009	2-51A-131-1	51A	08/31/1999	CLR	---	N	N	
C05.021.009A	2-51A-131-1	51A	08/31/1999	CLR	---	N	N	
C05.021.010	2-51A-131-11	51A	08/31/1999	CLR	---	N	N	
C05.021.010A	2-51A-131-11	51A	08/31/1999	CLR	---	N	N	
C05.021.036	2-51A-28-15	51A	11/23/1999	REC	---	Y	N	Indication # 1 was determined to be a geometric reflector due to weld root geometry. This was confirmed by the use of multiple angles(60 degrees shear, 60 degrees L wave, 70 degrees shear & WSY 70).
C05.021.036A	2-51A-28-15	51A	11/22/1999	CLR	---	N	N	
C05.021.037	2-51A-28-17	51A	11/20/1999	CLR	---	N	N	
C05.021.037A	2-51A-28-17	51A	11/20/1999	CLR	---	N	N	
C05.021.038	2-51A-28-21	51A	11/23/1999	CLR	---	N	N	
C05.021.038A	2-51A-28-21	51A	11/20/1999	CLR	---	N	N	
C05.021.039	2-51A-28-23	51A	11/20/1999	CLR	---	N	N	
C05.021.039A	2-51A-28-23	51A	11/20/1999	CLR	---	N	N	
C05.021.040	2HP-222-2	51A	09/01/1999	CLR	---	N	N	
C05.021.040A	2HP-222-2	51A	09/01/1999	CLR	---	N	N	
C05.021.041	2-51A-28-104	51A	09/01/1999	CLR	---	N	N	
C05.021.041A	2-51A-28-104	51A	09/01/1999	CLR	---	N	N	
C05.021.066	2-51A-17-93	51A	09/13/1999	CLR	---	N	N	
C05.021.066A	2-51A-17-93	51A	09/13/1999	CLR	---	N	N	
C05.021.067	2-51A-17-98EA	51A	11/21/1999	CLR	---	N	N	
C05.021.067A	2-51A-17-98EA	51A	11/21/1999	CLR	---	N	N	
C05.021.068	2-51A-17-98EB	51A	11/21/1999	CLR	---	N	N	
C05.021.068A	2-51A-17-98EB	51A	11/21/1999	CLR	---	N	N	
C05.021.069	2-51A-28-102	51A	09/01/1999	CLR	---	N	N	
C05.021.069A	2-51A-28-102	51A	09/01/1999	CLR	---	N	N	
C05.021.070	2HP-299-72	51A	09/01/1999	CLR	---	N	N	
C05.021.070A	2HP-299-72	51A	09/01/1999	CLR	---	N	N	
C05.021.071	2HP-299-75	51A	09/01/1999	CLR	---	N	N	
C05.021.071A	2HP-299-75	51A	09/01/1999	CLR	---	N	N	
C05.021.072	2HP-341-77	51A	09/01/1999	CLR	---	N	N	
C05.021.072A	2HP-341-77	51A	09/01/1999	CLR	---	N	N	
C05.021.073	2HP-299-76	51A	09/02/1999	CLR	---	N	N	
C05.021.073A	2HP-299-76	51A	09/02/1999	CLR	---	N	N	

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C05.021.085	2-51A-27-11	51A	09/13/1999	CLR	---	N	N	
C05.021.085A	2-51A-27-11	51A	09/08/1999	CLR	---	N	N	
C05.021.091	2-51A-27-34	51A	09/07/1999	CLR	---	N	N	
C05.021.091A	2-51A-27-34	51A	09/07/1999	CLR	---	N	N	
C05.021.097	2-51A-28-7	51A	11/20/1999	CLR	---	N	N	
C05.021.097A	2-51A-28-7	51A	11/20/1999	CLR	---	N	N	
C05.021.103	2-51A-33-4	51A	11/25/1999	CLR	---	N	N	
C05.021.103A	2-51A-33-4	51A	11/25/1999	CLR	---	N	N	
C05.030.004	2-51B-23-67	51B	11/21/1999	CLR	---	N	N	
C05.051.002	2-01A-4-29	01A	11/28/1999	REC	---	Y	N	Indication # 1 & #2 were determined to be I.D. geometric reflectors due to a heavy weld root configuration. Indication did not hold up to skew. The use of a 70 degrees shear wave produced less than 50% of the amplitude of the 60 degrees shear wave.
C05.051.002A	2-01A-4-29	01A	11/28/1999	CLR	---	N	N	
C05.051.004	2-MS1A-B	01A	11/18/1999	REC	---	Y	N	Indications # 1 & #2 were confirmed to be I.D. backing ring. This was confirmed by RT film review and 70 degrees shear.
C05.051.004A	2-MS1A-B	01A	11/18/1999	CLR	---	N	N	
C05.051.011	2-MSB10-E	01A	11/15/1999	REC	---	Y	N	Indication # 1 plots to be a geometric reflector from the backing ring on the weld joint. This was verified by reviewing RT film and by using a 70 degrees shear wave.
C05.051.011A	2-MSB10-E	01A	11/15/1999	CLR	---	N	N	
C05.051.031	2-14B-49-136	14B	09/07/1999	CLR	---	N	N	
C05.051.031A	2-14B-49-136	14B	09/02/1999	CLR	---	N	N	
C05.051.033	2-14B-50-111	14B	09/07/1999	REC	---	Y	N	Indication # 1 plots to be a geometric reflector from a small area of excessive penetration in the root pass. The reflector can only be seen from one side at 80% FSH and metal path reaches beyond the I.D. of the pipe.
C05.051.033A	2-14B-50-111	14B	09/02/1999	CLR	---	N	N	
C05.051.034	2LPS-606-4	14B	09/09/1999	REC	---	Y	N	Indication # 1 is a geometric reflector on the I.D.. This is determined by using 10.1.1 of NDE-600 rev. 12. 70 degrees shear showed low amp. & WSY-70 (bimodal) confirmed this.
C05.051.034A	2LPS-606-4	14B	09/09/1999	CLR	---	N	N	
C05.081.004	2-FWD63-B	03	11/12/1999	CLR	---	N	N	
D02.020.009	2-03-H49	03	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211962 was written to correct problems.

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D02.020.049	2-03A-H8A	03A	11/09/1999	CLR	---	N	N	Mode 6
D02.020.053	2-03A-R59	03A	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211957 was written to correct problems. Unit was in service.
D02.020.056	2-03A-RL-0603	03A	10/04/1999	CLR	---	N	N	Unit was in service.
D02.020.060	2-03A-SR11	03A	09/22/1999	CLR	---	N	N	Unit was in service.
D02.020.064	2-03A-SR16	03A	10/13/1999	CLR	---	N	N	Unit was in service.
D02.020.065	2-03A-SR17	03A	09/29/1999	CLR	---	N	N	Unit was in service.
D02.020.071	2-03A-SR24	03A	10/13/1999	CLR	---	N	N	Unit was in service.
D02.020.079	2-03A-SR3	03A	09/22/1999	CLR	---	N	N	Unit was in service.
D02.020.082	2-03A-SR31	03A	10/04/1999	CLR	---	N	N	Unit was in service.
D02.020.094	2-03A-SR44	03A	10/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211950 was written to correct problems.
D02.020.107	2-13-SR2	13	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211965 was written to correct problems. Unit was in service.
D02.020.108	0-14-H7010	13	09/21/1999	CLR	---	N	N	
D02.020.110	2-14B-DE026	14B	09/27/1999	CLR	---	N	N	
D02.020.111	2-14B-DE135	14B	10/13/1999	CLR	92.00%	N	N	Looked at 92% of welded attachment by length. Firestop in place.
D02.020.112	2-14B-DE136	14B	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
D02.020.113	2-14B-DE137	14B	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
D02.020.114	2-14B-DE139	14B	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
D02.020.115	2-14B-DE141	14B	11/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98221455 was written to correct problems.
D02.020.117	2-14B-DE180	14B	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211943 was written to correct problems. Unit was in service.

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D02.020.118	2-14B-DE181	14B	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
D02.020.120	2-14B-H2	14B	11/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.020.122	2-14B-H3	14B	11/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
D02.030.005	2-03A-H3A	03A	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Mode 5
D02.030.006	2-03A-SR100	03A	12/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98226068 was written to correct problems.
D02.040.007	2-03-H63	03	11/28/1999	CLR	---	N	N	
D02.040.012	2-03A-H36	03A	10/25/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
D02.040.013	2-03A-H49	03A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98213412 was written to correct problems.
D03.020.003	2-56-SR31	56	10/14/1999	CLR	94.40%	N	N	Inspected 94.4% of the welded attachment.
F01.010.004	2-51A-H5C	51A	11/17/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.011.003	2-51A-H8A	51A	11/09/1999	CLR	---	N	N	mode 6
F01.012.003	2-50-H8	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Mode 5
F01.012.008	2-57-RJP-H0801	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98220127 was written to correct problems. Mode 5
F01.012.010	2-50-RCPM-2A2-SS2	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Mode 5
F01.020.004	2-01A-H7	01A	09/28/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.009	2-14B-H22C	14B	11/17/1999	CLR	---	N	N	
F01.020.013	2-51A-H10C	51A	11/17/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.016	2-51A-H175	51A	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service

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F01.020.019	2-51A-H7	51A	11/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.024	2-53B-DE054	53B	09/22/1999	CLR	---	N	N	Unit was in service.
F01.020.029	2-53B-H31	53B	10/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.020.037	2-54A-H25	54A	10/14/1999	CLR	---	N	N	Unit was in service.
F01.020.046	2-51B-H55	51B	09/22/1999	CLR	---	N	N	Unit was in service.
F01.021.005	2-14B-H12	14B	11/21/1999	CLR	---	N	N	
F01.021.008	2-51A-SR116	51A	11/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219978 was written to correct problems.
F01.021.016	2-51A-H6	51A	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
F01.021.020	2-53-H5	53	11/23/1999	CLR	---	N	N	
F01.021.031	2-51B-DE012	51B	11/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219984 was written to correct problems.
F01.022.004	2-01A-H3	01A	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.022.008	2-03-H7A	03	11/06/1999	CLR	---	N	N	Mode 5
F01.022.016	2-53B-H2	53B	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98212123 was written to correct problems. Unit was in service.
F01.022.022	2-57-H16	57	11/06/1999	REC	---	N	N	A loose nut does not require an engineering evaluation per Hanger Spec. OS-0027.00-00-0002 (Paragraph 9.1). Work Order 98217445 was written to correct the problem. Mode 5.
F01.030.002	0-14-H7020	13	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.005	2-03A-DE007	03A	09/28/1999	CLR	---	N	N	Unit was in service.
F01.030.011	2-03A-GC-907	03A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
F01.030.020	2-03A-SR16	03A	09/28/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.

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F01.030.026	2-07A-R44	07A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.032	2-14B-H25	14B	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.030.039	2-14B-DE182	14B	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98211938 was written to correct problems.
F01.031.002	0-13-H7007	13	09/21/1999	CLR	---	N	N	
F01.031.009	2-03A-SR11	03A	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98212122 was written to correct problems.
F01.031.016	2-07A-SR3	07A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.031.020	2-56-SR31	56	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.032.001	2-01A-H8	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.032.010	2-56-H13	56	11/13/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.040.004	2-LDCB-SUPPORT	51A	11/09/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219958 was written to correct problems. Mode 6
F01.040.009	2-EFDW-MD-PU-A		10/12/1999	CLR	---	N	N	
F01.040.011	2-EFDW-TD-PU		10/13/1999	CLR	---	N	N	
F01.050.001	2-03-R12	03	04/14/1999	CLR	---	N	N	
F01.050.002	2-03-R7	03	09/20/1999	CLR	---	N	N	
F01.050.003	2-03-H4087	03	09/20/1999	CLR	---	N	N	
F01.050.004	2-01A-R14	01A	09/23/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.005	2-01A-R15	01A	09/23/1999	CLR	---	N	N	
F01.050.006	2-01A-R16	01A	09/23/1999	CLR	---	N	N	
F01.050.007	2-01A-R2-1	01A	11/04/1999	CLR	---	N	N	Unit was cooling down.
F01.050.008	2-01A-R2-2	01A	11/04/1999	CLR	---	N	N	Unit was cooling down.
F01.050.009	2-01A-R9-2	01A	11/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems. Unit was cooling down.

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F01.050.010	2-01A-R9-3	01A	11/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems. Unit was cooling down.
F01.050.011	2-01A-R9-4	01A	11/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems. Unit was cooling down.
F01.050.012	2-53-H3	53	11/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98240017 was written to correct problems.
F01.050.013	2-50-H12	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.014	2-51A-H2A	51A	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219184 was written to correct problems. Unit was in mode 5.
F01.050.015	2-03-H6B	03	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.016	2-03-H7A	03	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.017	2-03A-H1B	03A	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98138451 was written to correct problems. Unit was in mode 5.
F01.050.018	2-50-H10	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.019	2-50-H11	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.020	2-50-H8	50	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.021	2-50-H9	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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								and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.022	2-01A-H2A	01A	11/09/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Mode 6
F01.050.023	2-01A-H2B	01A	11/09/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems. Unit was in mode 6.
F01.050.024	2-01A-H8A	01A	11/09/1999	CLR	---	N	N	Mode 6.
F01.050.025	2-01A-H8B	01A	11/09/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 6.
F01.050.026	2-50-H1	50	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.027	2-50-H3	50	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.028	2-50-H7	50	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.029	2-57-H15	57	11/06/1999	CLR	---	N	N	Mode 5
F01.050.030	2-57-H16	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.031	2-57-H17	57	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.032	2-57-H20	57	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.033	2-57-H21	57	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.034	2-57-H23	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.035	2-57-H25	57	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.036	2-57-H7	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 and 98012755 were written to correct problems. Mode 5
F01.050.037	2-57-H9	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.038	2-57-RJP-H0801	57	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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F01.050.039	2-50-H1A	50	11/06/1999	REC	---	N	N	and the support was found to be acceptable for service. Mode 5 Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.040	2-50-H2A	50	11/18/1999	CLR	---	N	N	
F01.050.041	2-50-H3A	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.042	2-03A-SR102	03A	10/13/1999	CLR	---	N	N	Unit was in service.
F01.050.043	2-03A-SR103	03A	10/12/1999	CLR	---	N	N	
F01.050.044	2-03A-SR104	03A	10/12/1999	CLR	---	N	N	
F01.050.045	2-03A-SR100	03A	12/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.046	2-03A-SR101PO	03A	09/20/1999	CLR	---	N	N	
F01.050.047	2-51A-SR150	51A	09/22/1999	REC	---	N	N	A loose spacer does not require an engineering evaluation per Hanger Spec. OS-0027.00-00-0002 (Paragraph 9.1). Work Order 98202455 was written to correct the problem. Unit was in service.
F01.050.049	2-01A-H43	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98125535 was written to correct problems.
F01.050.050	2-01A-H44	01A	09/20/1999	CLR	---	N	N	
F01.050.051	2-53B-SR100	53B	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219169 was written to correct problems. Unit was in service.
F01.050.052	2-53B-SR1000	53B	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
F01.050.053	2-01A-R7	01A	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219169 was written to correct problems.
F01.050.054	2-54A-R16	54A	10/14/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in service.

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F01.050.055	2-54A-R101	54A	09/21/1999	CLR	---	N	N	Unit was in service.
F01.050.056	2-54A-R2B	54A	09/22/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in service.
F01.050.057	2-01A-R17	01A	10/04/1999	CLR	---	N	N	
F01.050.058	2-01A-R18	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98217591 was written to correct problems.
F01.050.059	2-01A-R21	01A	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems.
F01.050.060	2-01A-R22	01A	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98103645 was written to correct problems.
F01.050.061	2-01A-R6	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.062	2-01A-R2	01A	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98216954 was written to correct problems.
F01.050.063	2-53B-SR1000	53B	09/21/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219169 was written to correct problems. Unit was in service.
F01.050.064	2-13-SR1	13	10/04/1999	CLR	---	N	N	
F01.050.065	2-13-SR4	13	09/27/1999	CLR	---	N	N	
F01.050.066	2-07A-DE039	07A	10/13/1999	CLR	---	N	N	Unit was in service.
F01.050.067	2-03-R13	03	11/28/1999	CLR	---	N	N	
F01.050.068	2-03A-DE034	03A	10/04/1999	CLR	---	N	N	Unit was in service.
F01.050.069	2-03A-H4088	03A	09/20/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.
F01.050.070	2-01A-R11	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98103645 was written to correct problems.
F01.050.071	2-01A-R4	01A	10/04/1999	CLR	---	N	N	
F01.050.072	2-01A-R6	01A	09/28/1999	CLR	---	N	N	
F01.050.073	2-01A-DE076	01A	10/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service.

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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
F01.050.074	2-01A-DE077	01A	09/27/1999	CLR	---	N	N	
F01.050.075	2-51A-H184	51A	10/14/1999	CLR	---	N	N	Unit was in service.
F01.050.076	2-51A-H167	51A	10/06/1999	CLR	---	N	N	
F01.050.077	2-01A-DE060	01A	11/11/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98141231 was written to correct problems. PIP 99-4557 was written to document findings. Mode 6
F01.050.078	2-01A-DE061	01A	11/11/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Snubber to be deleted per NSM ON-23054. Mode 6
F01.050.079	2-01A-R7	01A	10/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98103645 was written to correct problems.
F01.050.080	2-01A-R9-1	01A	11/04/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98103645 was written to correct problems. Unit was cooling down.
F01.050.081	2-03A-NPS-H28	03A	11/09/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98219169 was written to correct problems. Unit was in mode 6.
F01.050.082	2-03-H6103	03	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.083	2-03A-H3A	03A	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98218639 was written to correct problems. Unit was in mode 5.
F01.050.084	2-57-NWIZ	57	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.086	2-03A-H121	03A	10/13/1999	CLR	---	N	N	Unit was in service.
F01.050.087	2-53B-DE063	53B	09/22/1999	CLR	---	N	N	Unit was in service.
F01.050.088	2-53B-DE068	53B	09/21/1999	CLR	---	N	N	Unit was in service.
F01.050.089	2-53B-DE060	53B	09/21/1999	CLR	---	N	N	Unit was in service.
F01.050.090	2-53B-DE070	53B	10/04/1999	CLR	---	N	N	
F01.050.091	2-53B-DE056	53B	09/21/1999	CLR	---	N	N	Unit was in service.
F01.050.092	2-01A-R19	01A	09/27/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Work Order # 98103827 was written to correct problems.
F01.050.093	2-01A-R27	01A	10/12/1999	CLR	---	N	N	

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F01.050.094	2-53B-DE057	53B	09/22/1999	CLR	---	N	N	Unit was in service.
F01.050.095	2-07A-H60	07A	10/12/1999	CLR	---	N	N	
F01.050.096	2-07A-H61	07A	10/12/1999	CLR	---	N	N	
F01.050.097	2-07A-H62	07A	10/12/1999	REC	---	N	N	A loose nut on an extention piece does not require an engineering evaluation per Hanger Spec. OS-0027.00-00-0002 (Paragraph 9.1). Work Order 98208689 was written to correct the problem.
F01.050.098	2-50-RCPM-2A1-SS1	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Mode 5
F01.050.099	2-50-RCPM-2A1-SS2	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.100	2-50-RCPM-2A1-SS3	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.101	2-50-RCPM-2A2-SS1	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.102	2-50-RCPM-2A2-SS2	50	11/06/1999	CLR	---	N	N	Mode 5.
F01.050.103	2-50-RCPM-2A2-SS3	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.104	2-50-RCPM-2B1-SS1	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.105	2-50-RCPM-2B1-SS2	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.106	2-50-RCPM-2B1-SS3	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.107	2-50-RCPM-2B2-SS1	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.108	2-50-RCPM-2B2-SS2	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering and the support was found to be acceptable for service. Unit was in mode 5.
F01.050.109	2-50-RCPM-2B2-SS3	50	11/06/1999	REC	---	N	N	Discrepancies that were found were reviewed by civil engineering

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ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
								and the support was found to be acceptable for service. Unit was in mode 5.
G04.001.007	2HP-218-18	51A	11/19/1999	CLR	---	N	N	
G04.001.010	2HP-214-13	51A	11/16/1999	REC	---	Y	N	Indications 1 & 2 are geometric reflectors from the weld root. This was confirmed by plotting the UT data using ID thickness and OD contours and also using a 70 degrees shear wave, bi-modal transducer and review of RT film.
G04.001.011	2HP-214-15	51A	11/19/1999	CLR	---	N	N	
G04.001.017	2HP-214-14	51A	11/16/1999	REC	---	Y	N	Indications 1 & 2 are geometric reflectors from the weld root. This was confirmed by plotting the UT data using ID thickness and OD contours and also using a 70 ° shear wave, bi-modal transducer and review of RT film.
G04.001.018	2HP-216-7	51A	11/17/1999	REC	---	Y	N	Indications 1 & 2 are geometric reflectors from the weld root. This was confirmed by plotting the UT data using ID thickness and OD contours and also using a 70° shear wave, bi-modal transducer and review of RT film.
G04.001.019	2HP-216-8	51A	11/17/1999	REC	---	Y	N	Indications 1 & 2 are geometric reflectors from the weld root. This was confirmed by plotting the UT data using ID thickness and OD contours and also using a 70° shear wave, bi-modal transducer and review of RT film.
G04.001.020	2HP-216-9	51A	11/17/1999	REC	---	Y	N	Indication 1 is a geometric reflector from the weld root. This was confirmed with a 70° shear wave, bi-modal transducer and review of RT film.
G04.001.021	2HP-217-10	51A	11/17/1999	CLR	---	N	N	
G04.001.022	2HP-217-11	51A	11/17/1999	CLR	---	N	N	
G04.001.023	2HP-217-12	51A	11/17/1999	REC	---	Y	N	Indications 1 is an ID geometric reflector due to the weld root geometry. This was verified by the use of multiple angles (60° shear, 70°shear, 60° L-wave and WSY 70) and review of the RT film.
G04.001.024	2HP-218-20	51A	11/16/1999	REC	---	Y	N	Indications 1 & 2 are determined to be geometric reflectors due to the weld root geometry. This was confirmed by the use of multiple angles (60° shear, 70°shear, 60° L-wave) and review of the RT film.
G04.001.025	2HP-218-21	51A	11/16/1999	REC	---	Y	N	Indications 1 & 2 are determined to be geometric reflectors due to the weld root geometry. This was verified by the use of multiple angles (60° shear, 70°shear wave, 60° L-wave) and review of the RT film.
G04.001.026	2HP-218-22	51A	11/19/1999	CLR	---	N	N	

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G09.001.001	2LPS-603-2	14B	11/23/1999	CLR	---	N	N	
G09.001.012	2-53B-19-58	53B	09/13/1999	CLR	---	N	N	
G09.001.024	2-53B-28-44	53B	09/09/1999	CLR	---	N	N	
G09.001.031	2-53B-31-5	53B	09/08/1999	CLR	---	N	N	
G09.001.037	2-54A-8-2	54A	09/09/1999	CLR	---	N	N	
G09.001.038	2-54A-8-9	54A	09/14/1999	CLR	---	N	N	
G09.001.039	2-54A-8-13	54A	09/14/1999	CLR	---	N	N	
G10.001.009	2-PIB1-12	50	11/11/1999	CLR	---	N	N	
G10.001.010	2-PIB2-12	50	11/12/1999	CLR	---	N	N	
G12.001.002	2-51B-18-79	51B	11/21/1999	CLR	---	N	N	
G12.001.009	2-51B-22-32	51B	11/21/1999	CLR	---	N	N	
G12.001.014	2-51B-25-83	51B	11/22/1999	CLR	---	N	N	

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

<u><i>Item Number</i></u>	<u><i>Request for Relief Serial Number</i></u>
B03.110.002	00-01
B03.110.003	00-01
B03.110.004	00-01
B03.110.005	00-01
B03.130.001	95-04
B03.130.002	95-04
B03.130.006	00-01
B03.140.001	95-04
B03.140.002	95-04
B03.140.006	00-01

6.0 Reportable Indications

Outage 17 had no reportable indications.

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from May 25, 1998 to December 16, 1999 at Oconee Nuclear Station, Unit 2, were certified in accordance with the requirements of 1989 Edition of ASME Section XI with no addenda. The appropriate certification records for each inspector are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of periodic calibration of inspection equipment are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

Records of materials used, (i.e., NDE consumables) are on file at Oconee Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

8.0 Corrective Action

No corrective action was required as a result of examinations performed during Outage 17.

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 17 at Oconee 2.

Duke Energy Request for Relief 95-04

Duke Energy Request for Relief 00-01

PIP O-99-04557

Duke Power Company

Station Oconee Unit 2

10-YEAR INTERVAL REQUEST FOR RELIEF NO. 00-01

I. System/Component(s) for Which Relief is Requested:

a. Pressurizer Nozzle-to-Vessel Welds:

2-PZR-WP34 Item Number B03.110.002
2-PZR-WP33-3 Item Number B03.110.003
2-PZR-WP33-2 Item Number B03.110.004
2-PZR-WP33-1 Item Number B03.110.005

b. Steam Generator (Primary Side) Nozzle-to-Vessel Weld:

2-SGB-WG25 Item Number B03.130.006

c. Steam Generator (Primary Side) Nozzle Inside Radius Section:

2-SGB-WG25 Item Number B03.140.006

II. Code Requirement:

Figure IWB-2500-7, Examination Category B-D, Full Penetration Welds Of Nozzles In Vessels - Inspection Program B.

III. Code Requirement from which Relief is Requested:

Relief is requested from the requirement of examining essentially 100% of the weld length. The applicable code required is ASME Section V, Article 4, T-441.3.2, Scanning Requirements, 1989 Edition with no Addenda as modified by Code Case N-460. Due to part geometry and actual physical barriers, obtaining greater than 90% coverage of the required volume as outlined in Code Case N-460 is not possible with existing limitations.

The specified Code requirements identified in Section II of this request, require scanning of the examination volume(s) using three angle beams and a straight beam from both sides of the weld. When scanning for reflectors parallel to the weld, the angle beams shall be aimed at right angles to the weld axis, with the search unit(s) manipulated so that the ultrasonic beams pass through the entire volume of weld metal. The adjacent base metal in the examination volume must be completely scanned by both angle beams from both directions (any combination of two angle beams will satisfy the requirement).

When scanning for reflectors transverse to the weld, the angle beam search units shall be aimed parallel to the axis of longitudinal and circumferential welds. The search unit shall be manipulated so that the ultrasonic beams pass through all of the examination volume.

Scanning shall be done in two directions 180 degrees to each other to the extent possible. Areas blocked by geometric conditions shall be examined from at least one direction.

Code Case N-460 allows credit for full volume coverage if it can be shown that more than 90% of the required volume has been examined.

IV. Basis for Relief:

Pressurizer Nozzle-to-Vessel Weld 2-PZR-WP34 (Item Number B03.110.002) was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section XI, Appendix I 1989 Edition, and Appendix VIII of the 1992 Edition with the 1993 Addenda as modified by the Performance Demonstration Initiative (PDI). Reference Attachment A for a drawing of the Pressurizer.

This weld is limited to 36% coverage of the required volume because single sided access of the nozzle configuration. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld.

Pressurizer Nozzle-to-Vessel Welds 2-PZR-WP33-3 2-PZR-WP33-2 and 2-PZR-WP33-1 (Item Numbers B03.110.003 B03.110.004 and B03.110.005 respectively) were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section XI, Appendix I of the 1989 Edition and Appendix VIII of the 1992 Edition with the 1993 Addenda as modified by the PDI. Reference Attachment A for a drawing of the Pressurizer.

These welds are limited to 37.1% coverage of the required volume because of the nozzle configuration and location of lifting lugs. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld.

Steam Generator Nozzle-to-Vessel Weld 2-SGB-WG25 (Item Number B03.130.006) was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix I, of the 1989 Edition.

This weld is limited to 58% coverage of the required volume because of the nozzle configuration. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld. Reference Attachment B for a drawing of the Steam Generator.

Steam Generator Nozzle-to-Vessel Inside Radius Section for weld 2-SGB-WG25 (Item Number B03.140.006) was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix I, of the 1989 Edition.

The Inside Radius Section is limited to 70.21% coverage of the required volume because of the nozzle configuration. In order to achieve more coverage, the nozzles would have to be re-designed to allow scanning from both sides of the weld. Reference Attachment B for a drawing of the Steam Generator.

V. Alternate Examinations or Testing:

The use of radiography as an alternate volumetric examination of the welds/components referenced in this request is not a viable option. Restrictions to performing radiography are primarily due to inability to access the inside of the components to place film or to position a radiographic source.

Duke Energy proposes to use the pressure test and VT-2 visual examination to compliment the limited examination coverage. The Code requires (reference Table IWB-2500-1, Item Number B15.20) that a system leakage test be performed after each refueling outage. Additionally a system hydrostatic test (reference Table IWB-2500-1, Item Number B15.21) is required once during each 10-year inspection interval. These tests require a VT-2 visual examination for evidence of leakage. This testing will provide adequate assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), there are other activities which provide a high level of confidence that, in the unlikely case that leakage did occur through these welds, it would be detected and isolated. Specifically, leakage from these welds would be detected by monitoring of the Reactor Coolant System (RCS), which is performed once each shift under procedure PT/1,2,3/A/0600/10, "RCS Leakage". This RCS leakage monitoring is a requirement of the Technical Specification 3.4.13, "Reactor Coolant System Leakage". Leakage is also evaluated in accordance with this Technical Specification. The leakage could be detected through several methods. One method is the RCS mass balance calculation. Another method is by use of the Reactor Building air particulate monitor. This monitor is sensitive to low leak rates; the iodine monitor, gaseous monitor and area monitor are capable of detecting any fission products in the coolant and will make these monitors sensitive to coolant leakage. In addition to the radiation monitors, leakage is also monitored by a level indicator in the Reactor Building normal sump. Another check would be a loss of level in the Letdown Storage Tank.

Duke Energy has examined the welds/components referenced in this request to the maximum extent possible utilizing the latest in examination techniques and equipment. Duke Energy will continue to perform ultrasonic examination of all welds/components identified in Section I of this request to the maximum extent practical, within the limits of original design and construction, in accordance with the requirements of ASME Section V, Article 4, and ASME Section XI, Appendix I, of the 1989 Edition, and Code Case N-460. Appendix VIII as modified by the PDI will be used to examine welds within the scope of the PDI Program. This will provide reasonable assurance of weld/component integrity. Thus, an acceptable level of quality and safety will have been achieved, and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements.

VI. Justification for the Granting of Relief:

Duke Power Company will continue to ultrasonically examine the welds, including inside radius, to the extent practical within the limits of original design and construction. This will provide reasonable assurance of weld/component integrity. Thus, an acceptable level of quality and safety will have been achieved and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements.

The Code requires 100% volumetric examination of all Pressurizer Nozzle-to-Vessel Welds, Steam Generator Nozzle-to-Vessel Weld and Steam Generator Nozzle-to-Vessel Inside Radius Section. However, the taper on the nozzle side of the weld restricts scanning and prevents complete volumetric coverage of Pressurizer Nozzle-to-Vessel Welds 2-PZR-WP34, 2-PZR-WP33-3, and 2-PZR-WP33-2 and 2-PZR-WP33-1; and Steam Generator Nozzle-to-Vessel Weld and Inside Radius for weld 2-SGB-WG25. Therefore, the 100% volumetric examination is impractical. To meet Code examination requirements, modifications to the nozzles would be necessary to allow scanning from both sides of the weld. Modification to this portion of the reactor coolant system would create a considerable burden on Duke Energy.

Duke Energy obtained 36% coverage of Pressurizer Nozzle-to-Vessel Weld 2-PZR-WP34 and 37.1% coverage of Pressurizer Nozzle-to-Vessel welds 2-PZR-WP33-3, 2-PZR-WP33-2 and 2-PZR-WP33-1; and 58% coverage of the Steam Generator Nozzle-to-Vessel weld and 70.21% coverage of the inside radius of Steam Generator weld 2-SGB-WG25. It is recognized that this represents a small part of the required Code examination volume. However, in conjunction with the Code required VT-2 visual examination after each refueling outage and the 10-year hydrostatic test; Duke Energy believes this provides reasonable assurance of the continued structural integrity of the subject welds/components.

Pursuant to 10 CFR 50.55a(g)(6)(i), granting this relief will provide reasonable assurance of weld/component integrity, ... "is authorized by law and will not endanger life or property or the common defense and security and is otherwise in the public interest giving due consideration to the burden upon the licensee that could result if the requirements were imposed on the facility."

VII. Implementation Schedule:

Unit 2, Refueling Outages 17

The following individuals were involved in the development of this request for relief:

B. W. Carney Jr., Oconee Engineering provided input to Sections VI and V of this request as well.

M. D. Leighton, Oconee Primary Systems provided input to Sections VI and V of this request as well.

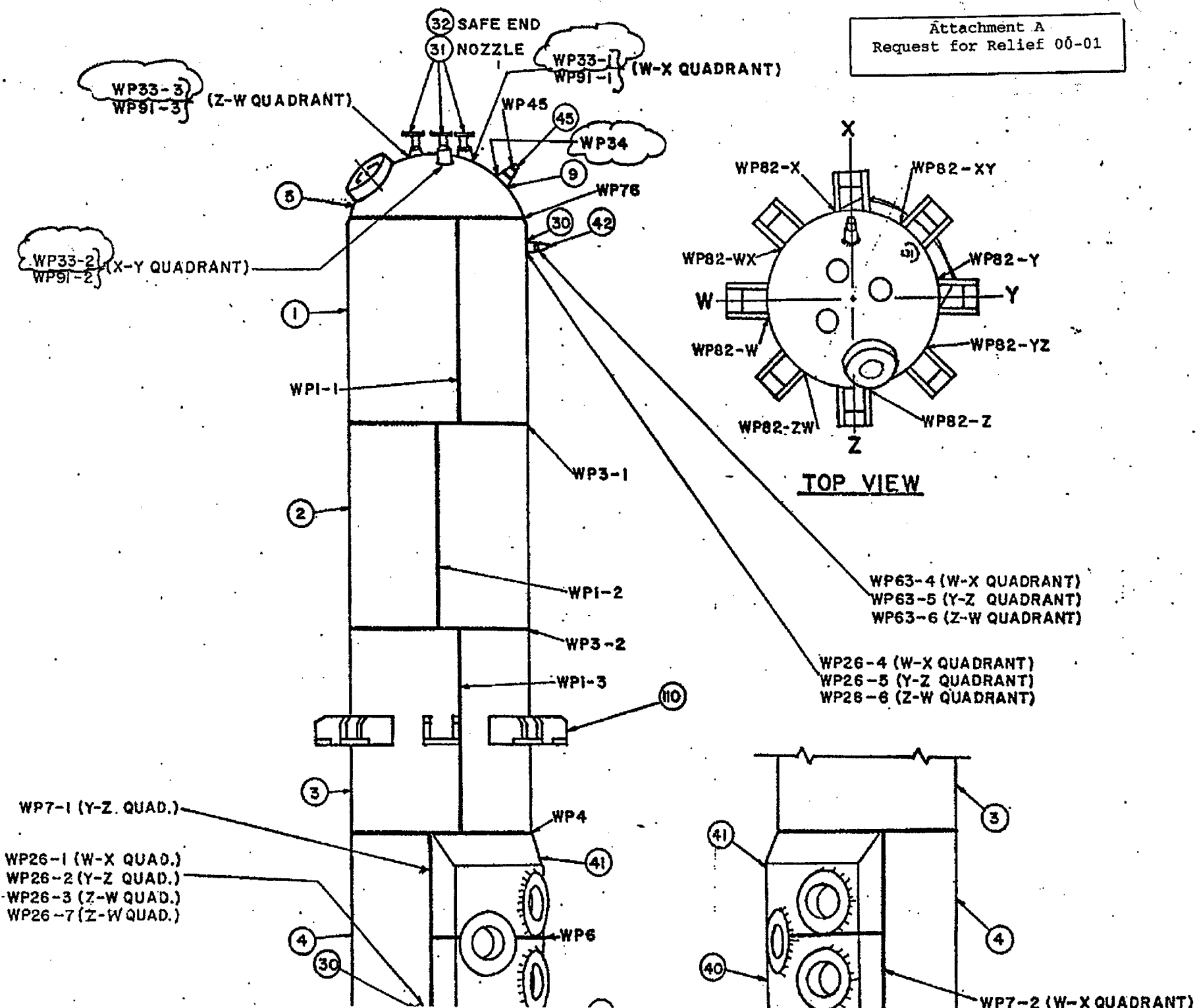
J. J. McArdle III, NDE Level III provided input for Sections III, IV, and V of this request.

R. G. Rouse, Oconee ISI Plan Manager compiled and completed this request.

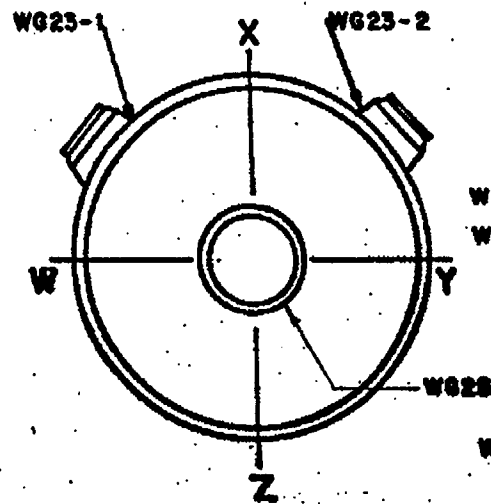
Sponsored By: RG Rouse Date: 2/14/00

Approved By: R. Kevin Rhyme Date: 2/16/00

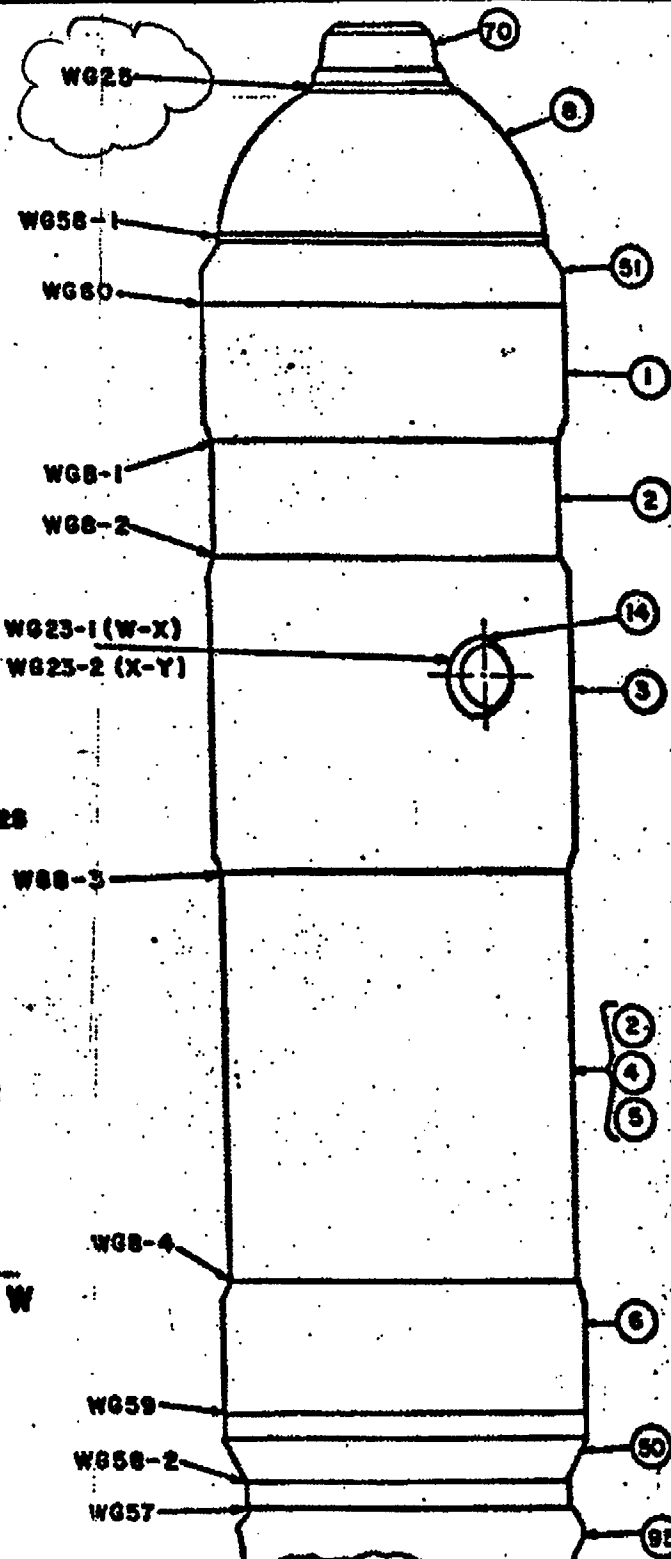
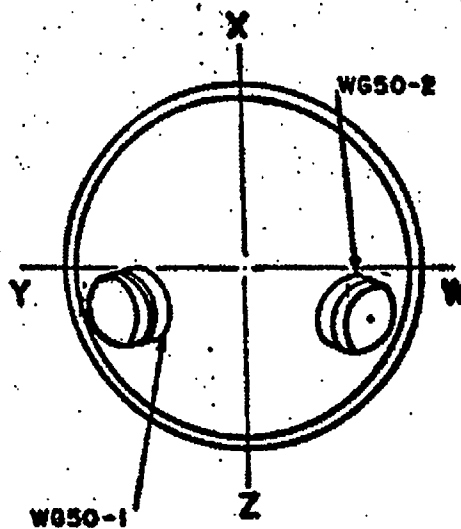
Attachment A
Request for Relief 00-01



Attachment B
Request for Relief 00-01



TOP VIEW



REFERENCE DWGS

OM 1201-450

DUKE POWER COMPANY

ULTRASONIC DATA SHEET FOR PLANAR REFLECTORS IN FERRITIC PRESSURE VESSELS

Station: <u>OCONEE</u>	Unit: <u>Z</u>	Component/Weld ID: <u>Z-PER-WP34</u>	Date: <u>12/2/99</u>
Weld Length (in.): <u>24.4"</u>	Surface Condition: <u>AS GROUNDED</u>	Lo <u>9.2.3</u>	Exam Start: <u>1430</u>
			Exam Finish: <u>1530</u>

Procedure No: <u>NDE-620</u> Revision: <u>8</u> FC <u>N/A</u>	Scans 70° <u>58</u> dB Zone I 60° <u>80</u> dB Zone II 60° <u>80</u> dB Zone III Axial 60° <u>80</u> dB Zone III Circ.	Configuration <u>NOZZLE TO U. HEAD</u> Scan Surface: OD	Surface Temp. <u>73 ° F</u> Pyrometer s/n: <u>MCNDE-27010</u> Cal. Due Date: <u>4/27/00</u>	Calibration Sheet No: <u>9902106</u> <u>9902107</u> <u>9902108</u>
--	--	---	---	---

Indication #	∠	MP _{max}	% FSH	L _{max}	W _{max}	SU LOCATION	BEAM DIRECTION	SCAN		REMARKS
								↓	⇒	
<u>NRI</u>	<u>60°</u>									
<u>NRI</u>	<u>70°</u>									

> 90% Coverage obtained: yes no (see NDE-UT-4) Limitation report is required

Examiner: [Signature] Level: II Date: 12/2/99 Examiner: Mary Moss Level: II Date: 12-3-99 Item No: B03.110.00Z

Reviewed by: [Signature] Level: II Date: 12/3/99 Authorized Inspector: MBC Date: 12-6-99

Attachment C
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**DUKE POWER COMPANY
ISI LIMITATION REPORT**

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP34

Item No: B03.110.002

Remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L to Beyond
 ANGLE: 0 45 60 Other 70° FROM 0 DEG to 360 DEG

Nozzle Configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: 0 45 60 Other _____ FROM _____ DEG to _____ DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: 0 45 60 Other _____ FROM _____ DEG to _____ DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM WO _____ to _____
 ANGLE: 0 45 60 Other _____ FROM _____ DEG to _____ DEG

Prepared By: Jay Eaton *[Signature]* Level: II Date: 12/2/99 Sketch(s) attached yes no Sheet 2 of 9

Reviewed By: *David K. [Signature]* Date: *II^{duz} 12/3/99* Authorized Inspector: *MBC* Date: *12-6-99*

Attachment C
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Request for Relief 00-01

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
	70				34.1		0.00
	60				37.8		0.00
							0.00

Aggregate % $71.9 / 2 = 35.95 = 36\%$

		Item No:	B03.110.002
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>David K. [Signature]</i>	Level:	II Date: 12/3/99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 1 7.4 sq.in.	7.4 sq.in. X 24.4 in. = 180.56 cu.in.

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	70	2	3.6	24.4	87.84	180.56	48.65
2	70	1	1.3	24.4	31.72	180.56	17.57
3	70	CW	2.6	24.4	63.44	180.56	35.14
4	70	CCW	2.6	24.4	63.44	180.56	35.14
					246.44	722.24	34.12

34.1%

		Item No: B03.110.002
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level: III Date: 12/2/99
Reviewed By:	<i>Daniel K. [Signature]</i>	Level: II Date: 12/3/99

4 of 9

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

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

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 2 & 3 23.2 sq.in.	23.2 sq.in. X 24.4 in. = 566.08 cu.in.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60	2	19.8	24.4	483.12	566.08	85.34
2	60	1	.1	24.4	2.44	566.08	0.43
3	60	CW	7.6	24.4	185.44	566.08	32.76
4	60	CCW	7.6	24.4	185.44	566.08	32.76
					856.44	2264.32	37.82

37.8%

		Item No: B03.110.002
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level: III Date: 12/2/99
Reviewed By:	<i>David K. 3</i>	Level: II Date: 12/3/99

OCONEE PRESSURIZED SPRAY NOZZLE

EXAM AREAS:

ZONE 1:

$$ABHG = 2.9" \times 1.0" = 2.9 \text{ sq. ft.}$$

$$HG MN = \pi 4.5^2 - \pi 3.5^2 \times 14.7\% = 3.69 \text{ sq. ft.}$$

$$LMNO = \frac{1.0"}{2} (.55 + 1.15) = .85 \text{ sq. ft.}$$

$$7.44 = \underline{\underline{7.4 \text{ sq. ft.}}}$$

ZONE 2 & 3:

$$BCJE - DEF = \frac{3.8}{2} (6.0 + 4.0) - \frac{.45 \times .5}{2} = 20.03 \text{ sq. ft.}$$

$$IJKL = \frac{.15}{2} (3.0 + 3.2) = .47 \text{ sq. ft.}$$

$$GIM = \frac{4.1 \times 1.3}{2} = 2.67 \text{ sq. ft.}$$

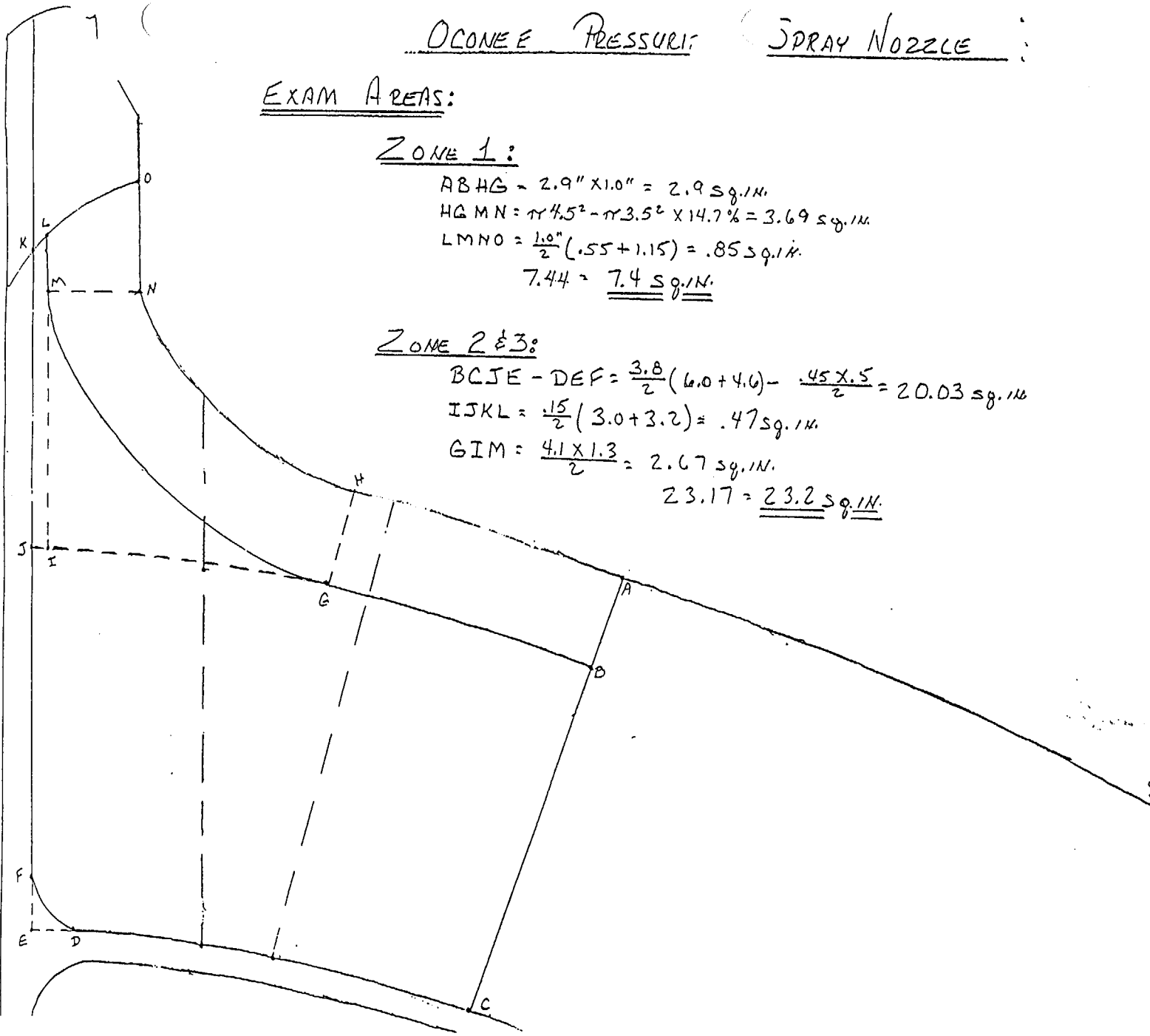
$$23.17 = \underline{\underline{23.2 \text{ sq. ft.}}}$$

Note: AREA HG MN HAS
A MULTIPLIER OF 14.7%.
ZONE 1 RADIUS IS
53° WHICH IS 14.7%
of 360°.

ITEM # B03.110.002
I.D. # 2, PCR-W/P34
BY: LAM Moullet
DATE: 12-2-99

SCALE = 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE
 Pg. 6 of Pg. 9

Attachment C
Page 6 of 52
Request for Relief 00-01



O'CONNOR PRESSURE SPRAY NOZZLE

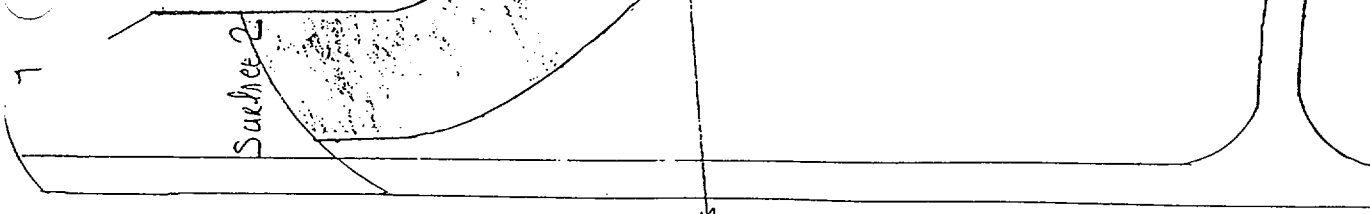
70° ZONE 1 EXAM

S1 TO S2

$$ABCD = \frac{1.0''}{2} (2.6 + 4.5) = 3.55 = \underline{\underline{3.6 \text{ sq. in. COVERAGE}}}$$

S2 TO S1

$$ABC = \frac{1.0'' \times 2.6''}{2} = \underline{\underline{1.3 \text{ sq. in. COVERAGE}}}$$



ITEM # B03.110.002
 I.D. # Z-P26-KP3P
 BY: Alan Morales
 DATE: 12-2-99

SCALE = 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE
 Pg. 7 of Pg. 9

SURFACE 1

OCONEE PRESSURE SPRAY NOZZLE

60° ZONE 2 & 3 EXAM

S1 TO S2

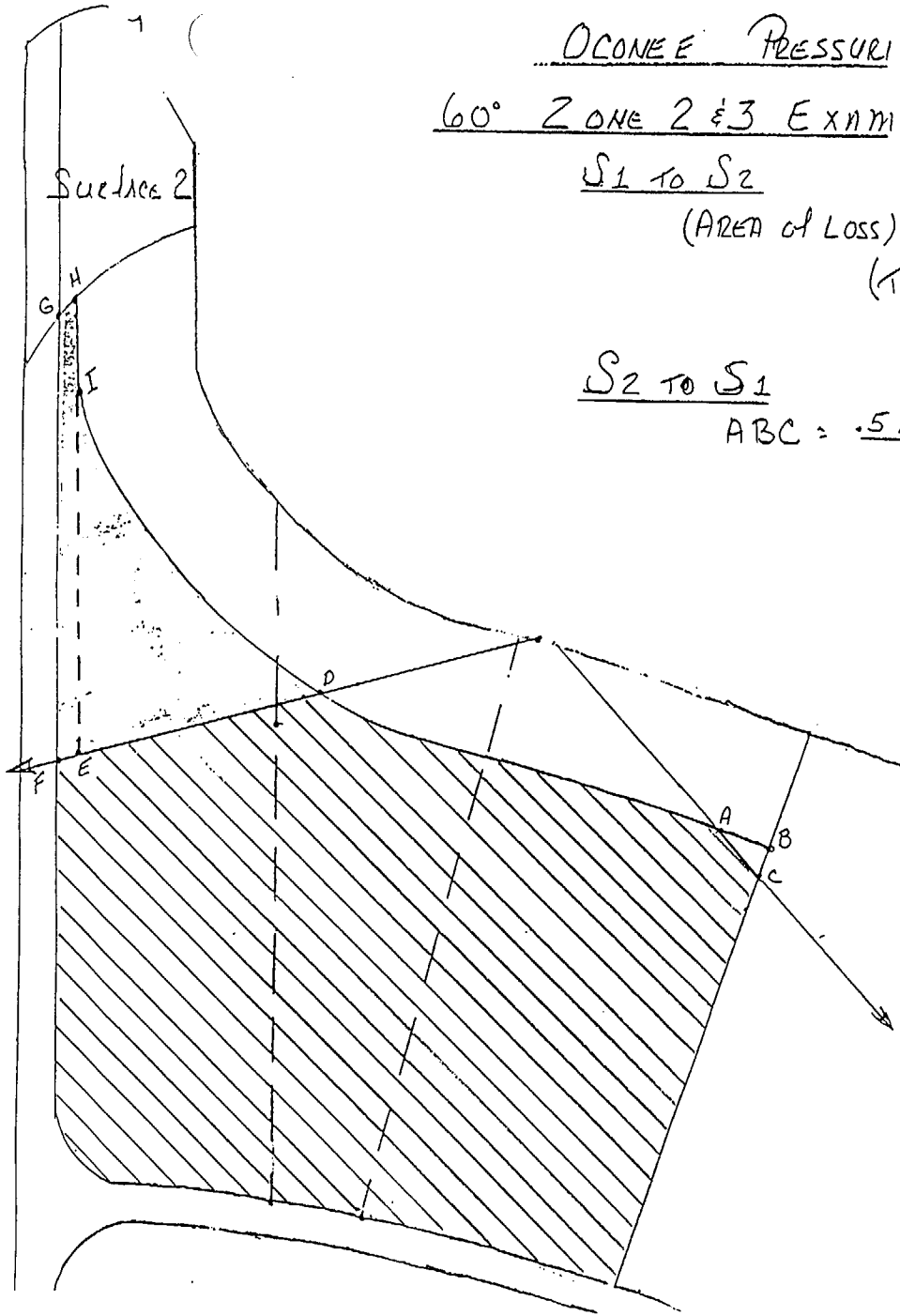
(AREA OF LOSS) $DEI + EFGH = \frac{2.9 \times 2.0}{2} + \frac{.15}{2} (3.5 + 3.6) = 3.43 = 3.4 \text{ sq. in.}$

(TOTAL AREA) $23.2 \text{ sq. in.} - (\text{LOSS}) 3.4 \text{ sq. in.} =$

COVERAGE 19.8 sq. in.

S2 TO S1

$ABC = \frac{.5 \times .25}{2} = .06 = \underline{\underline{.1 \text{ sq. in. COVERAGE}}}$

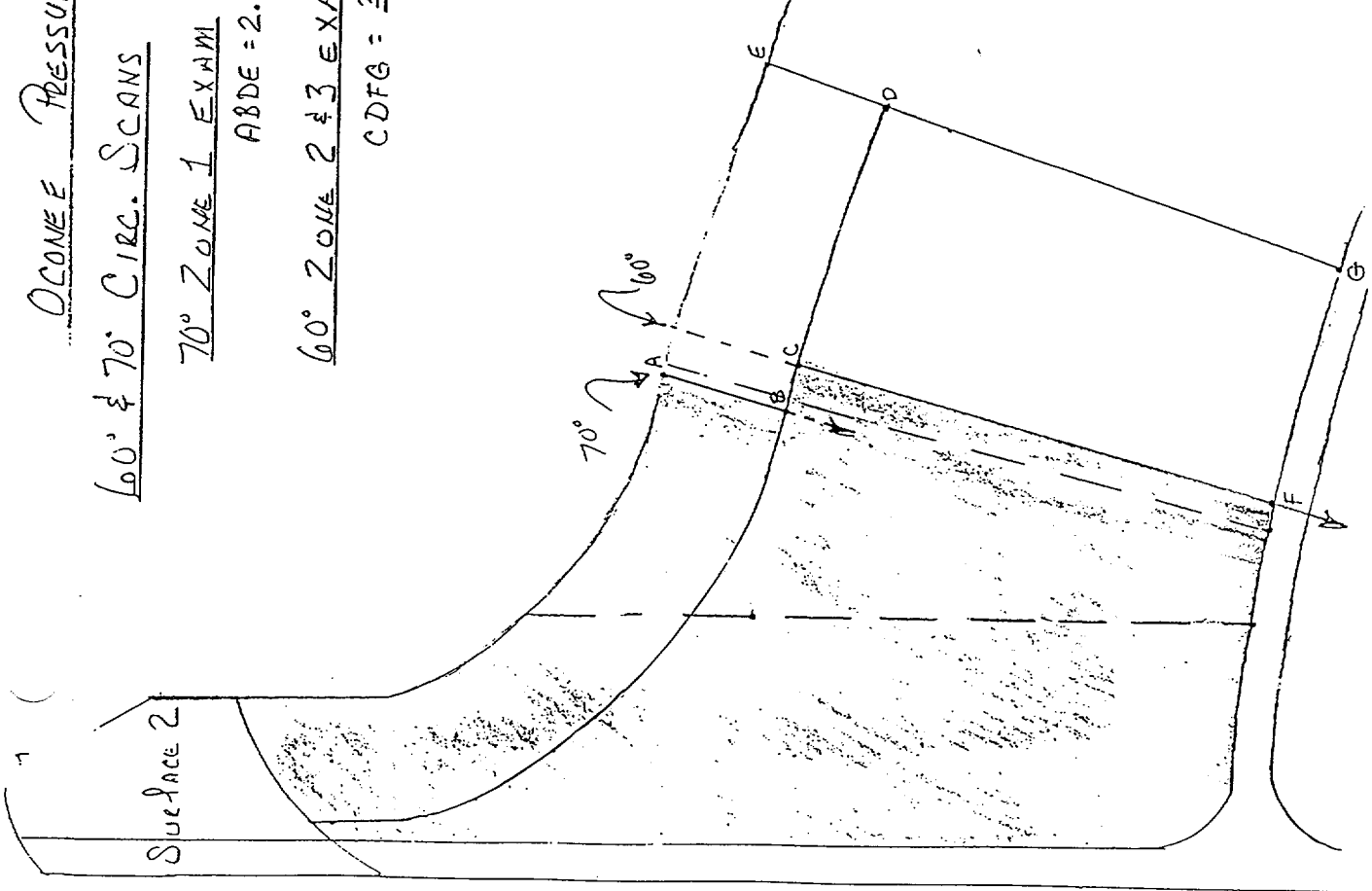


ITEM # B03.110.002
 I.D. # 2-P2R-V/P34
 BY: Low Mauldin
 DATE: 12-2-99

SCALE = 1.0" = 1.0"
 □ - FULL COVERAGE
 ▨ - PARTIAL COVERAGE
 ▩ - NO COVERAGE
Pg. 8 of Pg. 9

Surface 1

OCONEE PRESSURE SPRAY NOZZLE
60° & 70° CIRC. SCANS
70° ZONE 1 EXAM
 $ABDE = 2.55' \times 1.0" = 2.55 = 2.65 \text{ sq. in. COVERAGE}$
60° ZONE 2 & 3 EXAM
 $CDFG = \frac{3.8}{2} (2.1 + 1.9) = 7.6 \text{ sq. in. COVERAGE}$



ITEM # B03.110.002
 I.D.# EP2R.WP34
 BY: Danny Mauldin
 DATE: 12.2.99

SCALE = 1:0" = 1.0"
 [] - FULL COVERAGE
 [/] - PARTIAL COVERAGE
 [stippled] - NO COVERAGE
 Pg. 9 of Pg. 9

DUKE POWER COMPANY

ULTRASONIC DATA SHEET FOR PLANAR REFLECTORS IN FERRITIC PRESSURE VESSELS

Station: <u>OCOJEE</u>	Unit: <u>Z</u>	Component/Weld ID: <u>Z-PER-WP33-3</u>	Date: <u>12/2/99</u>
Weld Length (in.): <u>21.6"</u>	Surface Condition: <u>AS GROUND</u>	Lo <u>9.2.3</u>	Exam Start: <u>1430</u>
		Exam Finish: <u>1530</u>	

Procedure No: <u>NDE-620</u> Revision: <u>8</u> FC <u>N/A</u>	Scans 70° <u>58</u> dB Zone I 60° <u>80</u> dB Zone II 60° <u>80</u> dB Zone III Axial 60° <u>80</u> dB Zone III Circ.	Configuration <u>NOZZLE TO V. HEAD</u> Scan Surface: OD	Surface Temp. <u>73 ° F</u> Pyrometer s/n: <u>MCJDE-27010</u> Cal. Due Date: <u>4/27/00</u>	Calibration Sheet No: <u>9902106</u> <u>9902107</u> <u>9902108</u>
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Indication #	∠	MP _{max}	% FSH	L _{max}	W _{max}	SU LOCATION	BEAM DIRECTION	SCAN		REMARKS
								⊥	∞	
<u>NRI</u>	<u>60°</u>									
<u>NRI</u>	<u>70°</u>									

> 90% Coverage obtained: yes no (see NDE-UT-4) Limitation report is required

Examiner: [Signature] Level: II Date: 12/2/99 Examiner: Mary Moss Level: II Date: 12-2-99 Item No: B03.110.003

Reviewed by: [Signature] Level: II Date: 12/3/99 Authorized Inspector: [Signature] Date: 12-6-99

Attachment C
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Request for Relief 00-01

**DUKE POWER COMPANY
ISI LIMITATION REPORT**

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP33-3

Item No: B03.110.003

Remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L to Beyond
 ANGLE: 0 45 60 Other 70° FROM 0 DEG to 360 DEG

Nozzle Configuration

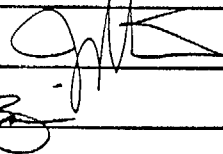
NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L+10" to Beyond
 ANGLE: 0 45 60 Other 70 FROM 190 DEG to 230 DEG

Lifting Lug

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

Prepared By: Jay Eaton



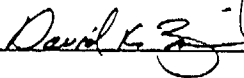
Level: II

Date: 12/2/99

Sketch(s) attached yes no

Sheet 2 of 9

Reviewed By:



Date: 12/3/99

Authorized Inspector:



Date: 12-6-99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
	60				38.7		0.00
	70				35.5		0.00
					72.2		0.00

Aggregate % 74.2 / 2 = 37.1%

		Item No:	B03.110.003
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>Daniel C. [Signature]</i>	Level:	II Date: 12/3/99

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DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 2 & 3 23.6 sq.in.	23.6 sq.in. X 21.6 in. = 509.76 cu.in.

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60	2	19.2	21.6	414.72	509.76	81.36
2	60	1	.1	21.6	2.16	509.76	0.42
3	60	CW	8.6	21.6	185.76	509.76	36.44
4	60	CCW	8.6	21.6	185.76	509.76	36.44
					788.4	2039.04	38.67

38.7%

		Item No:	B03.110.003
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>Daniel K. [Signature]</i>	Level:	II Date: 12/3/99

4 of 9

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

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

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 1 7.4 sq.in.	7.4 sq.in. X 21.6 in. = 159.84 cu.in.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	70	2	3.7	21.6	79.92	159.84	50.00
2	70	1	1.4	21.6	30.24	159.84	18.92
3	70	CW	2.7	21.6	58.32	159.84	36.49
4	70	CCW	2.7	21.6	58.32	159.84	36.49
					226.8	639.36	35.47

35.5%

		Item No: B03.110.003
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level: III Date: 12/2/99
Reviewed By:	<i>David K. [Signature]</i>	Level: II Date: 12/3/99

O'CONNOR SURFIZER RELIEF NOZZLE

EXAM AREAS

ZONE 1

$$ABKJ = 2.5" \times 1.0" = 2.5 \text{ sq. in.}$$

$$JKLM = \pi 3\frac{1}{4}"^2 - \pi 2\frac{1}{4}"^2 \times 18.9\% = 3.26 \text{ sq. in.}$$

$$LMOP = \frac{1.0"}{2} (1.5 + 1.75) = 1.63 \text{ sq. in.}$$

$$7.39 \text{ sq. in.} = \underline{\underline{7.4 \text{ sq. in.}}}$$

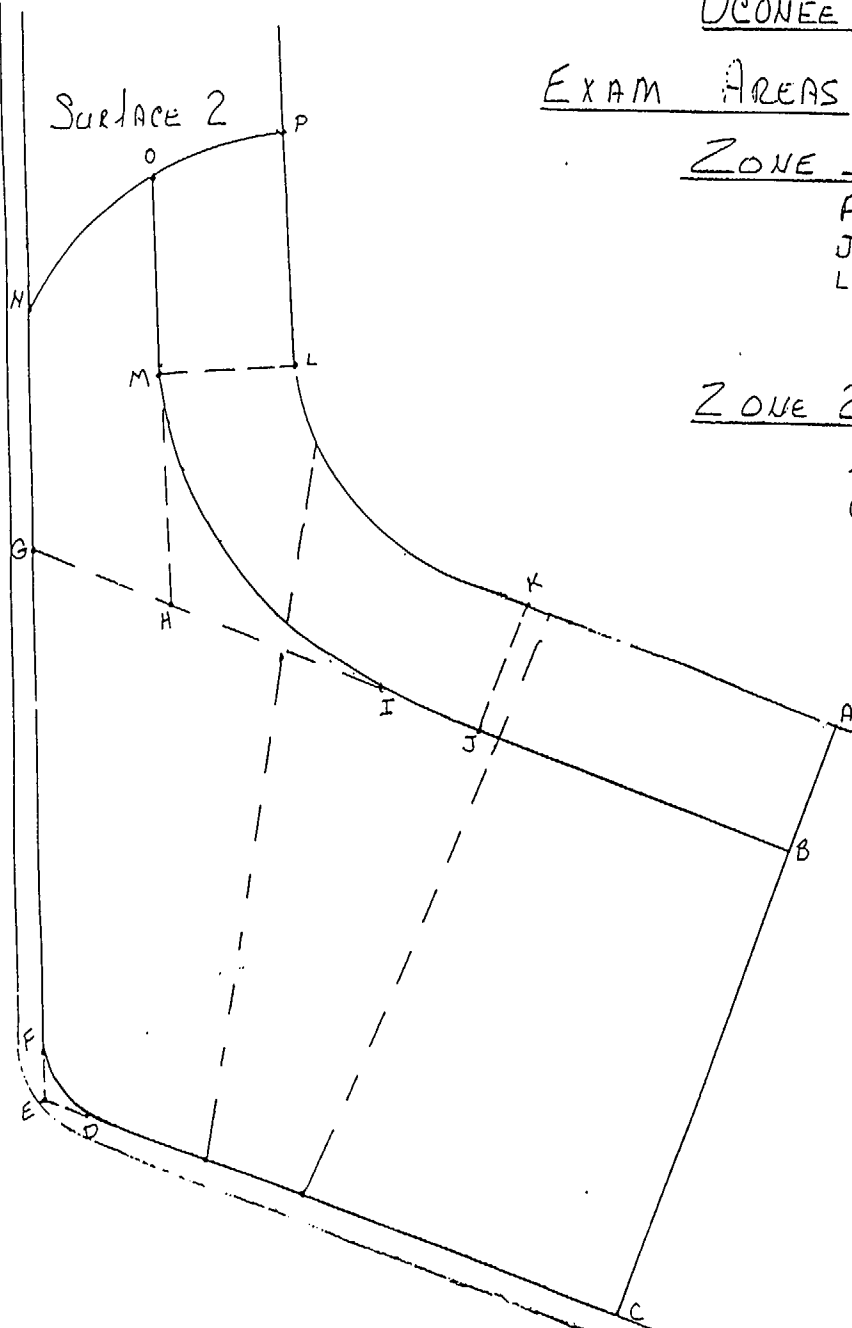
ZONE 2 & 3

$$BLEG - DEF = \frac{3.75}{2} (6.2 + 4.7) - \frac{.4 \times .4}{2} = 20.35 \text{ sq. in.}$$

$$GHNO = \frac{1.0"}{2} (1.8 + 3.2) = 2.5 \text{ sq. in.}$$

$$HIM = \frac{2.9 \times .55}{2} = .79 \text{ sq. in.}$$

$$\underline{\underline{23.64 = 23.6 \text{ sq. in.}}}$$



NOTE:

JKLM HAS A MULTIPLIER of 18.9%. THE RADIUS of ZONE IS 68° OR 18.9% of 360°

SCALE 1.0" = 1.0"

- FULL COVERAGE
- PARTIAL COVERAGE
- NO COVERAGE

ITEM # B03.110.003
 I.D. # 2 PER. WP 33.3
 BY: Lane Mauldin
 DATE: 9-2-95

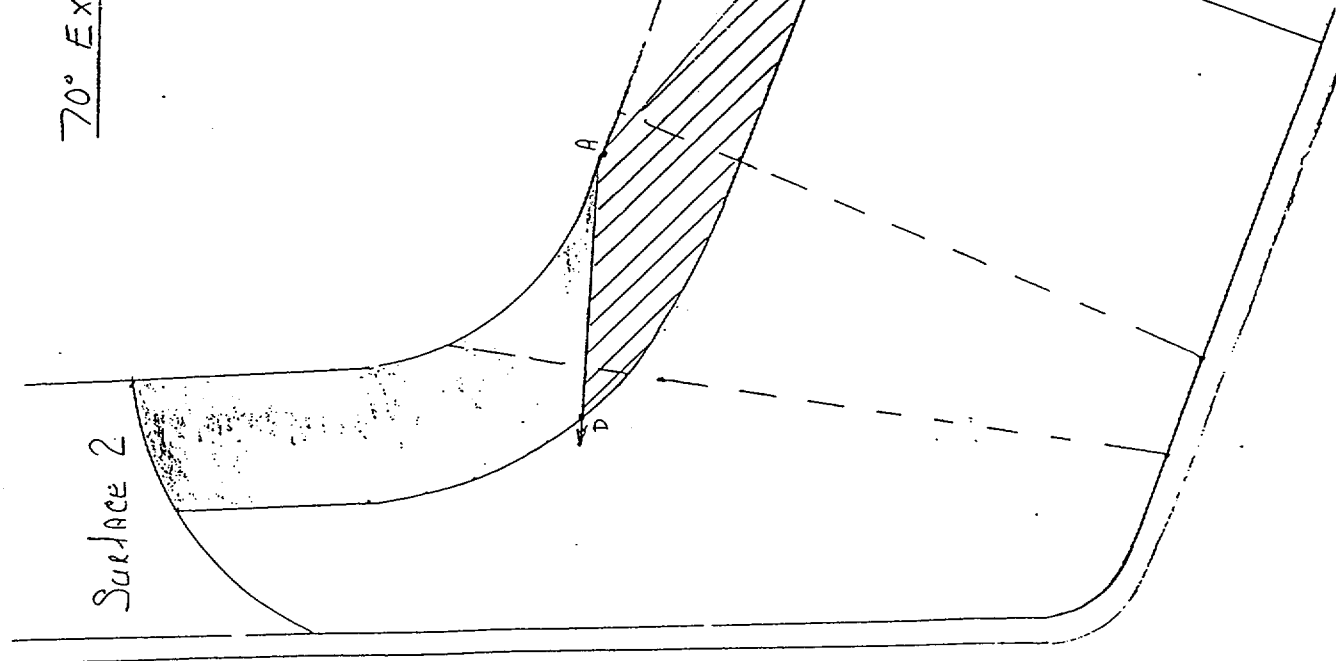
PG. 6 of PG. 9

UCONEE SURVIVED RELIEF NOZZLE

70° EXAM ZONE 1

S₁ TO S₂: ABCD = $\frac{1.0''}{2} (2.7 + 4.6) = 3.65 = 3.759.14$

S₂ TO S₁: ABC = $\frac{2.7 \times 1.0}{2} = 1.35 = 1.459.14$



SCALE 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # 303.16.003
 I.D.# 2 PER W.P. 33.3
 BY: Louis Moralli
 DATE: 12.2.99

Pg. 7 of Pg. 9

OCONEE SURIZER RELIEF NOZZLE

60° EXAM ZONE 2 & 3

SURFACE 2

S₁ TO S₂

(AREA OF LOSS) DEHI + EFG = $\frac{10}{2} (2.8 + 3.7) + \frac{2.1 \times 1.1}{2} = 4.4 \text{ SQ. IN.}$
 (TOTAL AREA) 23.6 - (LOSS) 4.4 = 19.2 SQ. IN. COVERAGE

S₂ TO S₁

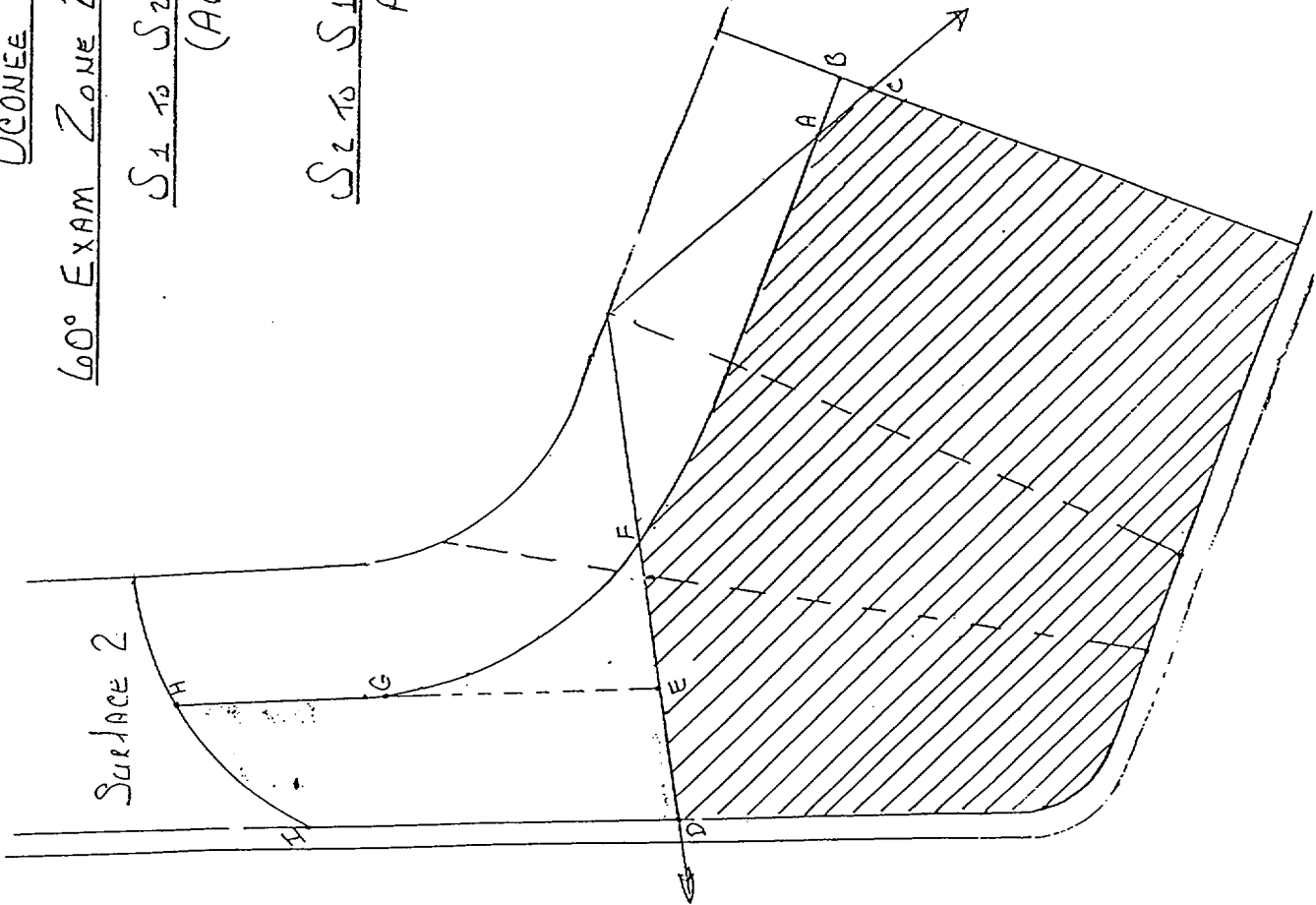
ABC = $\frac{.5 \times .25}{2} \cdot .06 = \underline{.159 \text{ IN.}}$

- SCALE 1.0" = 1.0"
- FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # 303.110.003
 I.D.# 272R WP-33-3
 BY: Klaus Menden
 DATE: 12-8-99

SURFACE 1

PG. 8 of PG. 9



OCONEE SURFIZER RELIEF NOZZLE

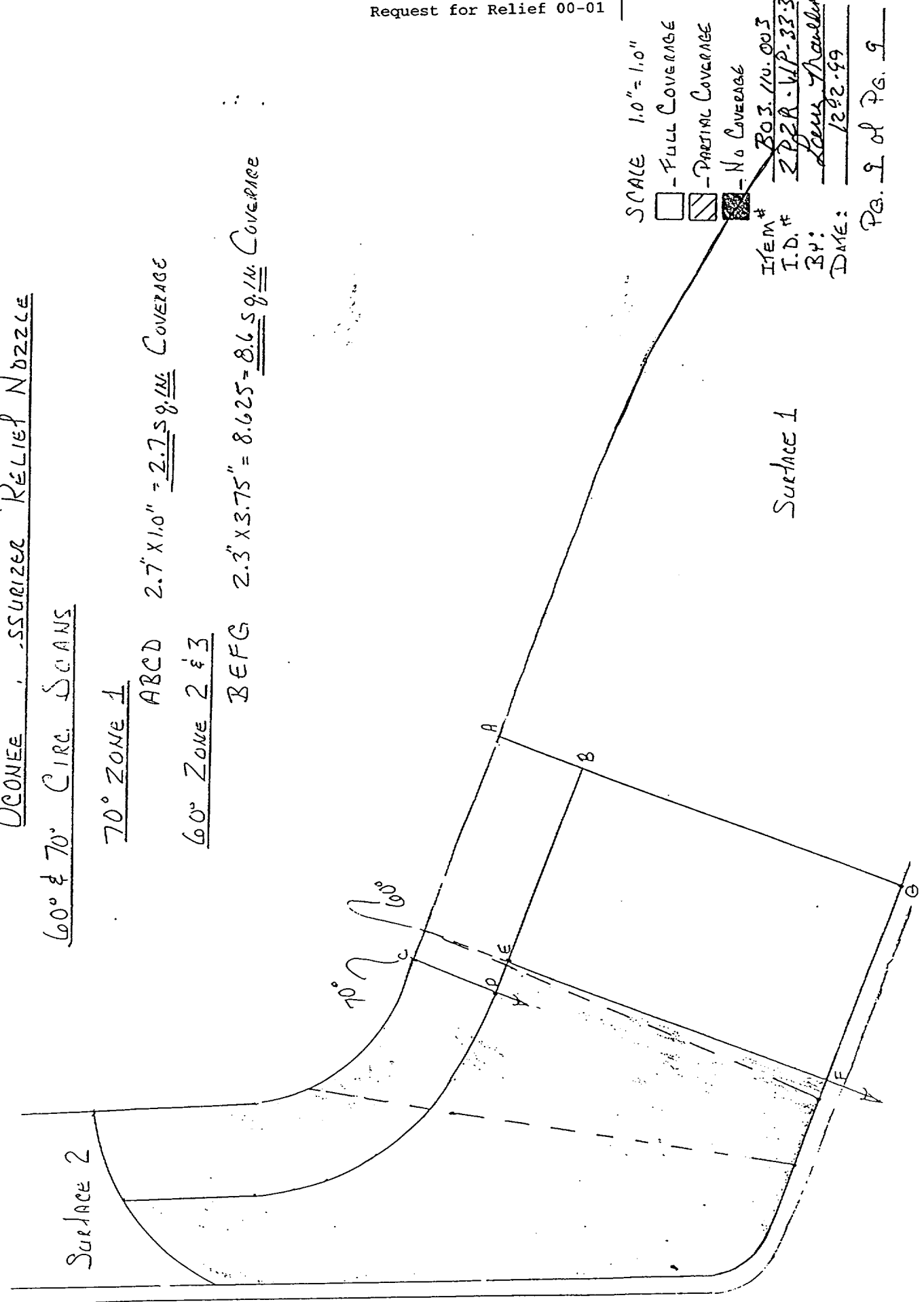
60° & 70° CIRC. SCANS

70° ZONE 1

ABCD 2.7" X 1.0" = 2.7 sq. in. COVERAGE

60° ZONE 2 & 3

BEFG 2.3" X 3.75" = 8.625 = 8.6 sq. in. COVERAGE



SCALE 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # BOJ. 10.005
 I.D.# 2 P.P.R. - W.P. - 33.3
 BY: Louis Thacker
 DATE: 12.2.99

Pg. 9 of Pg. 9

DUKE POWER COMPANY

ULTRASONIC DATA SHEET FOR PLANAR REFLECTORS IN FERRITIC PRESSURE VESSELS

Station: <u>OCONEE</u>	Unit: <u>Z</u>	Component/Weld ID: <u>Z-PER-WP33-2</u>	Date: <u>12/2/99</u>
Weld Length (in.): <u>21.6"</u>	Surface Condition: <u>AS GROUND</u>	Lo <u>9.2.3</u>	Exam Start: <u>1430</u>
			Exam Finish: <u>1530</u>

Procedure No: <u>NDE-620</u> Revision: <u>8</u> FC <u>N/A</u>	Scans 70° <u>58</u> dB Zone I 60° <u>80</u> dB Zone II 60° <u>80</u> dB Zone III Axial 60° <u>80</u> dB Zone III Circ.	Configuration <u>NOZZLE TO J. HEAD</u> Scan Surface: OD	Surface Temp. <u>73 ° F</u> Pyrometer s/n: <u>MLNDE-27010</u> Cal. Due Date: <u>4/27/00</u>	Calibration Sheet No: <u>9902106</u> <u>9902107</u> <u>9902108</u>
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Indication #	∠	MP _{max}	% FSH	L _{max}	W _{max}	SU LOCATION	BEAM DIRECTION	SCAN		REMARKS
								∠	=	
<u>NRI</u>	<u>60°</u>									
<u>NRI</u>	<u>70°</u>									

> 90% Coverage obtained: yes no (see NDE-UT-4) Limitation report is required

Examiner: [Signature] Level: II Date: 12/2/99 Examiner: Sam Moss Level: II Date: 12-2-99 Item No: B03.110.004

Reviewed by: [Signature] Level: II Date: 12/3/99 Authorized Inspector: YMSC Date: 12-6-99

Attachment C
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Request for Relief 00-01

**DUKE POWER COMPANY
ISI LIMITATION REPORT**

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP33-2

Item No: B03.110.004

Remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L to Beyond
 ANGLE: 0 45 60 Other 70° FROM 0 DEG to 360 DEG

Nozzle Configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L+5" to Beyond
 ANGLE: 0 45 60 Other 70 FROM 160 DEG to 200 DEG

Lifting Lug

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

Prepared By: Jay Eaton

Level: II

Date: 12/2/99

Sketch(s) attached yes no

Sheet 2 of 9

Reviewed By:

David K. [Signature]

Date: 12/3/99

Authorized Inspector:

MBC

Date: 12-6-99

Attachment C
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 Request for Relief 00-01

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

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

Area Calculation	Volume Calculation

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
	60				38.7		0.00
	70				35.5		0.00
					72.2		0.00

Aggregate % 74.2 / 2 = 37.1%

Prepared By: Larry Mauldin <i>Larry Mauldin</i>		Level: III	Date: 12/2/99
Reviewed By: <i>Daniel E. [Signature]</i>		Level: II	Date: 12/3/99

3089

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 2 & 3 23.6 sq.in.	23.6 sq.in. X 21.6 in. = 509.76 cu.in.

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60	2	19.2	21.6	414.72	509.76	81.36
2	60	1	.1	21.6	2.16	509.76	0.42
3	60	CW	8.6	21.6	185.76	509.76	36.44
4	60	CCW	8.6	21.6	185.76	509.76	36.44
					788.4	2039.04	38.67

38.7%

		Item No:	B03.110.004
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>David K. [Signature]</i>	Level:	II Date: 12/3/99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 1 7.4 sq.in.	7.4 sq.in. X 21.6 in. = 159.84 cu.in.

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	70	2	3.7	21.6	79.92	159.84	50.00
2	70	1	1.4	21.6	30.24	159.84	18.92
3	70	CW	2.7	21.6	58.32	159.84	36.49
4	70	CCW	2.7	21.6	58.32	159.84	36.49
					226.8	639.36	35.47

35.5%

		Item No:	B03.110.004
Prepared By:	Larry Mauldin <i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>David K. [Signature]</i>	Level:	II Date: 12/3/99

OCCONEE ASSURIZER RELIEF NOZZLE

EXAM AREAS

ZONE 1

$$ABKJ = 2.5" \times 1.0" = 2.5 \text{ sq. in.}$$

$$JKLM = \pi 3\frac{1}{4}''^2 - \pi 2\frac{1}{4}''^2 \times 18.9\% = 3.26 \text{ sq. in.}$$

$$LMOP = \frac{1.0"}{2} (1.5 + 1.75) = 1.63 \text{ sq. in.}$$

$$7.39 \text{ sq. in.} = \underline{\underline{7.4 \text{ sq. in.}}}$$

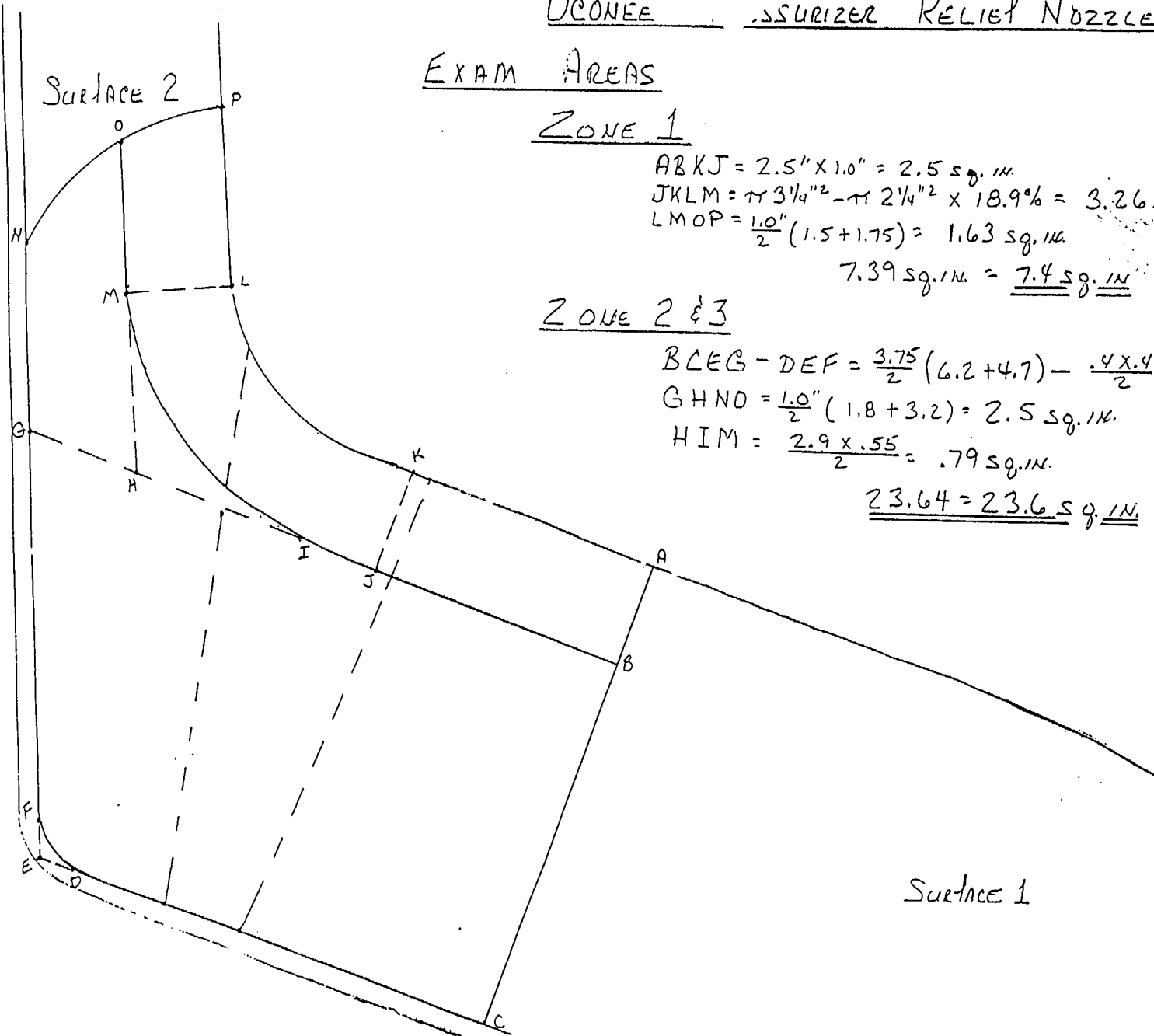
ZONE 2 & 3

$$BLEG - DEF = \frac{3.75}{2} (6.2 + 4.7) - \frac{.4 \times .4}{2} = 20.35 \text{ sq. in.}$$

$$GHND = \frac{1.0"}{2} (1.8 + 3.2) = 2.5 \text{ sq. in.}$$

$$HIM = \frac{2.9 \times .55}{2} = .79 \text{ sq. in.}$$

$$\underline{\underline{23.64 = 23.6 \text{ sq. in.}}}$$



Attachment C
Page 24 of 52
Request for Relief 00-01

NOTE:

JKLM HAS A MULTIPLIER of 18.9%. THE RADIUS of ZONE IS 68" OR 18.9% of 360°.

SCALE 1.0" = 1.0"

- FULL COVERAGE
- PARTIAL COVERAGE
- NO COVERAGE

ITEM# 303.110.004
I.D.# 2 PER W/P 33.2
BY: Lane Thawler
DATE: 12.2.99

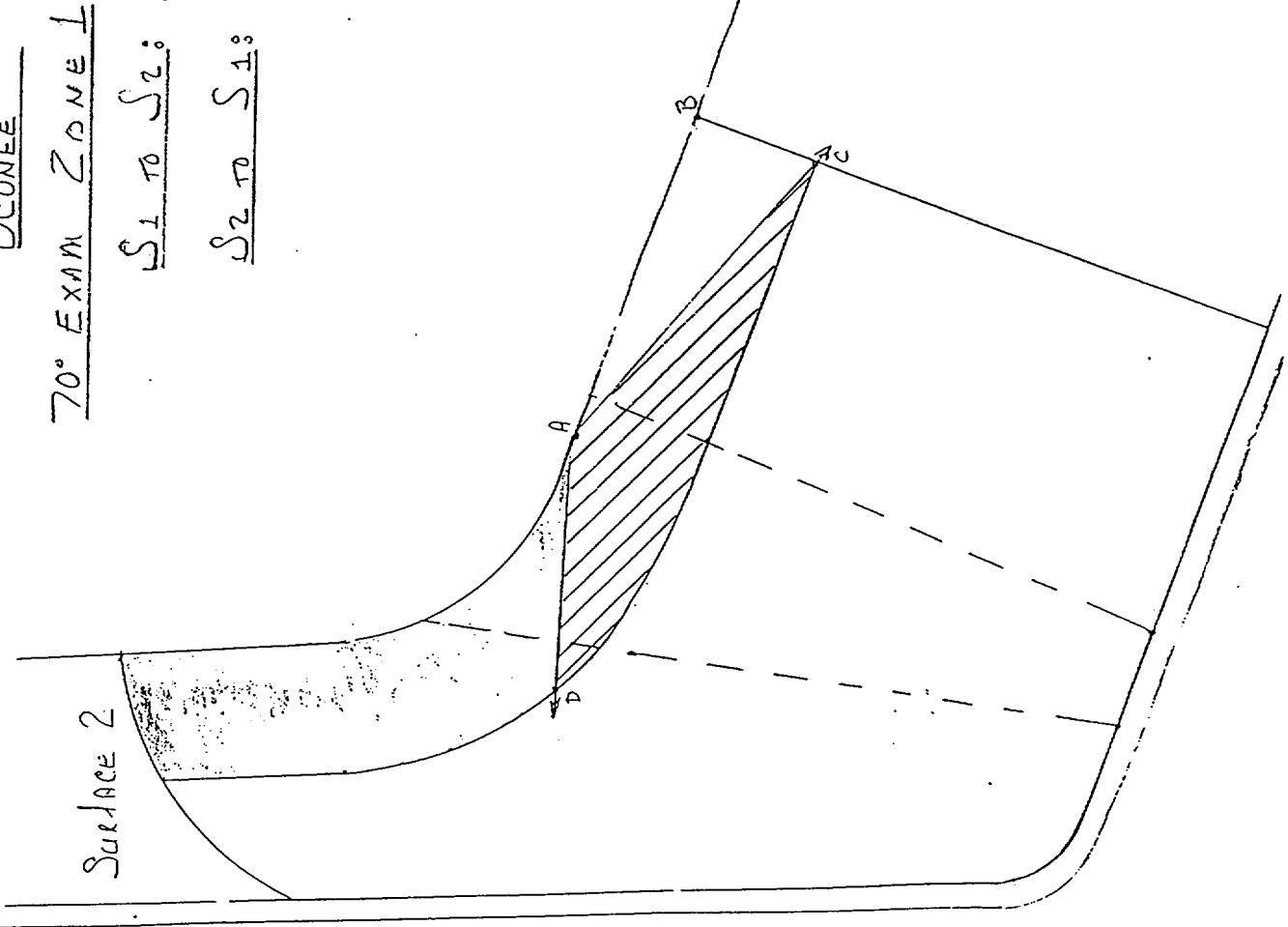
PG. 6 of PG. 9

DEONEE SURIZER RELIEF NOZZLE

70° EXAM ZONE 1

S1 TO S2: ABCD = $\frac{1.0"}{2} (2.7 + 4.6) = 3.65 = 3.759.14$

S2 TO S1: ABC = $\frac{2.7 \times 1.0}{2} = 1.35 = 1.459.14$



SCALE 1.0" = 1.0"

- FULL COVERAGE

- PARTIAL COVERAGE

- NO COVERAGE

ITEM #

I.D. #

BY:

DATE:

203.110.004

2 PR - WP - 33.2

LAM WALLS

012.2.99

SURFACE 1

OCONEE SURVEY RELIEF NOZZLE

60° EXAM ZONE 2 & 3

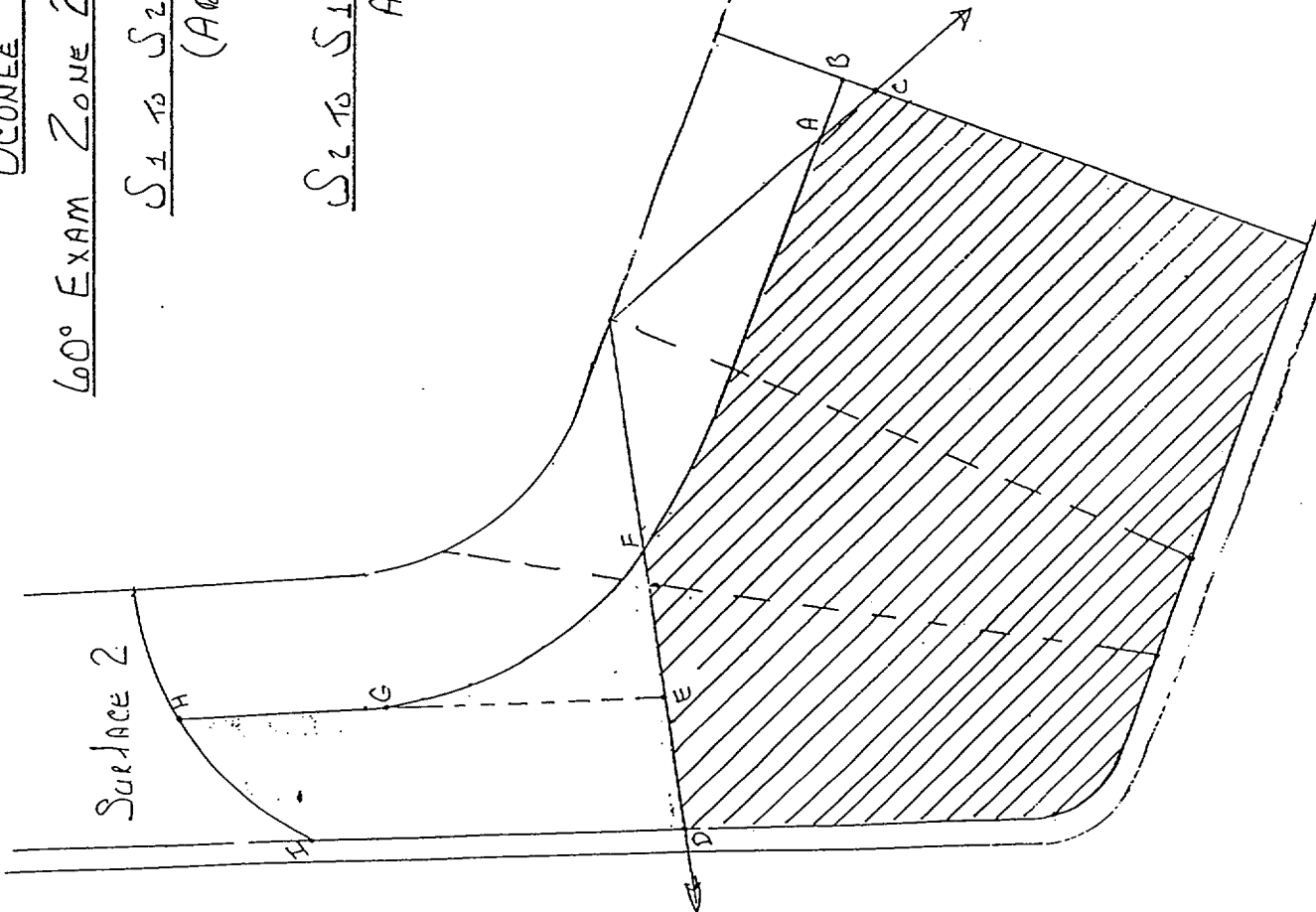
S₁ TO S₂

$$(AREA OF LOSS) DEHI + EFG = \frac{10}{2}(2.6 + 3.7) + \frac{2.1 \times 1.1}{2} = 4.4 \text{ SQ. IN.}$$

$$(TOTAL AREA) 23.6 - (LOSS) 4.4 = \underline{19.2 \text{ SQ. IN. COVERAGE}}$$

S₂ TO S₁

$$ABC = \frac{.5 \times 2.5}{2} \cdot .06 = \underline{.159 \text{ IN.}}$$



SURFACE 1

- SCALE 1.0" = 1.0"
- FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # 303.110.004
I.D.# 2PCR-WP 33.2
BY: Steve Mueller
DATE: 12.22.99

PG. 8 of PG. 9

O'CONNOR SURFIZER RELIEF NOZZLE

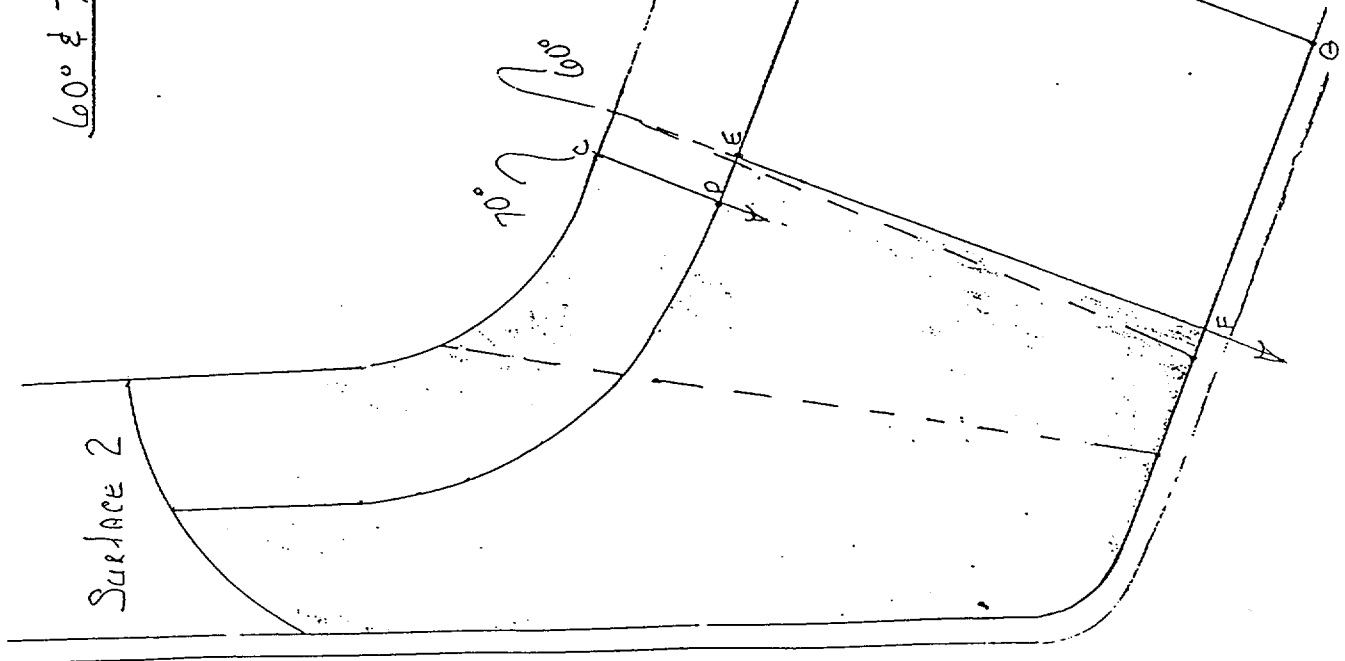
60° & 70° CIRC. SWANS

70° ZONE 1

ABCD 2.7' X 1.0" = 2.7 sq. ft. COVERAGE

60° ZONE 2 & 3

BEFG 2.3' X 3.75" = 8.625 = 8.6 sq. ft. COVERAGE



SCALE 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # B03.10.004
 I.D. # 2PER-WP33-2
 BY: Larry Mander
 DATE: 9/2-2-99

PG. 9 of PG. 9

DUKE POWER COMPANY

ULTRASONIC DATA SHEET FOR PLANAR REFLECTORS IN FERRITIC PRESSURE VESSELS

Station: <u>OCONEE</u>	Unit: <u>Z</u>	Component/Weld ID: <u>Z-PER-WP33-1</u>	Date: <u>12/2/99</u>
Weld Length (in.): <u>21.6"</u>	Surface Condition: <u>AS GROUND</u>	Lo <u>9.2.3</u>	Exam Start: <u>1430</u>
			Exam Finish: <u>1530</u>

Procedure No: <u>NDE-620</u> Revision: <u>8</u> FC <u>N/A</u>	Scans 70° <u>58</u> dB Zone I 60° <u>80</u> dB Zone II 60° <u>80</u> dB Zone III Axial 60° <u>80</u> dB Zone III Circ.	Configuration <u>NOZZLE TO J. HEAD</u> Scan Surface: OD	Surface Temp. <u>73 ° F</u> Pyrometer s/n: <u>MCNDE-27010</u> Cal. Due Date: <u>4/27/00</u>	Calibration Sheet No: <u>9902106</u> <u>9902107</u> <u>9902108</u>
--	--	---	---	---

Indication #	∠	MP _{max}	% FSH	L _{max}	W _{max}	SU LOCATION	BEAM DIRECTION	SCAN	REMARKS
<u>NRI</u>	<u>60°</u>								
<u>NRI</u>	<u>70°</u>								

> 90% Coverage obtained: yes no (see NDE-UT-4) Limitation report is required

Examiner: [Signature] Level: II Date: 12/2/99 Examiner: [Signature] Level: II Date: 12-2-99 Item No: B03.110.005

Reviewed by: [Signature] Level: II Date: 12/3/99 Authorized Inspector: [Signature] Date: 12-6-99

Attachment C
Page 28 of 52
Request for Relief 00-01

**DUKE POWER COMPANY
ISI LIMITATION REPORT**

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-PZR-WP33-1

Item No: B03.110.005

Remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM WO C/L to Beyond
 ANGLE: 0 45 60 Other 70° FROM 0 DEG to 360 DEG

Nozzle Configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

Prepared By: Jay Eaton

Level: II

Date: 12/2/99

Sketch(s) attached yes no

Sheet 2 of 9

Reviewed By:

David L. [Signature]

Date: 12/3/99

Authorized Inspector:

MBC

Date: 12-6-99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1 Revision 0
--	----------------------------

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

Area Calculation	Volume Calculation

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
	60				38.7		0.00
	70				35.5		0.00
					72.2		0.00

Aggregate % 74.2 / 2 = 37.1%

		Item No:	B03.110.005
Prepared By:	<i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>David K. [Signature]</i>	Level:	II Date: 12/3/99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

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

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 2 & 3 23.6 sq.in.	23.6 sq.in. X 21.6 in. = 509.76 cu.in.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60	2	19.2	21.6	414.72	509.76	81.36
2	60	1	.1	21.6	2.16	509.76	0.42
3	60	CW	8.6	21.6	185.76	509.76	36.44
4	60	CCW	8.6	21.6	185.76	509.76	36.44
					788.4	2039.04	38.67

38.7%

		Item No: B03.110.005
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level: III Date: 12/2/99
Reviewed By:	<i>David K. Z...</i>	Level: II Date: 12/3/99

4089

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) Zone 1 7.4 sq.in.	7.4 sq.in. X 21.6 in.= 159.84 cu.in.

Coverage Calculations

Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	70	2	3.7	21.6	79.92	159.84	50.00
2	70	1	1.4	21.6	30.24	159.84	18.92
3	70	CW	2.7	21.6	58.32	159.84	36.49
4	70	CCW	2.7	21.6	58.32	159.84	36.49
					226.8	639.36	35.47

35.5%

		Item No:	B03.110.005
Prepared By: Larry Mauldin	<i>Larry Mauldin</i>	Level: III	Date: 12/2/99
Reviewed By:	<i>David C. [Signature]</i>	Level: II	Date: 12/3/99

OCONEE

SSURIZER RELIEF NOZZLE

EXAM AREAS

ZONE 1

$ABKJ = 2.5" \times 1.0" = 2.5 \text{ sq. in.}$

$JKLM = \pi 3\frac{1}{4}"^2 - \pi 2\frac{1}{4}"^2 \times 18.9\% = 3.26 \text{ sq. in.}$

$LMOP = \frac{1.0"}{2} (1.5 + 1.75) = 1.63 \text{ sq. in.}$

$7.39 \text{ sq. in.} = \underline{\underline{7.4 \text{ sq. in.}}}$

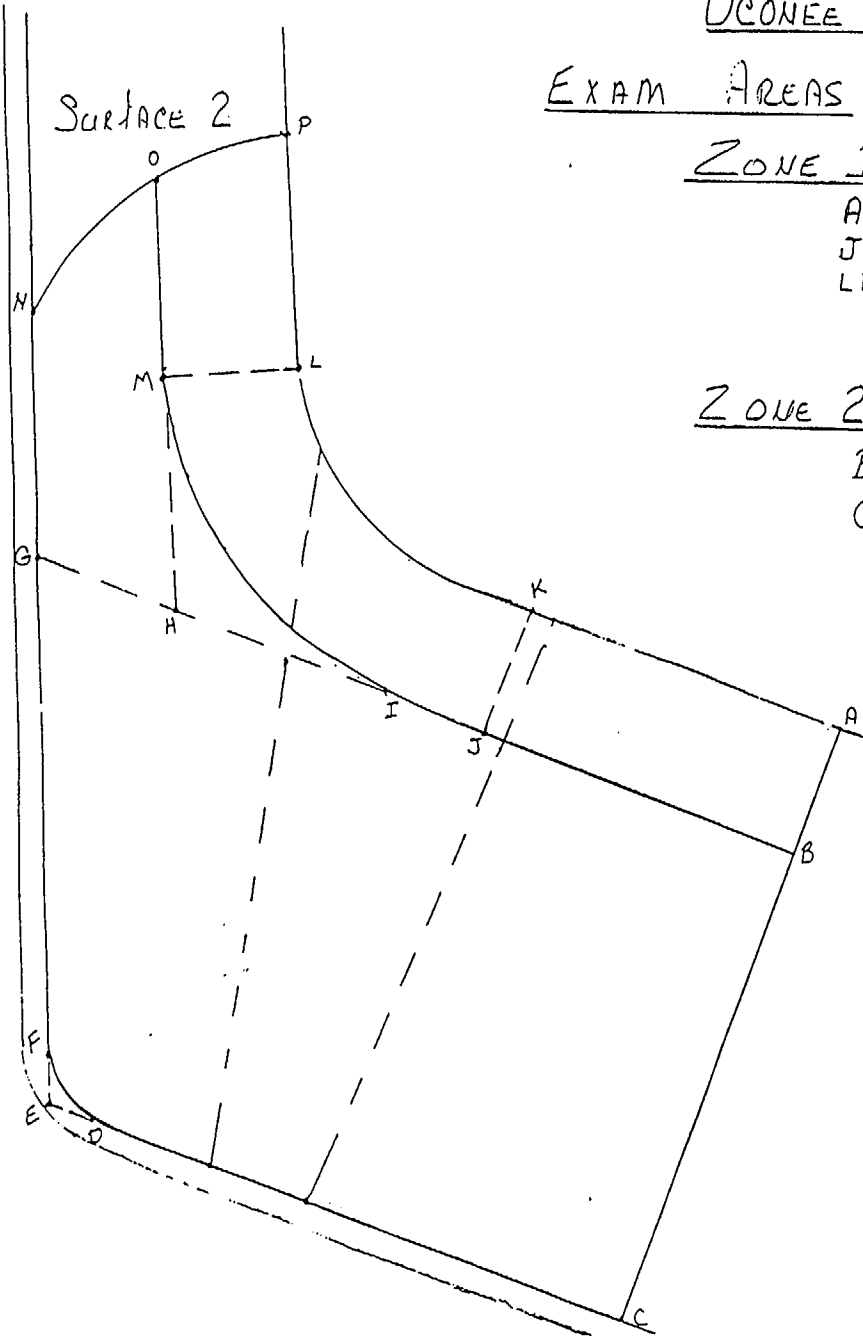
ZONE 2 & 3

$BCEG - DEF = \frac{3.75}{2} (6.2 + 4.7) - \frac{.4 \times .4}{2} = 20.35 \text{ sq. in.}$

$GHNO = \frac{1.0"}{2} (1.8 + 3.2) = 2.5 \text{ sq. in.}$

$HIM = \frac{2.9 \times .55}{2} = .79 \text{ sq. in.}$

$23.64 = \underline{\underline{23.6 \text{ sq. in.}}}$



NOTE:

JKLM HAS A MULTIPLIER of 18.9%. THE RADIUS of ZONE IS 68' OR 18.9% of 360°.

SCALE 1.0" = 1.0"

- FULL COVERAGE
- PARTIAL COVERAGE
- NO COVERAGE

ITEM # 305.110.005
 I.D. # 2 P2R-WP33-1
 BY: Lane Thacker
 DATE: 02-2-99

Pg. 6 of Pg. 9

OCONEE, -SSURIZER RELIEF NOZZLE

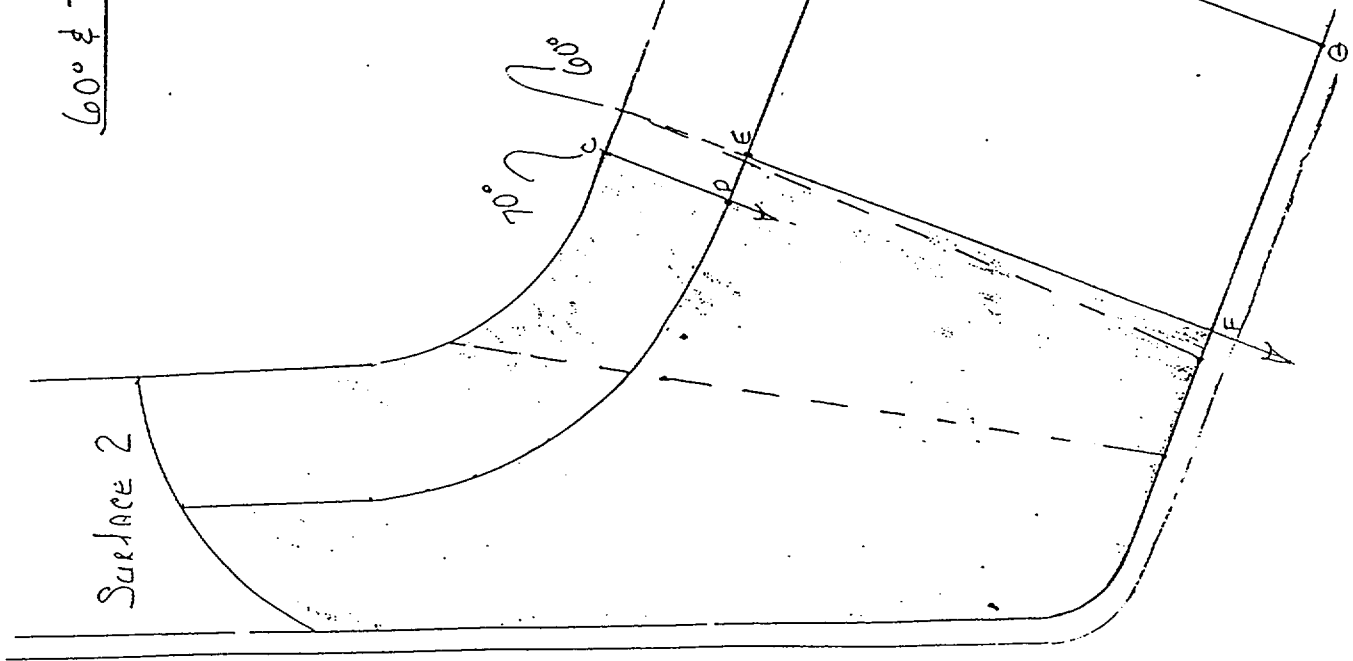
60° & 70° CIRC. SCANS

70° ZONE 1

ABCD 2.7' X 1.0" = 2.7 sq. ft. COVERAGE

60° ZONE 2 & 3

BEFG 2.3' X 3.75" = 8.625 = 8.6 sq. ft. COVERAGE



SCALE 1.0" = 1.0"
 - FULL COVERAGE
 - PARTIAL COVERAGE
 - NO COVERAGE

ITEM # 203.110.035
 I.D. # 2028-WP33-1
 BY: Scott Maudlin
 DATE: 12-22-99

SURFACE 1

Pg. 7 of Pg. 9

OCONEE SURVEYOR RELIEF NOZZLE

60° EXAM ZONE 2 & 3

SURFACE 2

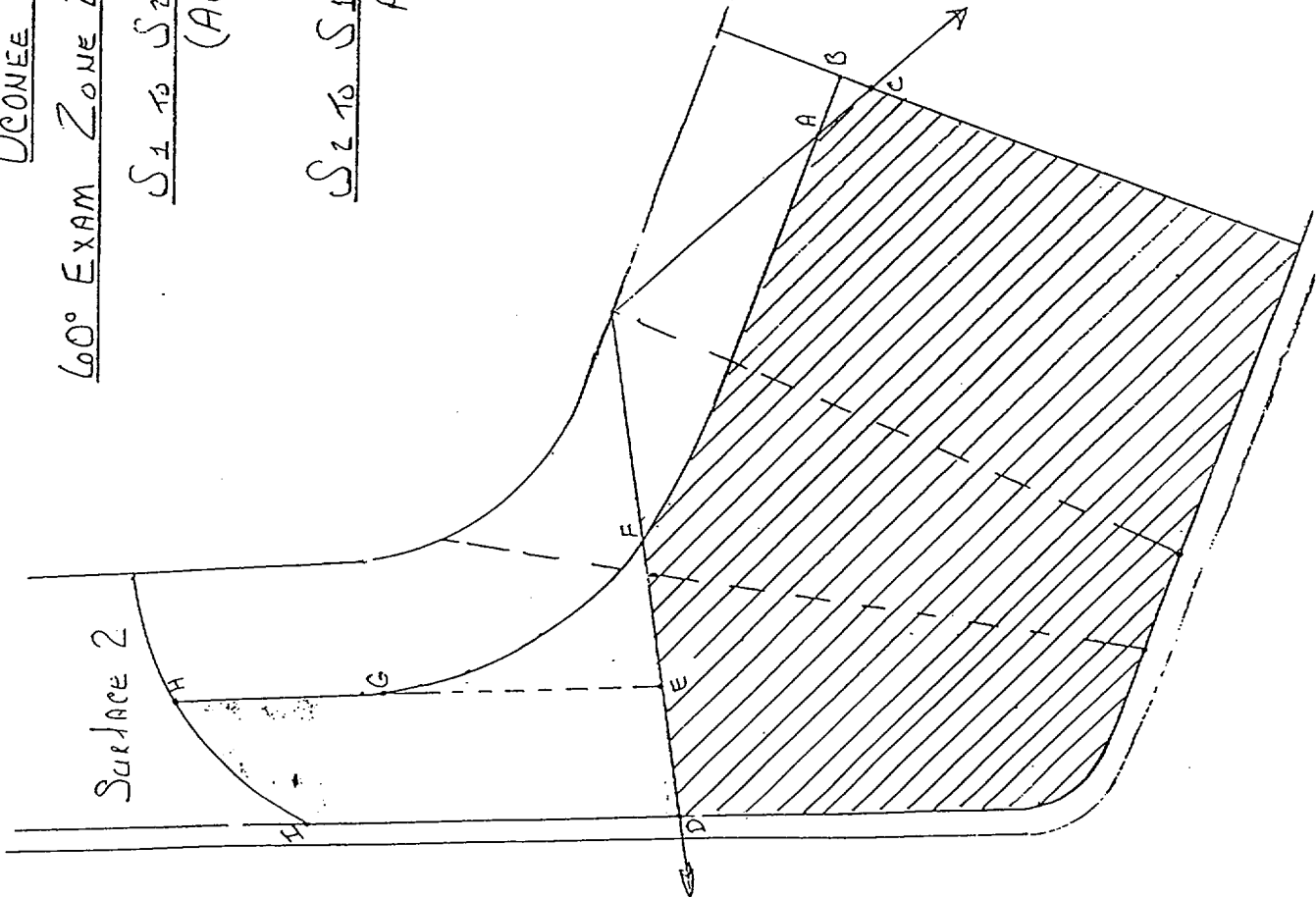
S₁ TO S₂

$$(Area of Loss) DEHI + EFG = \frac{10}{2}(2.8 + 3.7) + \frac{2.1 \times 1.1}{2} = 4.4 \text{ sq. ft.}$$

$$(TOTAL AREA) 23.6 - (Loss) 4.4 = \underline{19.2 \text{ sq. ft. COVERAGE}}$$

S₂ TO S₁

$$ABC = \frac{.5 \times .25}{2} \times .06 = \underline{.15 \text{ sq. ft.}}$$



SURFACE 1

SCALE 1.0" = 1.0"

- FULL COVERAGE
- PARTIAL COVERAGE
- NO COVERAGE

ITEM # B03.110.005
I.D.# SPER-WP331
BY: Laura Mauldin
DATE: 12.2.99

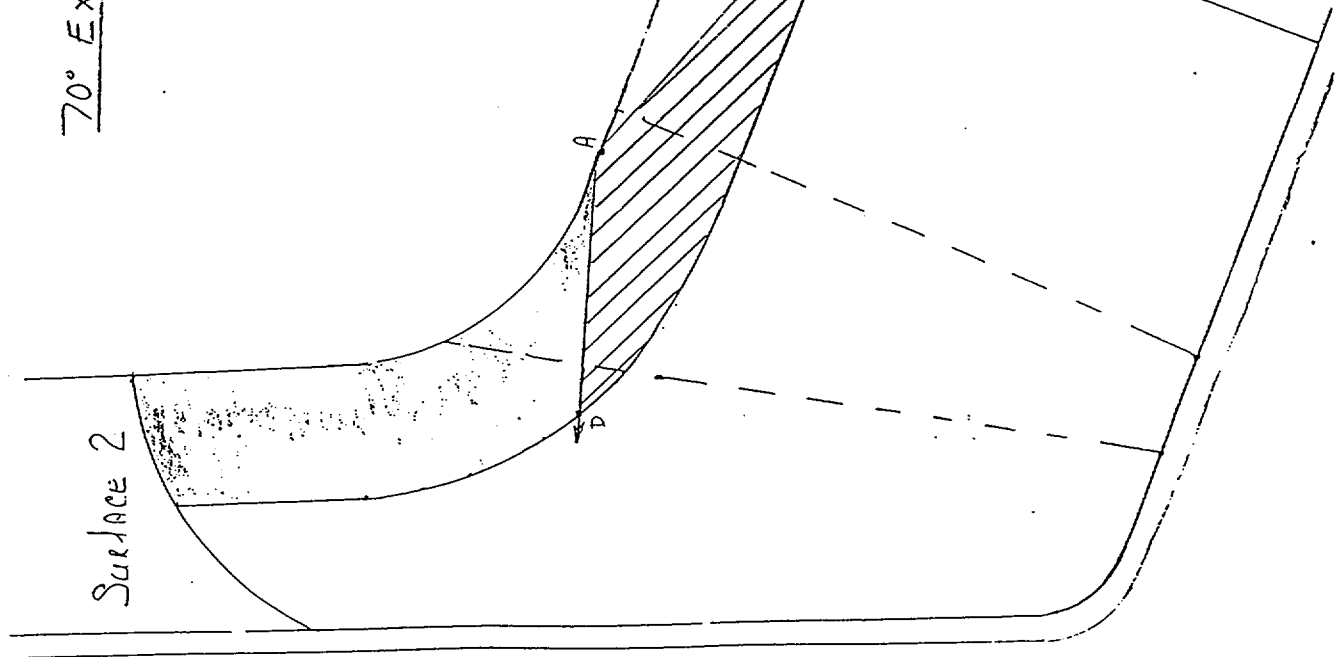
PG. 8 of PG. 9

OCONEE SSURIZED RELIEF NOZZLE

70° EXAM ZONE 1

S₁ TO S₂: ABCD = $\frac{10"}{2} (2.7 + 4.6) = 3.65 = \underline{\underline{3.759.14}}$

S₂ TO S₁: ABC = $\frac{2.7 \times 1.0}{2} = 1.35 = \underline{\underline{1.459.14}}$



SCALE 1.0" = 1.0"

- FULL COVERAGE

- PARTIAL COVERAGE

- NO COVERAGE

ITEM #

I.D. #

BY:

DATE:

803.110.005

2P22R-WP 334

Larry Thullen

12-2-99

SURFACE 1

Pg. #9 of Pg. 9

DUKE POWER COMPANY					Exam Start: 0831	Form NDE-UT-2A
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS					Exam Finish: 0903	Revision 4
Station: OCONEE	Unit: 2	Component/Weld ID: 2-SGB-WG25			Date: 12/2/99	
Weld Length (in.): 152.8"	Surface Condition: AS GROUND	Lo: 9.2.3	Surface Temperature: <u>73</u> ° <u>F</u>			
Examiner: David Zimmerman <i>David Zimmerman</i>	Level: II	Scans:		Pyrometer S/N: <u>MCNDE 27206</u>		
Examiner: Jay A. Eaton <i>Jay A. Eaton</i>	Level: II	45 <input checked="" type="checkbox"/> <u>51.5</u> dB	70 <input type="checkbox"/> _____ dB	Cal Due: <u>1/21/00</u>		
Procedure: NDE-970 Rev: 0	FC: NA	45T <input checked="" type="checkbox"/> <u>51.5</u> dB	70T <input type="checkbox"/> _____ dB	Configuration: <u>Nozzle to Head</u>		
NDE-640 1	*	60 <input type="checkbox"/> _____ dB		<u>S2</u> Flow <u>S1</u>		
Calibration Sheet No: 9902101, 9902102		60T <input type="checkbox"/> _____ dB		<u>NOZZLE</u> to <u>HEAD</u>		
		Other: <u>0°-22.5</u> dB		Scan Surface: <u>OD</u>		
				Applies to NDE-680 only		
				Skew Angle: <u>N/A</u>		

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

Remarks: * 95-18, 95-19				
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>				Sheet <u>1</u> of <u>13</u>
Reviewed By: <i>Jay Moos</i>	Level: <u>II</u>	Date: <u>12-03-99</u>	Authorized Inspector: <i>JMBC</i>	Date: <u>12-6-99</u>
				Item No: B03.130.006

Attachment C
Page 37 of 52
Request for Relief 00-01

DUKE POWER COMPANY					Exam Start: 0830	Form NDE-UT-2A	
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS					Exam Finish: 0843	Revision 4	
Station: OCONEE	Unit: 2	Component/Weld ID: 2-SGB-WG25			Date: 12/2/99		
Weld Length (in.): 152.8"	Surface Condition: AS GROUND		Lo: 9.2.3	Surface Temperature: <u>73</u> ° <u>F</u>			
Examiner: Larry Mauldin <i>Larry Mauldin</i>	Level: III	Scans: 45 <input type="checkbox"/> _____ dB 70 <input type="checkbox"/> _____ dB 45T <input type="checkbox"/> _____ dB 70T <input type="checkbox"/> _____ dB 60 <input checked="" type="checkbox"/> <u>70</u> dB 60T <input checked="" type="checkbox"/> <u>70</u> dB Other: _____ dB			Pyrometer S/N: <u>MCNDE 27206</u>		
Examiner: James L. Panel <i>James L. Panel</i>	Level: II				Cal Due: <u>1/21/00</u>		
Procedure: NDE-970	Rev: 0				Configuration: <u>Nozzle to Head</u>		
Calibration Sheet No: 9902103	FC: NA				<u>S2</u> Flow <u>S1</u> <u>NOZZLE</u> to <u>HEAD</u> Scan Surface: OD Applies to NDE-680 only Skew Angle: NA		

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

Remarks:					
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>				Sheet <u>2</u> of <u>13</u>	
Reviewed By: <i>Nary Moss</i>	Level: <u>II</u>	Date: <u>12-3-99</u>	Authorized Inspector: <i>MBC</i>	Date: <u>12-6-99</u>	Item No: B03.130.006

Attachment C
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 Request for Relief 00-01

**DUKE POWER COMPANY
ISI LIMITATION REPORT**

FORM NDE-UT-4

Revision 1

Component/Weld ID: 2-SGB-WG25

Item No: B03.130.006

Remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L NA to L NA INCHES FROM WO 2.0" to BEYOND
 ANGLE: 0 45 60 Other FROM 0 DEG to 360 DEG

DUE TO NOZZLE CONFIGURATION

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L to L INCHES FROM WO to
 ANGLE: 0 45 60 Other FROM DEG to DEG

Prepared By: Larry Mauldin *Larry Mauldin* Level: III Date: 12/2/99 Sketch(s) attached yes no Sheet 3 of 13

Reviewed By: *Gary Moss* Date: 12.3.99 Authorized Inspector: *MBC* Date: 12-6-99

Attachment C
Page 39 of 52
Request for Relief 00-01

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) <div style="text-align: right; padding-right: 20px;">73.7 sq. in.</div>	$73.7 \text{ sq.in.} \times 152.8 \text{ in.} = 11261.36 = 11261.4 \text{ cu.in.}$

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	0°	NA	40.6	152.8	6203.7	11261.4	55.09
2	45°	1 &/or 2	48.9	152.8	7471.9	11261.4	66.35
3	60°	1 &/or 2	53	152.8	8098.4	11261.4	71.91
4	45°/60°	CW	39.2	152.8	5989.8	11261.4	53.19
5	45°/60°	CCW	39.2	152.8	5989.8	11261.4	53.19
					33753.6	56307	59.95

59.95 = 60 %

		Item No: B03.130.006
Prepared By: Larry Mauldin <i>Larry Mauldin</i>	Level: III	Date: 12/2/99
Reviewed By: <i>Gary Moss</i>	Level: II	Date: 12-3-99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
	Revision 0

Examination Volume/Area Defined

Base Metal
 Weld
 Near Surface
 Bolting
 Inner Radius

Area Calculation	Volume Calculation
(See Exam Area Drwg.) 18 sq.in.	18 sq.in. X 152.8 in. = 2750.4 cu.in.

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	0°	NA	15.7	152.8	2399	2750.4	87.22
2	45°	2	16.1	152.8	2460.1	2750.4	89.45
3	45°	1	3.4	152.8	519.5	2750.4	18.89
4	60°	2	16.9	152.8	2582.3	2750.4	93.89
5	60°	1	1.0	152.8	15.3	2750.4	0.56
6	45°	CW	8.4	152.8	1283.5	2750.4	46.67
7	45°	CCW	8.4	152.8	1283.5	2750.4	46.67
8	60°	CW	8.4	152.8	1283.5	2750.4	46.67
9	60°	CCW	8.4	152.8	1283.5	2750.4	46.67
					13247.7	24753.6	53.52
							53.5%

			Item No:	B03.130.006
Prepared By:	Larry Mauldin <i>Larry Mauldin</i>	Level:	III	Date: 12/2/99
Reviewed By:	<i>Gary Moss</i>	Level:	II	Date: 12.3.99

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

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

Area Calculation	Volume Calculation

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
		Base			33753.6	56307	59.95
		Weld			13247.7	24753.6	53.52
					47001.3	81060.6	57.98

Aggregate 58%

		Item No:	B03.130.006
Prepared By:	Larry Mauldin <i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	<i>Gary Moss</i>	Level:	II Date: 12-3-99

OCONEE NOZZLE TO UPPER T. (GENERATOR)

XAM. AREAS:

BASE MATERIAL:

$$ABC = \pi R^2 \div 4 = \pi 4^2 \div 4 = 12.566 \text{ sq. in.}$$

$$BCDF = 2.2 \times 4.0 = 8.8 \text{ sq. in.}$$

$$BEF = \frac{2.2 \times .5}{2} = .55 \text{ sq. in.}$$

$$DFG = \frac{6.3 \times 4}{2} = 12.6 \text{ sq. in.}$$

$$HIJK = \frac{8}{2} (4.0 + 5.8) = 39.2 \text{ sq. in.}$$

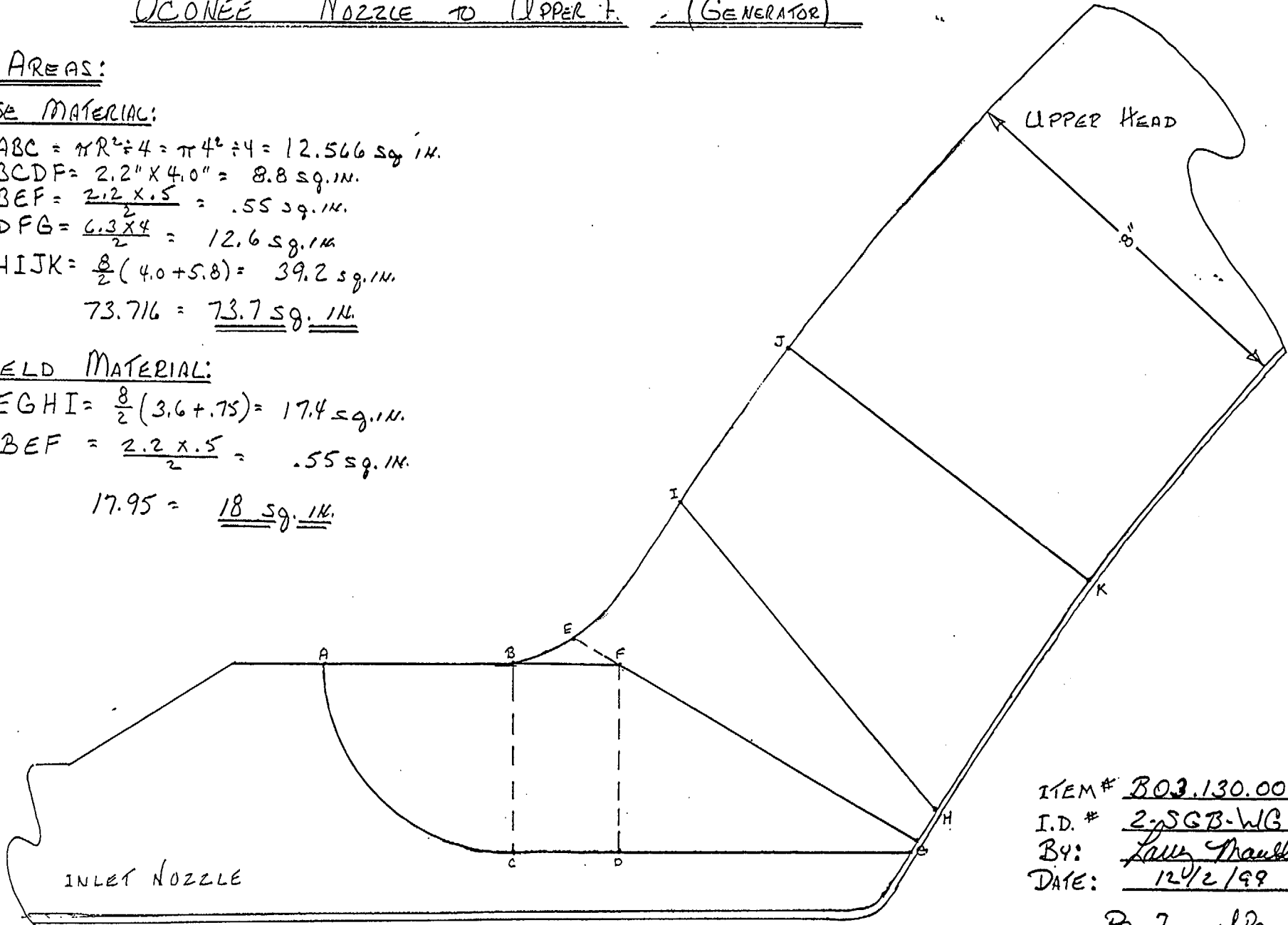
$$73.716 = \underline{\underline{73.7 \text{ sq. in.}}}$$

WELD MATERIAL:

$$EGHI = \frac{8}{2} (3.6 + .75) = 17.4 \text{ sq. in.}$$

$$BEF = \frac{2.2 \times .5}{2} = .55 \text{ sq. in.}$$

$$17.95 = \underline{\underline{18 \text{ sq. in.}}}$$



Attachment C
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Request for Relief 00-01

ITEM # B03.130.006
I.D. # 2-SGB-WG25
BY: Larry Mauldin
DATE: 12/2/99

Pa. 7 of Pa. 13

OCONEE NOZZLE TO UPPER GENERATOR

0° SCAN COVERAGE

BASE MATERIAL:

$ABCE = \frac{8}{2} (40 + 5.8) = 39.2 \text{ sq. ft.}$

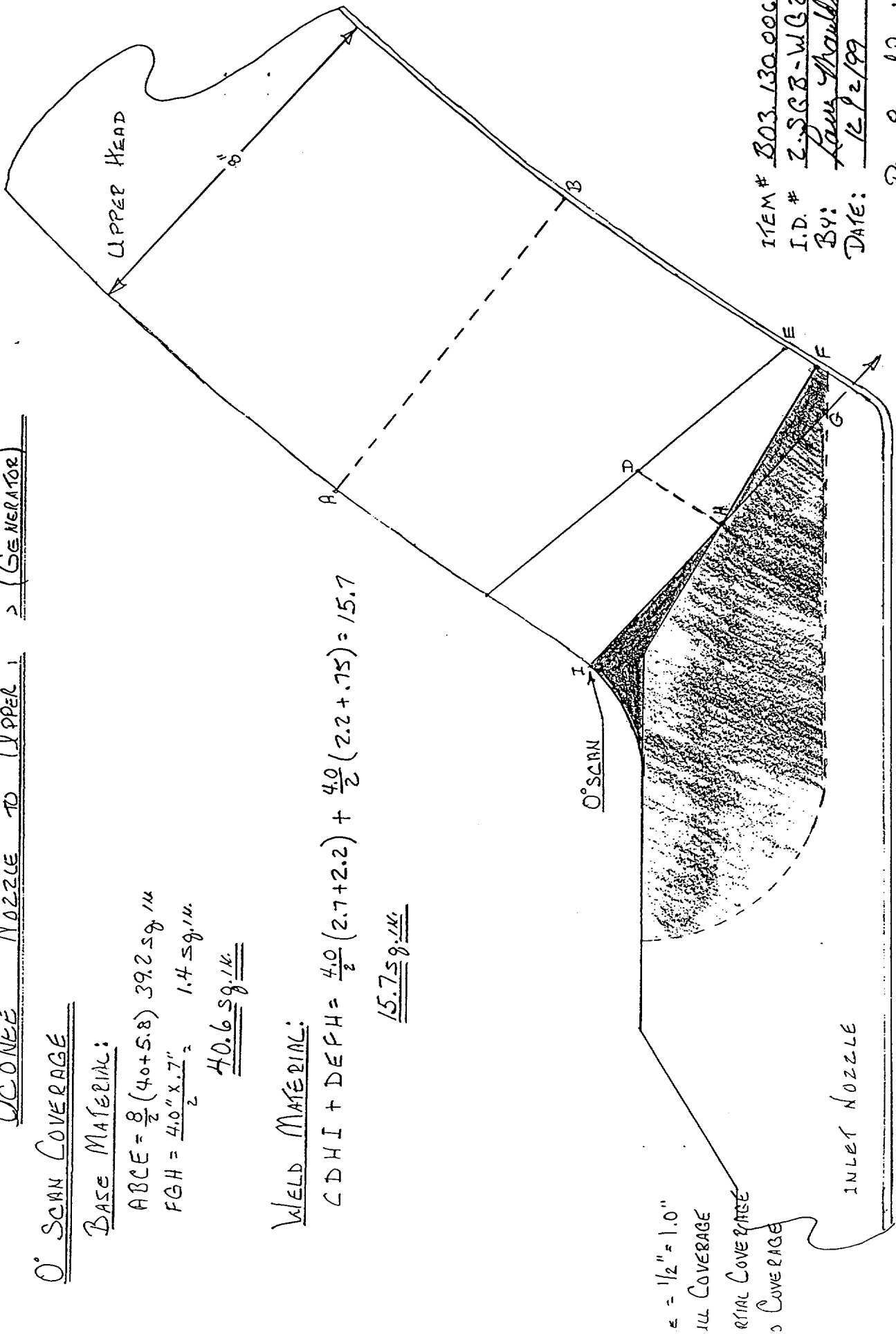
$FGH = \frac{4.0 \times 1.7}{2} = 1.4 \text{ sq. ft.}$

40.6 sq. ft.

WELD MATERIAL:

$CDHI + DEFH = \frac{4.0}{2} (2.7 + 2.2) + \frac{4.0}{2} (2.2 + .75) = 15.7$

15.7 sq. ft.



ITEM # B03.130.006
 I.D. # Z-SGB-WG25
 BY: Larry Shouder
 DATE: 12/2/99

PG. 8 of PG. 13

$\epsilon = 1/2" = 1.0"$
 FULL COVERAGE
 RIVAL COVERAGE
 COVERAGE

O'CONNOR NOZZLE TO UPPER (GENERATOR)

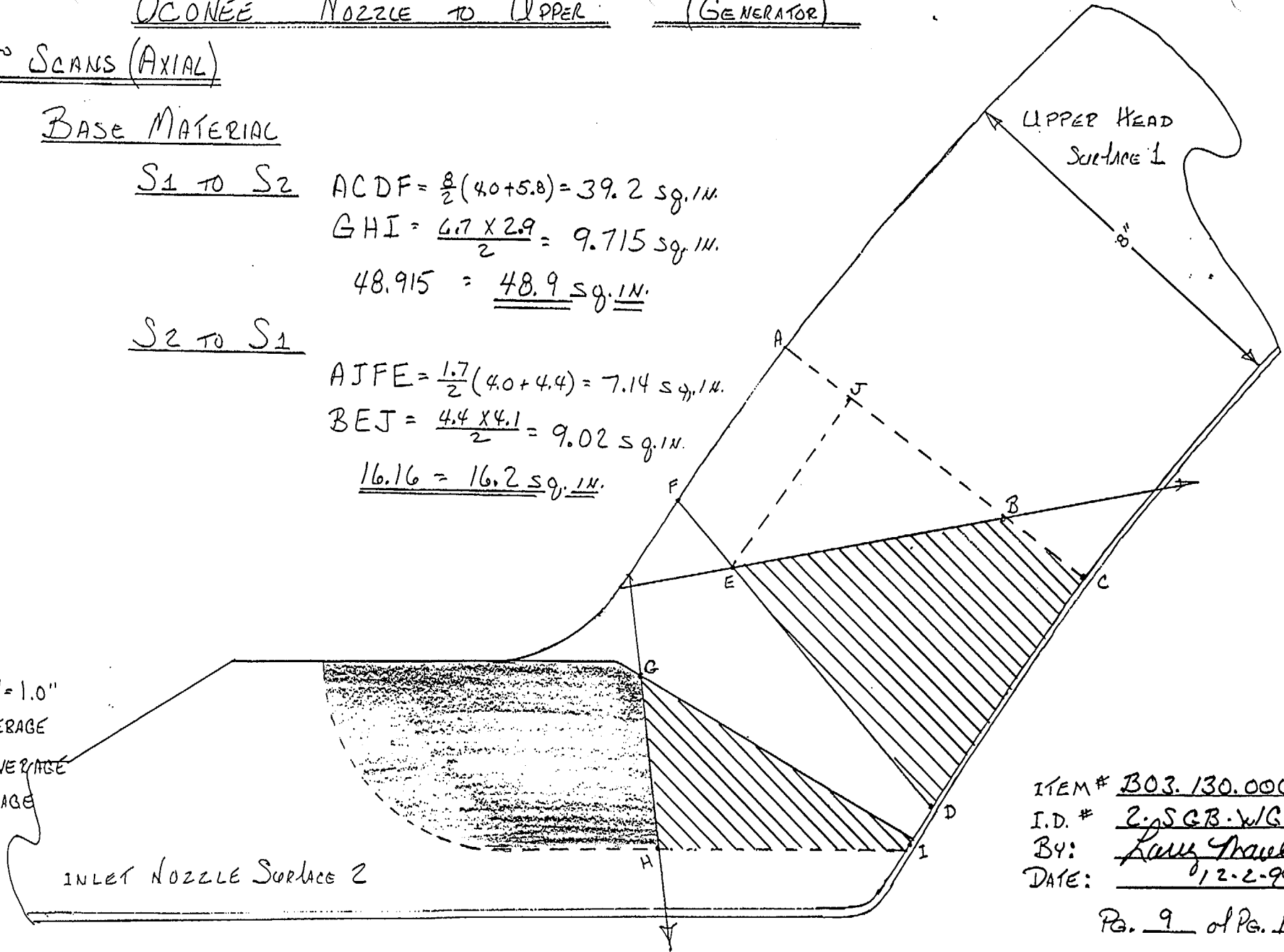
45° SCANS (AXIAL)

BASE MATERIAL

S1 TO S2 $ACDF = \frac{8}{2}(4.0+5.8) = 39.2 \text{ sq. in.}$
 $GHI = \frac{6.7 \times 2.9}{2} = 9.715 \text{ sq. in.}$
 $48.915 = \underline{\underline{48.9 \text{ sq. in.}}}$

S2 TO S1

$AJFE = \frac{1.7}{2}(4.0+4.4) = 7.14 \text{ sq. in.}$
 $BEJ = \frac{4.4 \times 4.1}{2} = 9.02 \text{ sq. in.}$
 $16.16 = \underline{\underline{16.2 \text{ sq. in.}}}$



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Request for Relief 00-01

ITEM # B03.130.006
 I.D. # 2-SGB-WG25
 BY: Larry Travolta
 DATE: 12-2-99

OCONEE NOZZLE TO UPPER

(GENERATOR)

45° SCANS (AXIAL)

WELD MATERIAL:

S1 TO S2:

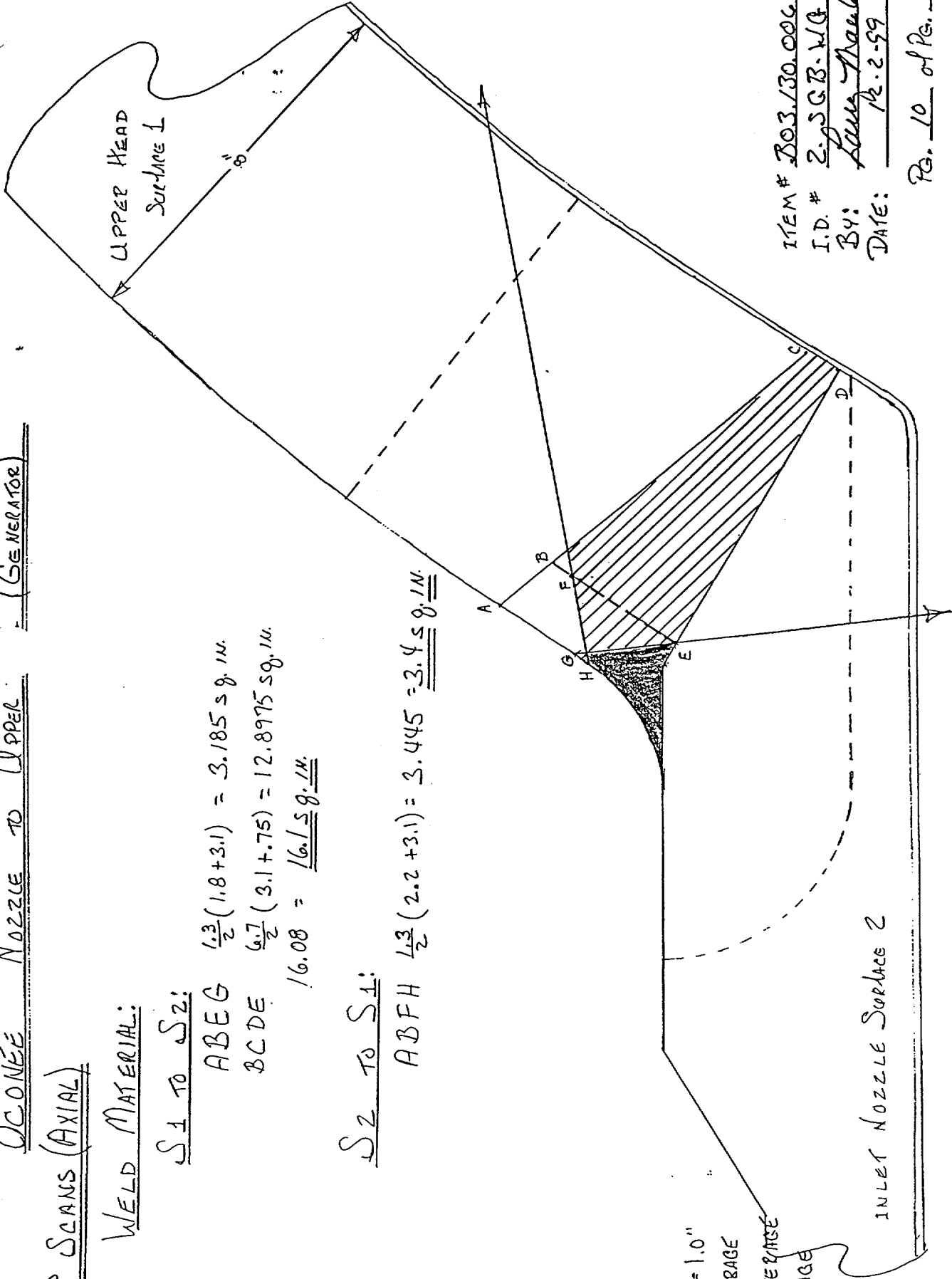
$ABEG \frac{6.3}{2} (1.8 + 3.1) = 3.185 \text{ sq. in.}$

$BCDE \frac{6.7}{2} (3.1 + 7.5) = 12.8975 \text{ sq. in.}$

$16.08 = \underline{\underline{16.1 \text{ sq. in.}}}$

S2 TO S1:

$ABFH \frac{4.3}{2} (2.2 + 3.1) = 3.445 = \underline{\underline{3.4 \text{ sq. in.}}}$



ITEM # B03.130.006
 I.D. # 2.5GB.WG.25
 BY: Larry Mauldin
 DATE: 12.2.99

Pg. 10 of Pg. 13

$\frac{1}{2} = 1/2" = 1.0"$
 FULL COVERAGE
 PARTIAL COVERAGE
 NO COVERAGE

OCONEE NOZZLE TO UPPER (GENERATOR)

60° SCANS (AXIAL)

BASE MATERIAL:

S1 TO S2:

$$ADEG = \frac{8}{2}(4.0 + 5.8) = 39.2 \text{ sq. in.}$$

$$HIJ = \frac{7.1 \times 3.9}{2} = 13.845 \text{ sq. in.}$$

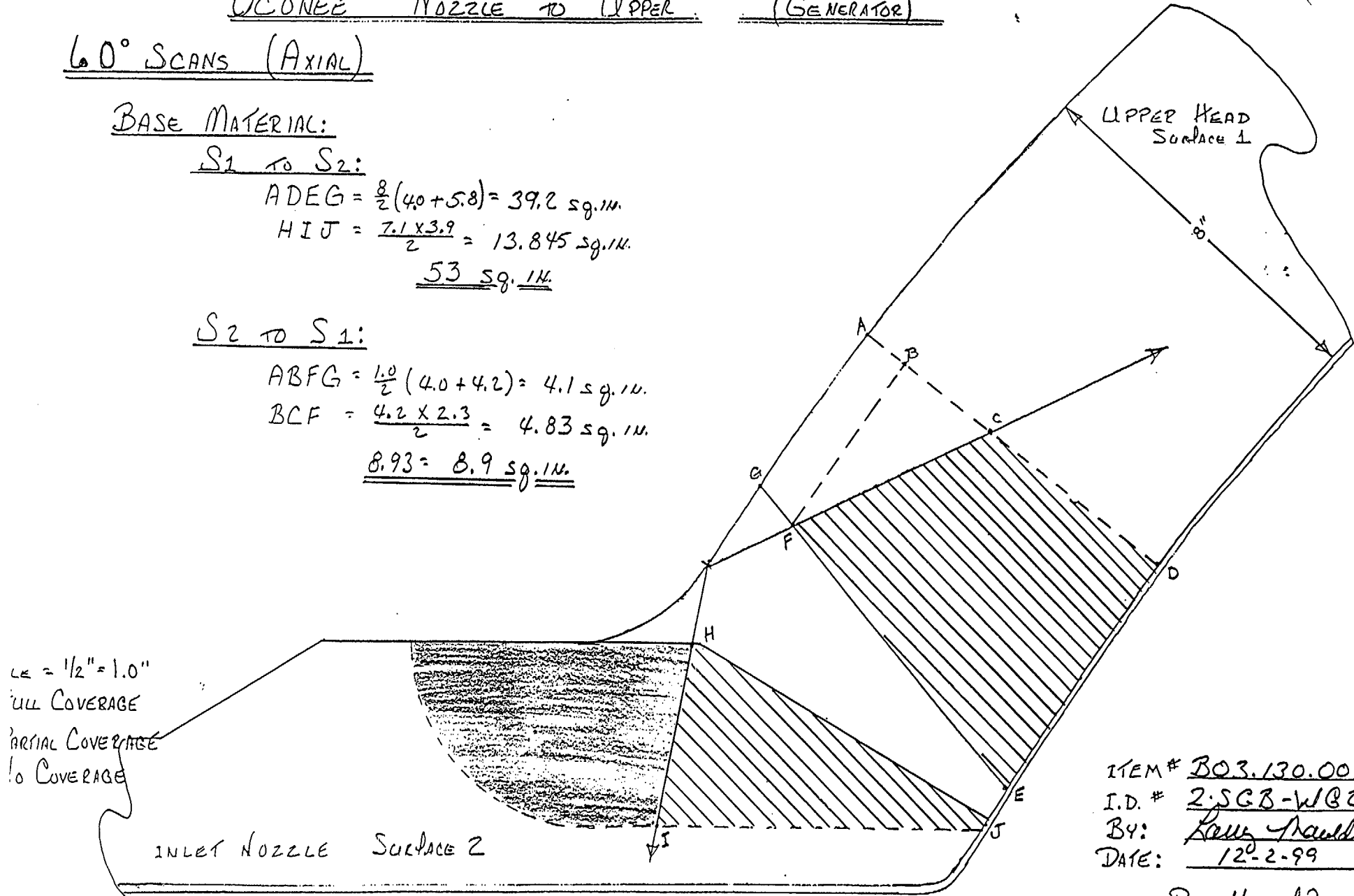
$$\underline{\underline{53 \text{ sq. in.}}}$$

S2 TO S1:

$$ABFG = \frac{1.0}{2}(4.0 + 4.2) = 4.1 \text{ sq. in.}$$

$$BCF = \frac{4.2 \times 2.3}{2} = 4.83 \text{ sq. in.}$$

$$\underline{\underline{8.93 = 8.9 \text{ sq. in.}}}$$



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Request for Relief 00-01

ITEM # BO3.130.006
I.D. # 2.SGB-WB25
BY: Law Trandis
DATE: 12-2-99

NOZZLE TO UPPER
 (GENERATOR)

NOZZLE TO UPPER

60° SCANS (AXIAL)

WELD MATERIAL:

S1 TO S2:

$ABCD = \frac{9}{2}(2.0 \times 3.2) = 2.34 \text{ sq. in.}$

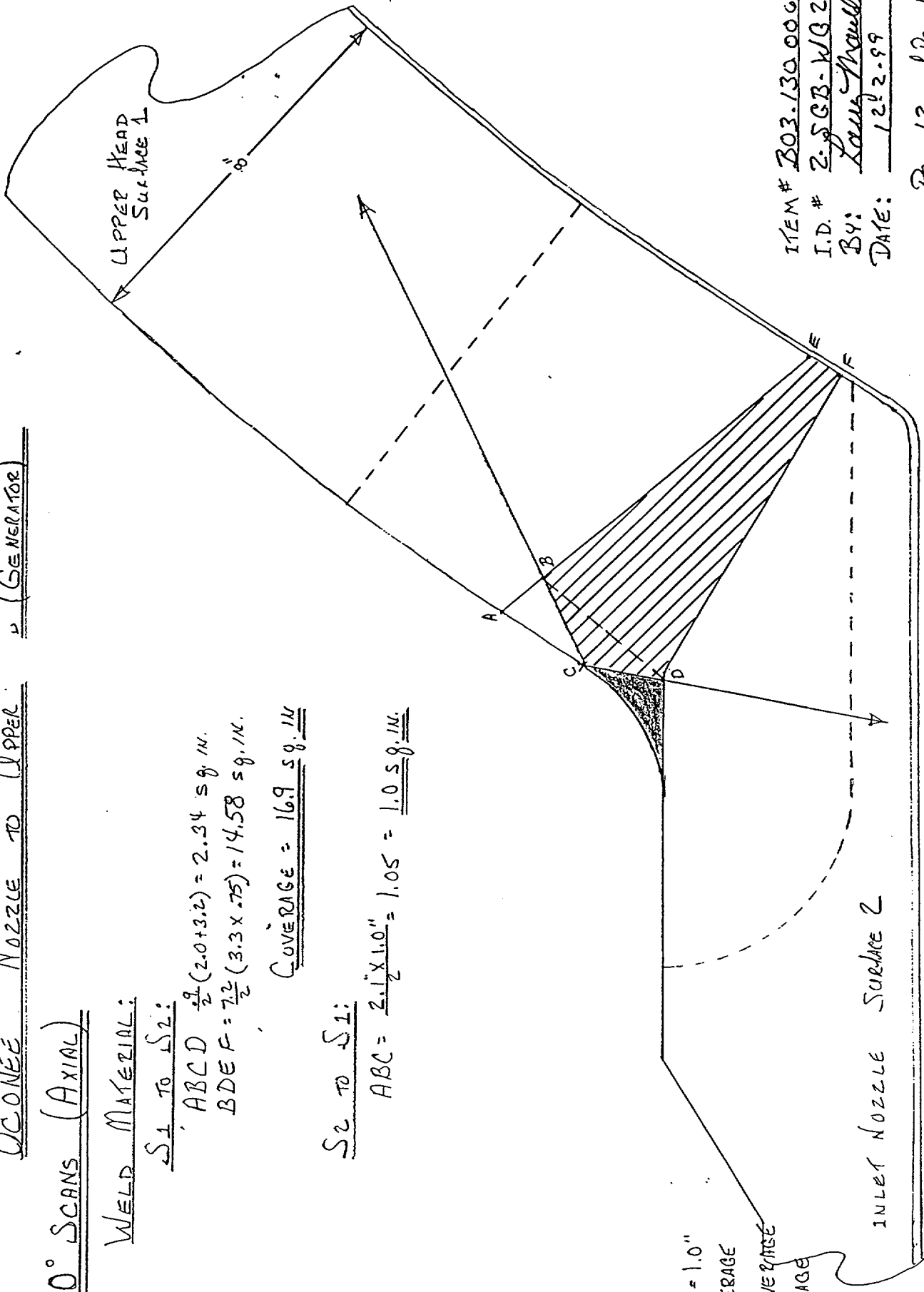
$BDEF = \frac{7.2}{2}(3.3 \times .75) = 14.58 \text{ sq. in.}$

COVERAGE = 16.9 sq. in.

S2 TO S1:

$ABC = \frac{2.1 \times 1.0}{2} = 1.05 = \underline{\underline{1.0 \text{ sq. in.}}}$

$L = 1/2" = 1.0"$
 FULL COVERAGE
 PARTIAL COVERAGE
 TO COVERAGE



ITEM # B03.130.006
 I.D. # 2-SGB-WG25
 BY: Louis Mouldes
 DATE: 12.2.99

Pa. 12 of Pg. 13

OCONEE NOZZLE TO UPPER - (GENERATOR)

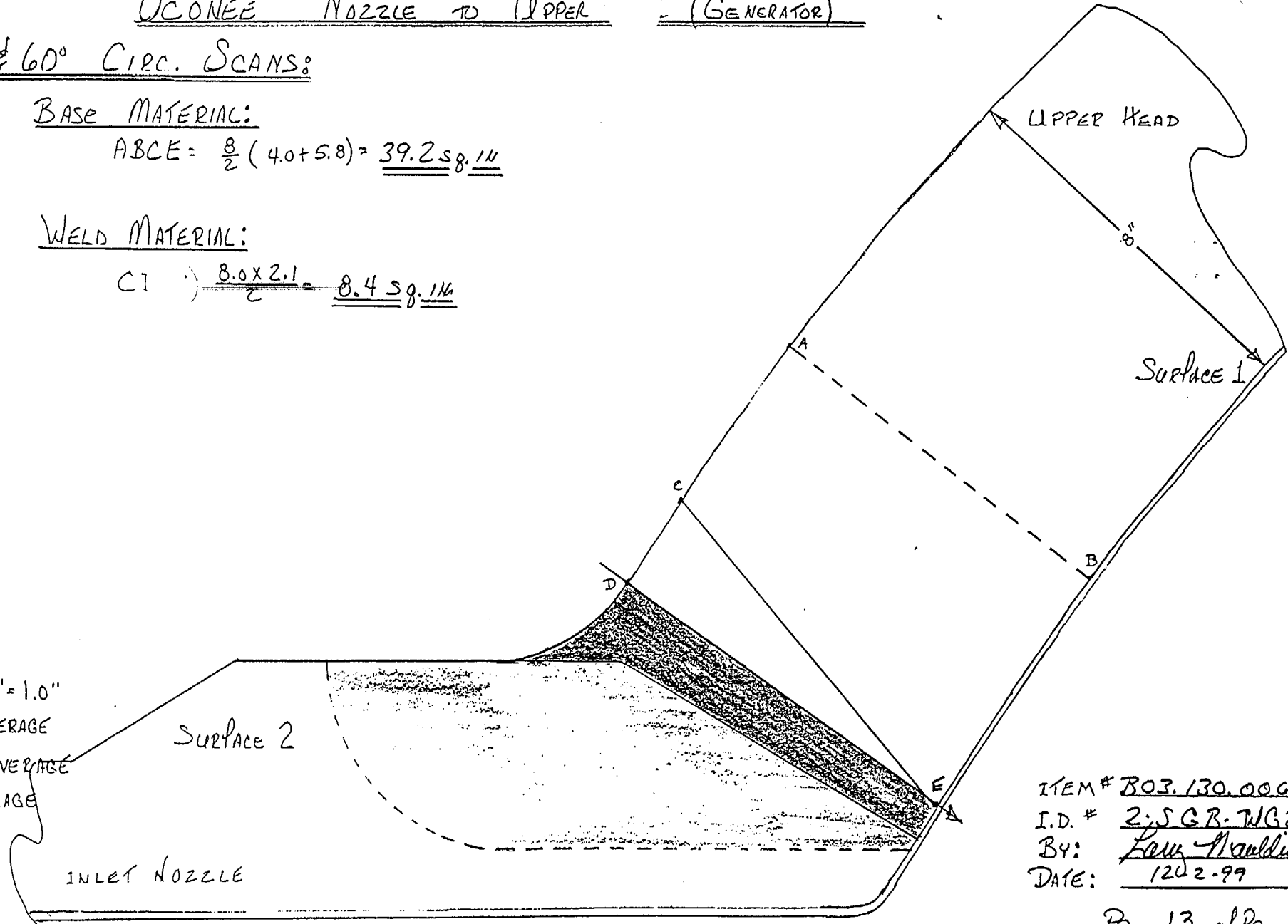
45° & 60° CIRC. SCANS:

BASE MATERIAL:

$$ABCE = \frac{8}{2} (4.0 + 5.8) = \underline{\underline{39.2 \text{ sq. in.}}}$$

WELD MATERIAL:

$$C1 \rightarrow \frac{8.0 \times 2.1}{2} = \underline{\underline{8.4 \text{ sq. in.}}}$$



Attachment C
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Request for Relief 00-01

ITEM # 803.130.006
I.D. # 2:JGB-WB25
BY: Ken Moulden
DATE: 1202-99

LE = 1/2" = 1.0"
FULL COVERAGE
PARTIAL COVERAGE
NO COVERAGE

DUKE POWER COMPANY				Exam Start: 0830	Form NDE-UT-2A
ULTRASONIC EXAMINATION DATA SHEET FOR PLANAR REFLECTORS				Exam Finish: 0901	Revision 4
Station: OCONEE	Unit: 2	Component/Weld ID: 2-SGB-WG25			Date: 12/2/99
Weld Length (in.): NA	Surface Condition: AS GROUND		Lo: 9.2.3	Surface Temperature: <u>73</u> ° <u>F</u>	
Examiner: Larry Mauldin <i>Larry Mauldin</i>	Level: III	Scans:		Pyrometer S/N: <u>MCNDE 27206</u>	
Examiner: James L. Panel <i>James L. Panel</i>	Level: II	45 <input type="checkbox"/> _____ dB	70 <input checked="" type="checkbox"/> <u>79</u> dB	Cal Due: <u>1/21/00</u>	
Procedure: NDE-680	Rev: 2	45T <input type="checkbox"/> _____ dB	70T <input type="checkbox"/> _____ dB	Configuration: <u>NOZZLE TO UPPER HEAD</u>	
FC: N/A		60 <input checked="" type="checkbox"/> <u>70</u> dB		<u>NA</u> Flow <u>NA</u>	
Calibration Sheet No: 9902104, 9902105		60T <input type="checkbox"/> _____ dB		<u>NA</u> to <u>NA</u>	
		Other: _____ dB		Scan Surface: <u>OD</u>	
				Applies to NDE-680 only	
				Skew Angle: <u>23° & 20.5°</u>	

IND #	<input checked="" type="checkbox"/>	Max % Ref	Mp Max	W Max	L Max	L1	L2	W1	Mp1	W2	Mp2	Beam Dir.	Exam Surf.	Scan	Damps
		DO NOT WRITE IN THIS SPACE				20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA	20%dac HMA		DO NOT WRITE IN THIS SPACE		
						50%dac	50%dac	50%dac	50%dac	50%dac	50%dac				
						100%dac	100%dac	100%dac	100%dac	100%dac	100%dac				
	60°	NRI													
	70°	NRI													

Remarks:			
Limitations: (see NDE-UT-4) <input checked="" type="checkbox"/> 90% or greater coverage obtained: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			Sheet <u>1</u> of <u>3</u>
Reviewed By: <i>Mary Moss</i>	Level: <u>B</u>	Date: <u>12-3-99</u>	Authorized Inspector: <i>MBC</i> Date: <u>12-6-99</u>
		Item No: B03.140.006	

Attachment C
 Page 50 of 52
 Request for Relief 00-01

DUKE POWER COMPANY Limited Examination Coverage Worksheet	NDE-91-1
Revision 0	

Examination Volume/Area Defined	
<input type="checkbox"/> Base Metal <input type="checkbox"/> Weld <input type="checkbox"/> Near Surface <input type="checkbox"/> Bolting <input checked="" type="checkbox"/> Inner Radius	
Area Calculation	Volume Calculation
(See Attachment) <div style="text-align: center;">4.7sq.in.</div>	$4.7\text{sq.in.} \times 152.8\text{ in.} = 718.16\text{ cu.in.}$

Coverage Calculations							
Scan #	Angle	Beam Direction	Area Examined (sq.in.)	Length Examined (in.)	Volume Examined (cu.in.)	Volume Required (cu.in.)	Percent Coverage
1	60°/70°	CW	3.3	152.8	504.24	718.2	70.21
2	60°/70°	CCW	3.3	152.8	504.24	718.2	70.21
					1008.48	1436.4	70.21

70.21%

		Item No:	B03.140.006
Prepared By:	Larry Mauldin <i>Larry Mauldin</i>	Level:	III Date: 12/2/99
Reviewed By:	Gay Moss <i>Gay Moss</i>	Level:	II Date: 12-3-99

INLET NOZZLE TO PER HEAD

INNER RADIUS INSPECTION AREA

A.B.C.D + C.D.G.H
 (65° = 18% OF A CIRCLE)
 $ABCD (\pi \times 10^2) - (\pi \times 5^2) \times .18 = .424 \text{ sq. ft.}$

$CDGH \frac{1}{2} (8.4 + 8.6) = 4.25 \text{ sq. ft.}$

TOTAL AREA = 4.674 = 4.7 sq. ft.

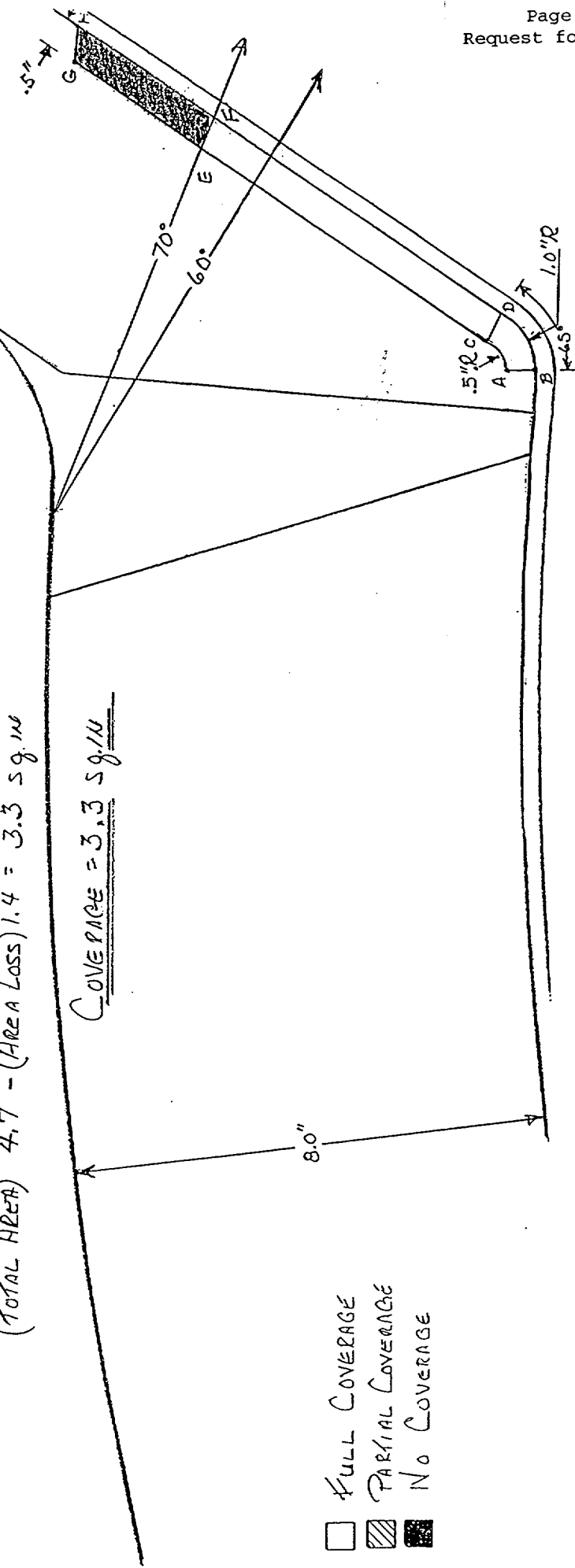
INSPECTED AREA

(Area of Loss) E.F.G.H $\frac{1}{2} (2.6 + 2.8) = 1.35 = 1.4 \text{ sq. ft.}$

(TOTAL AREA) 4.7 - (Area Loss) 1.4 = 3.3 sq. ft.

COVERAGE = 3.3 sq. ft.

ID # Z.S.G.B. 11/6/25
 ITEM # B03.140.006
 BY: Kang Shoulin
 DATE: 12-2-99



- FULL COVERAGE
- PARTIAL COVERAGE
- NO COVERAGE

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

J. W. HAMPTON
Vice President
(803) 885-3499 Office
(803) 885-3564 Fax



DUKE POWER

October 5, 1995

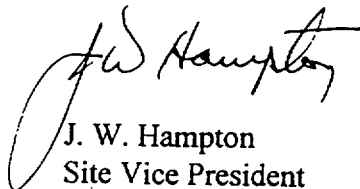
U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

Subject: Duke Power Company
Oconee Nuclear Station, Units 1, 2, and 3
Docket Nos. 50-269, -270, and -287
Third Ten Year Inservice Inspection Interval
Request for Relief No. 95-04

Pursuant to 10 CFR 50.55a, section (g) (4) (iii), attached is a Request for Relief from ASME Section XI, 1989 Edition. This request is to allow Duke Power to take credit for limited ultrasonic examinations on certain reactor vessel head welds, reactor vessel head-to-flange welds, steam generator nozzle-to-vessel welds, and steam generator nozzle inside radius welds. During the examinations, the ultrasonic examination coverage did not meet the 90% examination coverage requirements of ASME Section XI. Achievement of greater than 90% examination coverage for the subject welds is impractical due to piping geometry, joint configuration, and interferences. All three Oconee units are being addressed by this Request for Relief per recommendations delineated in NRC Inspection Report 95-05 dated 5/5/95.

If there are any questions or further information is needed you may contact D. A. Nix at (803) 885-3634.

Very truly yours,


J. W. Hampton
Site Vice President

Attachment

U. S. Nuclear Regulatory Commission
Page 2

xc (w/attach): Mr. L. A. Wiens
 Office of Nuclear Reactor Regulation
 U. S. Nuclear Regulatory Commission
 Washington, DC 20555

xc (w/o attach): Mr. S. D. Ebnetter
 Regional Administrator, Region II
 U. S. Nuclear Regulatory Commission

 Mr. P. E. Harmon
 Senior NRC Resident Inspector
 Oconee Nuclear Station

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

Duke Power Company

Station Oconee Unit 1, 2 & 3

10-YEAR INTERVAL REQUEST FOR RELIEF NO. 95-04

I. System/Component(s) for Which Relief is Requested:

a. Reactor vessel head welds;

1-RPV-WH5, Item Number B01.021.001
2-RPV-WH5, Item Number B01.021.001
3-RPV-WH5; Item Number B01.021.001

b. Reactor vessel head-to-flange welds:

1-RPV-WH7, Item Number B01.040.001
2-RPV-WH7, Item Number B01.040.001
3-RPV-WH7, Item Number B01.040.001

c. Steam generator nozzle-to-vessel welds:

1-SGA-WG50-2, Item Number B03.130.001
1-SGA-WG50-1, Item Number B03.130.002
2-SGA-WG50-2, Item Number B03.130.003
2-SGA-WG50-1, Item Number B03.130.004
3-SGA-WG50-2, Item Number B03.130.001
3-SGA-WG50-1; Item Number B03.130.002

d. Steam generator nozzle inside radius welds:

1-SGA-WG50-2, Item Number B03.140.001
1-SGA-WG50-1, Item Number B03.140.002
2-SGA-WG50-2, Item Number B03.140.003
2-SGA-WG50-1, Item Number B03.140.004
3-SGA-WG50-2, Item Number B03.140.001
3-SGA-WG50-1, Item Number B03.140.002

II. Code Requirement:

Section XI Table IWB-2500-1, Examination Category B-A, Pressure Retaining Welds In Reactor Vessel, Figure IWB-2500-3, Note 2 requires essentially 100% of the weld length be examined.

Section XI Table IWB-2500-1, Examination Category B-A, Pressure Retaining Welds In Reactor Vessel, Figure IWB-2500-5, Note 2 requires essentially 100% of the weld length be examined.

Section XI Table IWB-2500-1, Examination Category B-D, Full Penetration Welds Of Nozzles In Vessels - Inspection Program B, Figures IWB-2500-7(a) through IWB-2500-7(d) requires essentially 100% of the nozzle weld and radius be examined.

III. Code Requirement from which Relief is Requested:

Relief is requested from the requirement of examining essentially 100% of the weld length. Due to part geometry and actual physical barriers, obtaining even 90% of the weld length as outlined in Code Case N-460 is not possible.

ASME Section V, Article 4, T-441.3.2 Scanning Requirements, 1989 Edition with no addenda as modified by Code Case N-460.

This Paragraph requires scanning of the examination volume(s) using three angle beams and a straight beam from both sides of the weld. When scanning for reflectors parallel to the weld, the angle beams shall be aimed at right angles to the weld axis, with the search unit(s) manipulated so that the ultrasonic beams pass through the entire volume of weld metal. The adjacent base metal in the examination volume must be completely scanned by two angle beams, but need not be completely scanned by both angle beams from both directions (any combination of two angle beams will satisfy the requirement).

When scanning for reflectors transverse to the weld, the angle beam search units shall be aimed parallel to the axis of longitudinal and circumferential welds. The search unit shall be manipulated so that the ultrasonic beams pass through all of the examination volume.

Scanning shall be done in two directions 180 degrees to each other to the extent possible. Areas blocked by geometric conditions shall be examined from at least one direction.

Code Case N-460 allows credit for full volume coverage if it can be shown that at least 90% of the required volume has been examined.

IV. Basis for Relief:

Item Number B01.021.001 (3RPV-WH5), RPV Head Weld was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition. The additional requirements of Regulatory Guide 1.150, Revision 1, Appendix A were also used in the examination.

Because of geometric conditions, i.e., lifting lugs adjacent to the weld, 81.85% of the near surface volume and 79.85% of the weld and base metal volumes were covered. In order to achieve more coverage of the required volumes the lifting lugs would have to be moved away from the weld area.

Item Number B01.040.001 (3RPV-WH7), RPV Head-to-Flange Weld was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition. The additional requirements of Regulatory Guide 1.150, Revision 1, Appendix A were also used in the examination.

Because of geometric conditions, i.e., single sided access, 63.35% of the near surface volume and 48.55% of the weld and base metal volumes were covered. In order to achieve more coverage of the required volumes, the weld must be at a greater distance from the flange.

Item Numbers B03.130.001 (3-SGA-WG50-2, nozzle weld), B03.130.002 (3-SGA-WG50-1, nozzle weld), B03.140.001 (3-SGA-WG50-2, inside radius) and B03.140.002 (3-SGA-WG50-1, inside radius), Steam Generator A Primary Outlet Nozzle-to-Lower Head Weld were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition.

Because of geometric conditions, i.e., single sided access and support skirt location, 15.6% of the required examination volume was covered. In order to achieve more coverage the support skirt would have to be cut away from the nozzle.

All three units for Oconee are being addressed in this request for relief as addressed in NRC correspondence dated May 5, 1995 concerning NRC Inspection Report No. 50-269/95-05, 50-270/95-05, 50-287/95-05.

V. Alternate Examinations or Testing:

Duke Power Company will continue to perform an ultrasonic examination of Item Numbers B01.021.001, 3RPV-WH5, RPV Head Weld and B01.040.001, 3RPV-WH7, RPV Head-to-Flange Weld to the maximum extent practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition and Regulatory Guide 1.150, Revision 1, Appendix A.

Duke Power Company will continue to perform an ultrasonic examination of Item Numbers B03.130.002, B03.130.001, B03.140.002 and B03.140.001, Steam Generator A Primary Outlet Nozzle-to-Lower Head Weld and Inside Radius to the maximum extent practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition.

VI. Justification for the Granting of Relief:

As stated above, Duke Power Company will continue to ultrasonically examine the welds and components (inside radius) to the extent practical within the limits of original design and construction. This will provide reasonable assurance of weld / component integrity. Thus, an acceptable level of quality and safety will have been achieved and public health and safety will not be endangered by allowing relief from the aforementioned Code requirements.

VII. Implementation Schedule:

Unit 3, Refueling Outage 15

Unit 1, Refueling Outages 16 & 17

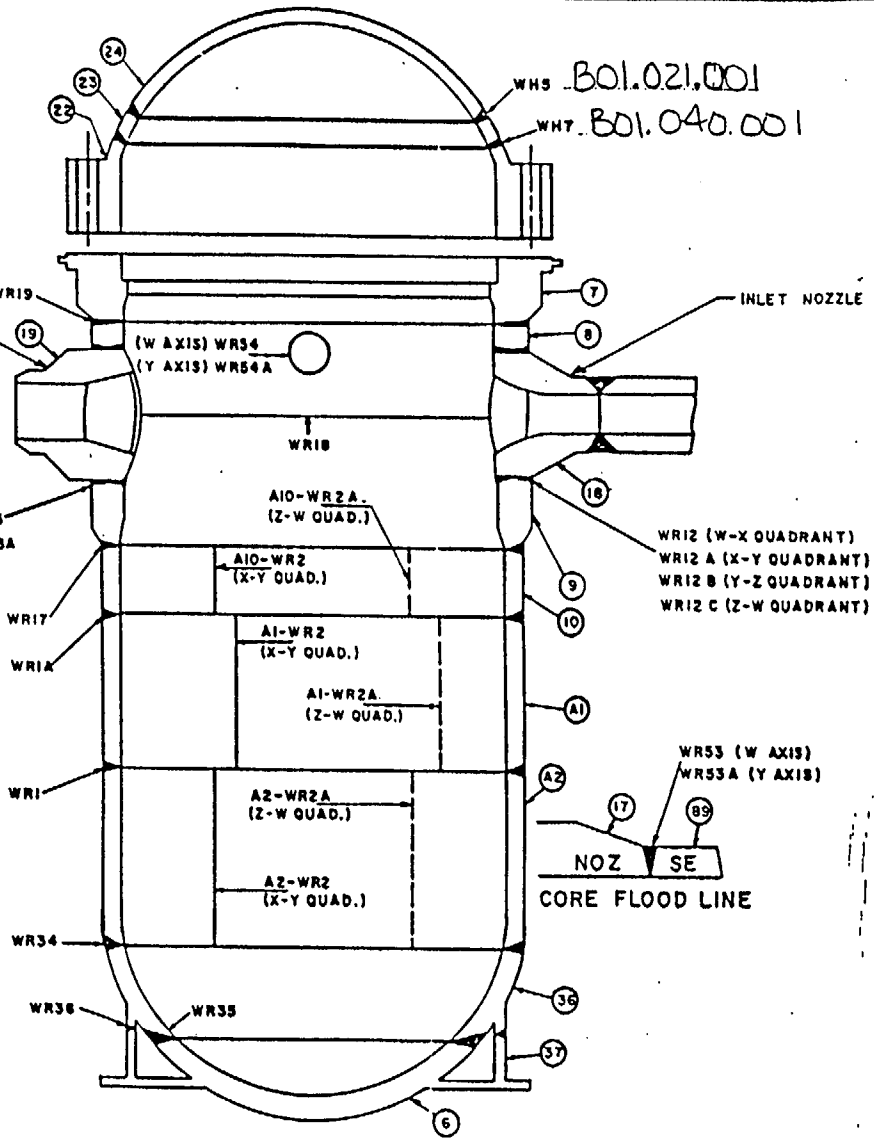
Unit 2, Refueling Outage 15

Evaluated By: RP & Rowe Date 10/2/95
Reviewed By: JC Shoppshire Date 10/2/95

WELD LIST				BILL OF MATERIAL			
IDENT NO.	PIECE NO.	DIAM.	THICK.	PC. NO.	QTY.	DESCRIPTION	MATL.
WRI	A1 TO A2	171" I.D.	9.500	A1	1	LOWER SHELL ASS'Y. UPPER COURSE	SA 533 GR. B
WRIA	10 TO A1	171" I.D.	9.500	A2	1	LOWER SHELL ASS'Y. LOWER COURSE	SA 533 GR. B
A1 - WR2	A1 TO A1	N/A	9.500	6	1	LOWER HEAD ASS'Y. CAP SECTION	SA 533 GR. B
A1 - WR2A	A1 TO A1	N/A	9.500	7	1	REACTOR VESSEL FLANGE	SA 508 CL. 2
A2 - WR2	A2 TO A2	N/A	9.500	8	1	NOZZLE BELT UPPER COURSE	SA 508 CL. 2
A2 - WR2A	A2 TO A2	N/A	9.500	9	1	NOZZLE BELT LOWER COURSE	SA 508 CL. 2
A10 - WR2	A10 TO A10	N/A	9.500	10	1	UPPER SHELL ASS'Y. LOWER COURSE	SA 533 GR. B
A10 - WR2A	A10 TO A10	N/A	9.500	17	2	CORE FLOOD NOZZLE	SA 508 CL. 2
WR12	18 TO 8 B 9	48" O.D.	12.000	18	4	INLET NOZZLE	SA 508 CL. 2
WR12A	18 TO 8 B 9	48" O.D.	12.000	19	2	OUTLET NOZZLE	SA 508 CL. 2
WR12B	18 TO 8 B 9	48" O.D.	12.000	22	1	UPPER HEAD FLANGE	SA 508 CL. 2
WR12C	18 TO 8 B 9	48" O.D.	12.000	23	1	UPPER HEAD RING SECTION	SA 508 CL. 2
WR13	19 TO 8 B 9	60" O.D.	12.000	24	1	UPPER HEAD CAP SECTION	SA 533 GR. B
WR13A	19 TO 8 B 9	60" O.D.	12.000	36	1	LOWER HEAD RING SECTION	SA 508 CL. 2
WR17	9 TO 10	171" I.D.	9.500	37	1	REACTOR VESSEL SUPPORT SKIRT	SA 516 GR. 70
WR18	8 TO 9	168" I.D.	12.000	89	2	CORE FLOOD NOZZLE SAFE END	SA 336-55A-FRM
WR19	7 TO 8	171" I.D.	12.000				
WR24	A2 TO 36	170" I.D.	5.500				
WR35	36 TO 6	143" I.D.	5.375				
WR36	36 TO 37	175" I.D.	2.000				
WR53	89 TO 17	15.625" O.D.	1.688				
WR53A	89 TO 17	15.625" O.D.	1.688				
WR54	17 TO 8	25.0"	12.000				
WR54A	17 TO 8	25.0"	12.000				
WH5	24 TO 23		6.625				
WH7	23 TO 22	147" I.D.	6.625				

UNCONTROLLED

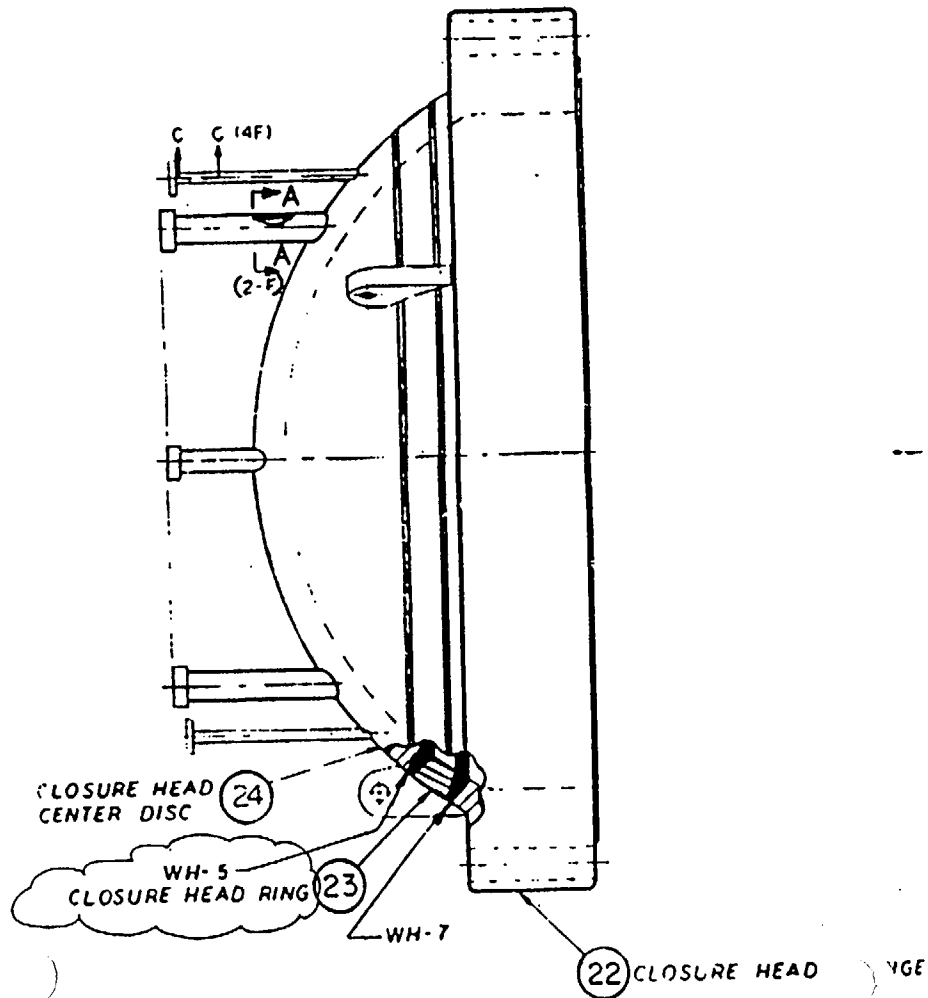
REFERENCE DWGS.
OM 201-1877
OM 201-1122



NOTES:		1	Add. Ref. Dwgs.	A.C.S.	D.H.	I.D.	TITLE
1. ALL I.D. NUMBERS SHALL BE PRECEDED BY "IRPV-".							
2. PIECE NUMBERS ARE SHOWN IN CIRCLES.		0	ORIGINAL				
NO.	REVISION	DR	RV	APPD	DWG NO.	ISI-OCNI-001	REV 1
		DATE	DATE	DATE			

REVISIONS

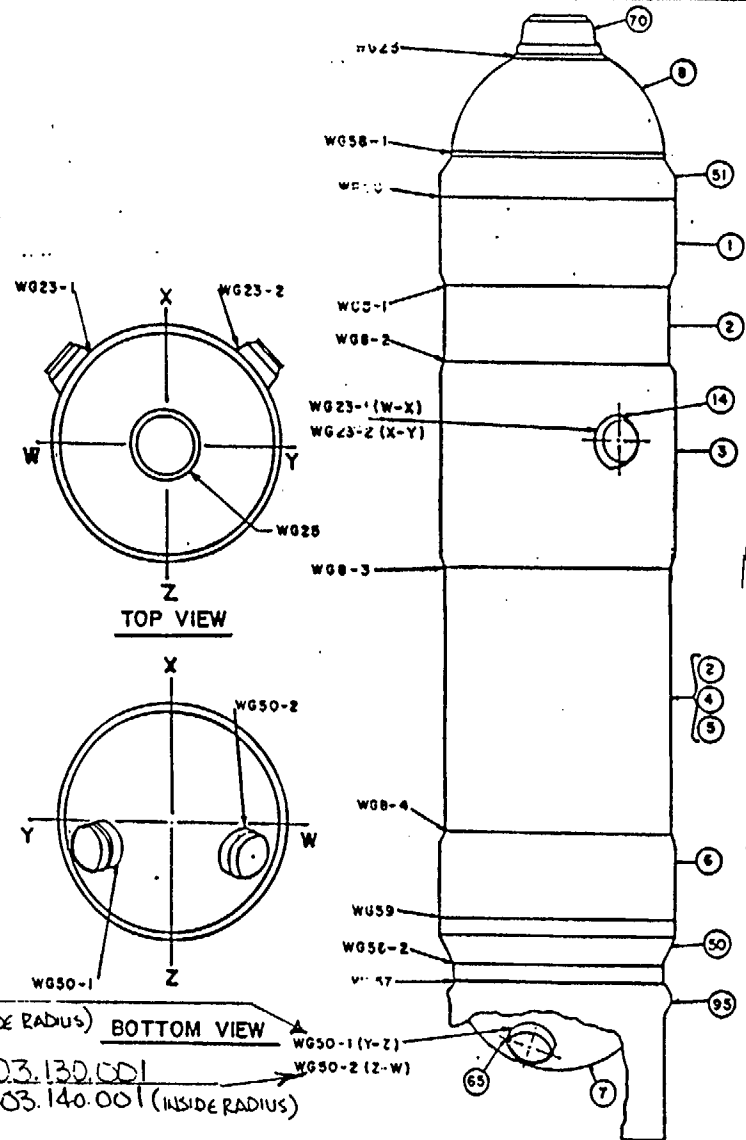
NO.	DESCRIPTION	DATE	APPROVED
1	PLAN VIEW - RELOCATED LIFTING LUGS 90° CLOCKWISE X'10/AM	6/27	G. R. [Signature]
2	(5B) ADDED THINWALLOUT PENETRATIONS (4F) ADDED SECTION C-C BOM/AMJ	6-7-68	G. R. [Signature]
3	(ZONE C-B) RELOCATED SECT. A-A INDICATION. (ZONE I-II) REMOVED REF. TO CONTRACTS 630-0004 (620-0009. (ZONE C-B-2) IN SECT. B-B: EXTENDED VIEW TO INCLUDE M-152 (WH-38. (M-1) G-3 WAS .750.	7/1/68	RBF
4	(6C) RELOCATED CALLOUT FOR SECT. A-A (64GM) DELETED M-152 (WH-38. (4F) CHANGED CONFIG. OF WELD PREP TO SUIT DETAIL DWG. REL/RFH	8/10/68	K. [Signature]
5	(SECTION 'A-A'/'B-B') MOVED SOURCE & PENETRATOR OUTSIDE OF CRDM HOUSING. (SECTION 'B-B') FINE GRAIN FILM WAS AA OR EQUIV. 200KV TO 400KV X-RAY WAS IR-192. ADDED MIN FOCAL DIST '36' RDY/SGS	9/11/70	[Signature]



UNCONTROLLED

WELD LIST				BILL OF MATERIAL			
IDENT NO.	PIECE NO.	DIAM.	THICK.	PC NO	QTY	DESCRIPTION	MATL.
58-1	1 TO 2	138" I.D.	4.188 MIN.	1	1	SHELL SECTION	SA 212 GR. B
WG8-2	2 TO 3	138" I.D.	4.188 MIN.	2	2	SHELL SECTION	SA 212 GR. B
WG8-3	3 TO 2	138" I.D.	4.188 MIN.	3	1	SHELL SECTION	SA 212 GR. B
WG8-4	5 TO 6	138" I.D.	4.188 MIN.	4	1	SHELL SECTION	SA 212 GR. B
WG23-1	14 TO 3	29.00"	6.625 MIN.	5	1	SHELL SECTION	SA 212 GR. B
WG23-2	14 TO 3	29.00"	6.625 MIN.	6	1	SHELL SECTION	SA 212 GR. B
WG25	70 TO 8	48.63"	8.000 MIN.	7	1	LOWER HEAD	SA 302 GR. B
WG50-1	65 TO 7	38.38"	8.000 MIN.	8	1	UPPER HEAD	SA 302 GR. B
WG50-2	65 TO 7	38.38"	8.000 MIN.	14	2	24" STEAM OUTLET NOZZLE	SA 508 CL. 1
WG57	95 TO 7	135" I.D.	N/A	50	1	LOWER TUBE SHEET	SA 508 CL. 2
WG58-1	8 TO 51	119" I.D.	8.000 MIN.	51	1	UPPER TUBE SHEET	SA 508 CL. 1
WG58-2	7 TO 50	119" I.D.	8.000 MIN.	65	2	28" PRIMARY OUTLET NOZZLE	SA 508 CL. 1
WG59	6 TO 50	138" I.D.	6.625 MIN.	70	1	36" PRIMARY INLET NOZZLE	SA 508 CL. 1
WG60	1 TO 51	138" I.D.	6.625 MIN.	95	1	SUPPORT SKIRT TRANSITION RING	SA 307 GR. D

UNCONTROLLED



B03.130.002
 B03.140.002 (INSIDE RADIUS)
 B03.130.001
 B03.140.001 (INSIDE RADIUS)

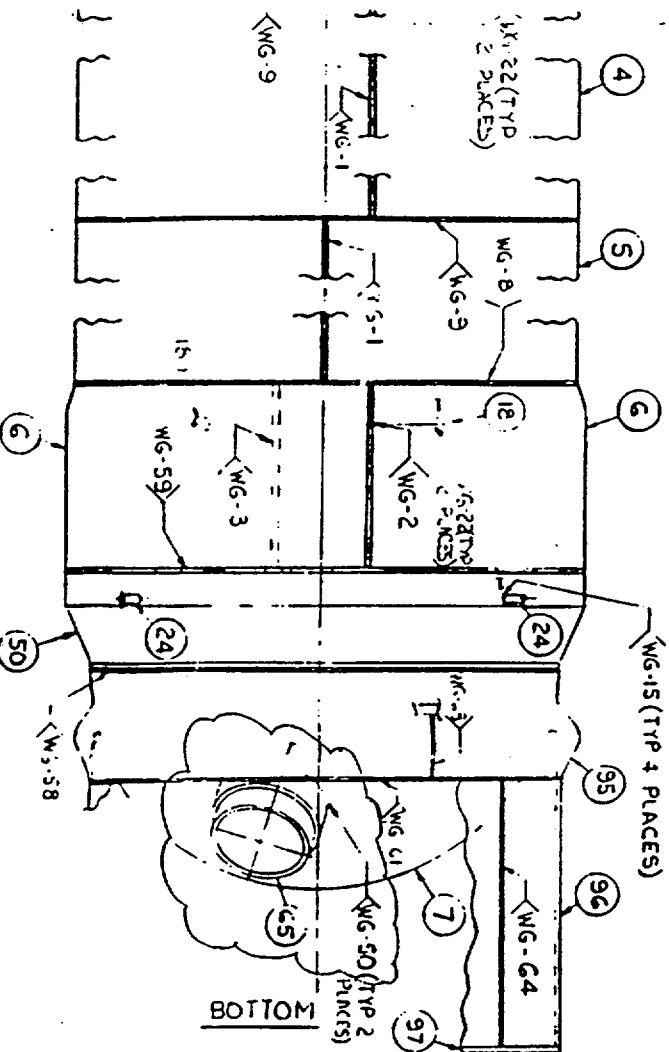
REFERENCE DWGS:
 C: 201-1873
 OM 201-176

NOTES:

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

1.	Issued To: J.H. JOE	DATE: 7-1-58	BY: J.H. JOE	DATE: 7-1-58	TITLE
0.	ORIGINAL				STEAM GENERATOR "A" WELD OUTLINE
NO.	REVISION	DATE	BY	DATE	DWG NO. ISI-OCNI-003 REV. 1

UNCONTROLLED



ITEM NO.	DESCRIPTION	QTY	UNIT	REMARKS
1	RELOCATED WG-58 ZONE CHG TO P-7 CHGD WELD DET LONE X-1 CHGD LOC 1 DET SECTION D-O ADDD DET & CHART LONE X-8	1	DET	OK
2	RELOCATED PK-20, ADDED PK-18 CHGD INSTEAD TO NGST	1	PK	OK
3	ADDED LONE X-8 & FIELD WENTING AND B-D DETILED WELD KIPWESSES WG-14, WG-15, WG-21, WG-22, WG-48, WG-49, WG-50, B-C, D) AND FROM C-1, E-1, E-2, E-3, E-4, E-5, E-6, E-7, E-8, E-9, E-10, E-11, E-12, E-13, E-14, E-15, E-16, E-17, E-18, E-19, E-20, E-21, E-22, E-23, E-24, E-25, E-26, E-27, E-28, E-29, E-30, E-31, E-32, E-33, E-34, E-35, E-36, E-37, E-38, E-39, E-40, E-41, E-42, E-43, E-44, E-45, E-46, E-47, E-48, E-49, E-50, E-51, E-52, E-53, E-54, E-55, E-56, E-57, E-58, E-59, E-60, E-61, E-62, E-63, E-64, E-65, E-66, E-67, E-68, E-69, E-70, E-71, E-72, E-73, E-74, E-75, E-76, E-77, E-78, E-79, E-80, E-81, E-82, E-83, E-84, E-85, E-86, E-87, E-88, E-89, E-90, E-91, E-92, E-93, E-94, E-95, E-96, E-97, E-98, E-99, E-100	1	WELD	OK
4	CHGD WG-50 FROM SECT 'C' TO SECT 'B-B'	1	WELD	OK
5	REMOVED CONTACT PK-20, CHGD PK-18 TO PK-19, CHGD PK-19 TO PK-20, CHGD PK-20 TO PK-21, CHGD PK-21 TO PK-22, CHGD PK-22 TO PK-23, CHGD PK-23 TO PK-24, CHGD PK-24 TO PK-25, CHGD PK-25 TO PK-26, CHGD PK-26 TO PK-27, CHGD PK-27 TO PK-28, CHGD PK-28 TO PK-29, CHGD PK-29 TO PK-30, CHGD PK-30 TO PK-31, CHGD PK-31 TO PK-32, CHGD PK-32 TO PK-33, CHGD PK-33 TO PK-34, CHGD PK-34 TO PK-35, CHGD PK-35 TO PK-36, CHGD PK-36 TO PK-37, CHGD PK-37 TO PK-38, CHGD PK-38 TO PK-39, CHGD PK-39 TO PK-40, CHGD PK-40 TO PK-41, CHGD PK-41 TO PK-42, CHGD PK-42 TO PK-43, CHGD PK-43 TO PK-44, CHGD PK-44 TO PK-45, CHGD PK-45 TO PK-46, CHGD PK-46 TO PK-47, CHGD PK-47 TO PK-48, CHGD PK-48 TO PK-49, CHGD PK-49 TO PK-50, CHGD PK-50 TO PK-51, CHGD PK-51 TO PK-52, CHGD PK-52 TO PK-53, CHGD PK-53 TO PK-54, CHGD PK-54 TO PK-55, CHGD PK-55 TO PK-56, CHGD PK-56 TO PK-57, CHGD PK-57 TO PK-58, CHGD PK-58 TO PK-59, CHGD PK-59 TO PK-60, CHGD PK-60 TO PK-61, CHGD PK-61 TO PK-62, CHGD PK-62 TO PK-63, CHGD PK-63 TO PK-64, CHGD PK-64 TO PK-65, CHGD PK-65 TO PK-66, CHGD PK-66 TO PK-67, CHGD PK-67 TO PK-68, CHGD PK-68 TO PK-69, CHGD PK-69 TO PK-70, CHGD PK-70 TO PK-71, CHGD PK-71 TO PK-72, CHGD PK-72 TO PK-73, CHGD PK-73 TO PK-74, CHGD PK-74 TO PK-75, CHGD PK-75 TO PK-76, CHGD PK-76 TO PK-77, CHGD PK-77 TO PK-78, CHGD PK-78 TO PK-79, CHGD PK-79 TO PK-80, CHGD PK-80 TO PK-81, CHGD PK-81 TO PK-82, CHGD PK-82 TO PK-83, CHGD PK-83 TO PK-84, CHGD PK-84 TO PK-85, CHGD PK-85 TO PK-86, CHGD PK-86 TO PK-87, CHGD PK-87 TO PK-88, CHGD PK-88 TO PK-89, CHGD PK-89 TO PK-90, CHGD PK-90 TO PK-91, CHGD PK-91 TO PK-92, CHGD PK-92 TO PK-93, CHGD PK-93 TO PK-94, CHGD PK-94 TO PK-95, CHGD PK-95 TO PK-96, CHGD PK-96 TO PK-97, CHGD PK-97 TO PK-98, CHGD PK-98 TO PK-99, CHGD PK-99 TO PK-100	1	WELD	OK
6	MOVED DET LOC 1 TO (D-2), ADDED TUBESHEET PLUG X-RAY REPAIR LATION (N-02) SEE 201	1	PLUG	OK
7	REMOVED PACKING RING AT WELD WG-20 ZONE (E-3), DETILED WELD WG-20 & SECT A-A, B-B, C-C, D-D, E-E, F-F, G-G, H-H, I-I, J-J, K-K, L-L, M-M, N-N, O-O, P-P, Q-Q, R-R, S-S, T-T, U-U, V-V, W-W, X-X, Y-Y, Z-Z	1	WELD	OK

NOTES
 1. FOR GENERAL NOTES SEE UNCONTROLLED

STEAM GENERATOR
 WELD ID
 2. SGA-WG50-2
 2. SGA-WG50-1
 ITEM NOS.
 B03.130.001
 B03.140.001
 B03.130.002
 B03.140.002

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

J. W. HAMPTON
Vice President
(864)885-3499 Office
(864)885-3564 Fax



DUKE POWER

February 27, 1996

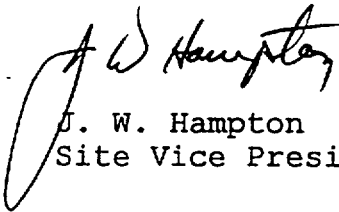
U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

Subject: Duke Power Company
Oconee Nuclear Station, Units 1, 2, and 3
Docket Nos. 50-269, -270, and -287
Third Ten Year Inservice Inspection Interval
Request for Relief No. 95-04
Supplemental Information

Per a telephone conference on February 12, 1996, the NRC requested additional information to clarify information provided in Request for Relief 95-04 dated October 5, 1995. Please find attached the additional information in support of the request for relief.

If there are any questions or further information is needed you may contact D. A. Nix at (803) 885-3634.

Very truly yours,


J. W. Hampton
Site Vice President

Attachment

U. S. Nuclear Regulatory Commission
February 27, 1996
Page 2

xc (w/attch): Mr. L. A. Wiens
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Washington, DC 20555

Attn: Mike Anderson
Lockheed of Idaho
2351 North Boulevard
Idaho Falls, ID, 83415-2209

xc(w/o attch): Mr. S. D. Ebnetter
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission

Mr. P. E. Harmon
Senior NRC Resident Inspector
Oconee Nuclear Station

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

U. S. Nuclear Regulatory Commission
February 27, 1996
Page 3

bxc (w/ attchs): T. J. Coleman
R. G. Rouse
D. A. Nix

bxc (w/o attchs): J. O. Barbour
J. E. Burchfield
B. W. Carney
M. B. Chapman
J. C. Shropshire
ELL ECO50
ISI Relief Request File

Attachment

Questions and Answers

1. Please verify for the welds identified in Part I of the request for relief, that the physical configuration, including interferences, is identical for Units 1, 2, and 3. This request for verification is because technical information is only provided for Unit 3 in the request for relief.

A: For the welds identified in Part I of the request for relief, the physical configuration, including interferences, is identical for Units 1, 2, and 3. This conclusion is based on a combination of drawing reviews and field experience.

2. In Section V of the request for relief, you identify the alternate examinations that you will perform on Unit 3 Reactor Pressure Vessel (RPV) welds. However, since the request for relief is also for the same welds on Units 1 and 2, please confirm that the alternate examinations you have specified in Section V for Unit 3 will also be performed for Units 1 and 2.

A: Duke Power Company will also continue to perform ultrasonic examination of Item Numbers B01.021.001 (RPV Head Weld) and B01.040.001 (RPV Head-to-Flange Weld) for Units 1 and 2, to the maximum extent practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition, and Regulatory Guide 1.150, Revision 1, Appendix A.

3. In Section V of the request for relief, you identify the alternate examinations that you will perform on Units 1 and 3 Steam Generator A welds, but no mention is made regarding alternate examinations on the similar Unit 2 welds. Do you intend to perform the same alternate examinations on the Unit 2 welds identified in Section I, parts c and d?

A: Due to an administrative oversight, the Unit 2 Steam Generator A welds identified in Section I, parts c and d, were not included in Section V of the request for relief. Therefore, the following statement should be added to Section V of the existing request for relief:

Duke Power Company will also continue to perform an ultrasonic examination of Item Numbers B03.130.003, B03.130.004, B03.140.003, and B03.140.004 (Steam Generator A Primary Outlet Nozzle-to-Lower Head Weld and Inside Radius), for Unit 2, to the maximum extent.

practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition.

4. In Section IV of the request for relief, you specify the percent coverage for the Unit 3 welds only. No examinations have yet been performed this interval on the corresponding similar Unit 1 and 2 welds which are also identified in this request for relief. Since our evaluation which supports approval of the request for relief is dependent in part on the percent coverage achieved for the welds, it would appear that case by case relief would still be necessary should corresponding welds on Units 1 and 2 receive less coverage than those described for Unit 3.
- A: Duke concurs that coverage on corresponding identical Unit 1 and 2 welds should be greater than or equal to the coverages approved for Unit 3 in the request for relief. Accordingly, if the coverages for corresponding identical welds on Unit 1 or 2 are less than those approved for Unit 3, then additional request for relief will be filed on an individual basis for these welds.



UNITED STATES
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D.C. 20555-0001

May 3, 1996

Mr. J. W. Hampton
Vice President, Oconee Site
Duke Power Company
P.O. Box 1439
Seneca, SC 29679

SUBJECT: OCONEE NUCLEAR STATION, UNIT 1 - THIRD TEN-YEAR INTERVAL INSERVICE
INSPECTION REQUEST FOR RELIEF NO. 95-04 (TAC NOS. M93944, M93945,
AND M93946)

Dear Mr. Hampton:

By letter dated October 5, 1995, you submitted Request for Relief No. 95-04 from certain ASME Code requirements that you determined to be impractical to perform at Oconee Nuclear Station, Units 1, 2, and 3, during the third 10-year interval inservice inspection. Supplemental information was provided in your submittal dated February 27, 1996. Relief was requested from the requirements of Section XI of the ASME Code to perform a volumetric examination of greater than 90 percent of the weld area for the specific welds covered by this request. Performance of the Code-required examination coverage is precluded by component interfaces. To meet the Code requirements, extensive design modifications would be necessary to provide access for examination. We note that in the case of Oconee Units 1 and 2, the percent of coverage obtainable for the subject welds was estimated based on examinations performed on equivalent Oconee Unit 3 components. If the actual examination coverage for Units 1 and 2 is less than this estimate, you must submit a new request for relief based on the actual coverage obtained.

The NRC staff, with technical assistance from its contractor, the Idaho National Engineering Laboratory, has reviewed and evaluated your request and has concluded that certain requirements of the Code are impractical. The staff has determined that the extent of coverage obtained for the specific welds covered by this request provides reasonable assurance of the structural reliability and operational readiness of the reactor pressure vessel welds and steam generator nozzle welds. Therefore, pursuant to 10 CFR 50.55a(g)(6)(i), for Unit 3, relief is granted as requested for Request for Relief 95-04 and, for Units 1 and 2, relief is granted provided that the examination coverage for welds at Units 1 and 2 is as much as that estimated using Unit 3 examinations. The staff's evaluation and conclusions are contained in the enclosed Safety Evaluation. This relief is authorized by law and will not

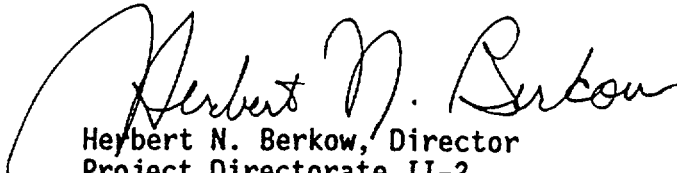
Mr. J. W. Hampton

-2-

May 3, 1996

endanger life or property or the common defense and security, and is otherwise in the public interest, giving due consideration to the burden that could result if the requirements were imposed on your facility.

Sincerely,


Herbert N. Berkow, Director
Project Directorate II-2
Division of Reactor Projects - I/II
Office of Nuclear Reactor Regulation

Docket Nos. 50-269, 50-270
and 50-287

Enclosure: Safety Evaluation

cc w/encl: See next page

Mr. J. W. Hampton
Duke Power Company

Oconee Nuclear Station

cc:

Mr. Paul R. Newton
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Charlotte, North Carolina 28242-0001

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Seneca, South Carolina 29679

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Winston and Strawn
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Washington, DC 20005

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North Carolina Department of
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Raleigh, North Carolina 27602

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Max Batavia, Chief
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South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

County Supervisor of Oconee County
Walhalla, South Carolina 29621



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

SAFETY EVALUATION BY THE OFFICE OF NUCLEAR REACTOR REGULATION
OF THE THIRD TEN YEAR INTERVAL INSERVICE INSPECTION PROGRAM PLAN
REQUEST FOR RELIEF NO. 95-04

FOR

DUKE POWER COMPANY

OCONEE NUCLEAR STATION UNITS 1, 2, and 3

DOCKET NOS. 50-269, 50-270, AND 50-287

1.0 INTRODUCTION

The Technical Specifications for Oconee Nuclear Station, Units 1, 2, and 3 state that the inservice inspection of the American Society of Mechanical Engineers (ASME) Code Class 1, 2, and 3 components shall be performed in accordance with Section XI of the ASME Boiler and Pressure Vessel Code and applicable Addenda as required by Title 10 of the Code of Federal Regulations (10 CFR) 50.55a(g), except where specific written relief has been granted by the Commission pursuant to 10 CFR 50.55a(g)(6)(i). Section 50.55a(a)(3) states that alternatives to the requirements of paragraph (g) may be used, when authorized by the NRC, if (i) the proposed alternatives would provide an acceptable level of quality and safety or (ii) compliance with the specified requirements would result in hardship or unusual difficulties without a compensating increase in the level of quality and safety.

Pursuant to 10 CFR 50.55a(g)(4), ASME Code Class 1, 2, and 3 components (including supports) shall meet the requirements, except the design and access provisions and the preservice examination requirements, set forth in the ASME Code, Section XI, "Rules for Inservice Inspection of Nuclear Power Plant Components," to the extent practical within the limitations of design, geometry, and materials of construction of the components. The regulations require that inservice examination of components and system pressure tests conducted during the first 10-year interval and subsequent intervals comply with the requirements in the latest edition and addenda of Section XI of the ASME Code incorporated by reference in 10 CFR 50.55a(b) 12 months prior to the start of the 120-month interval, subject to the limitations and modifications listed therein. The applicable edition of Section XI of the ASME Code for the Oconee Nuclear Station, Units 1, 2, and 3 third 10-year inservice inspection (ISI) interval is the 1989 Edition. The components (including supports) may meet the requirements set forth in subsequent editions and addenda of the ASME Code incorporated by reference in 10 CFR 50.55a(b) subject to the limitations and modifications listed therein and subject to Commission approval.

Pursuant to 10 CFR 50.55a(g)(5), if the licensee determines that conformance with an examination requirement of Section XI of the ASME Code is not practical for its facility, information shall be submitted to the Commission in support of that determination and a request made for relief from the ASME Code requirement. After evaluation of the determination, pursuant to 10 CFR 50.55a(g)(6)(i), the Commission may grant relief and may impose alternative requirements that are determined to be authorized by law, will not endanger life, property, or the common defense and security, and are otherwise in the public interest, giving due consideration to the burden upon the licensee that could result if the requirements were imposed. In a letter dated October 5, 1995, Duke Power Company, submitted to the NRC its Third Ten-Year Interval Inservice Inspection Program Plan Request for Relief No. 95-04 for Oconee Nuclear station, Units 1, 2, and 3. The licensee provided additional information in its letter dated February 27, 1996.

2.0 EVALUATION AND CONCLUSIONS

The staff, with technical assistance from its contractor, the Idaho National Engineering Laboratory (INEL), has evaluated the information provided by the licensee in support of its Third Ten-Year Interval Inservice Inspection Program Plan, Request for Relief No. 95-04 for Oconee Nuclear Station, Units 1, 2, and 3. The licensee provided additional information in its letter dated February 27, 1996.

Based on the information submitted, the staff adopts the contractor's conclusions and recommendations presented in the attached Technical Letter Report. The staff has concluded that performing the Code-required volumetric examinations of the subject areas to the extent required by the Code is impractical for Oconee Nuclear Station, Units 1, 2, and 3. The licensee has proposed to perform the required volumetric examinations on each of the subject welds to the extent practical and the Code-required surface examinations (as applicable). This combination provides reasonable assurance of operational readiness. Therefore, relief is granted for Request for Relief 95-04 (Parts 1 and 2) pursuant to 10 CFR 50.55a(g)(6)(i) for Unit 3 as requested. Relief is also granted for Units 1 and 2 provided that the percentage of coverage obtainable at those units is as much as estimated, based on examinations performed on Unit 3 components. As the coverage on Units 1 and 2 is verified when the examinations are performed and if the actual coverages are less than estimated for Units 1 and 2, the licensee is required to resubmit the request for relief based on actual coverages.

Attachment: Technical Letter
Report

Principal Contributor: T. McLellan

Date: May 3, 1996

TECHNICAL LETTER REPORT
ON THE THIRD 10-YEAR INSERVICE INSPECTION INTERVAL
REQUEST FOR RELIEF 95-04
FOR
DUKE POWER COMPANY
OCONEE NUCLEAR STATION, UNITS 1, 2, AND 3
DOCKET NUMBER: 50-269, -270, AND -287

1.0 INTRODUCTION

By letter dated October 5, 1995, Duke Power Company submitted Request for Relief 95-04 for Oconee Nuclear Station, Units 1, 2, and 3. In a letter dated February 27, 1996, the licensee submitted additional information. The Idaho National Engineering Laboratory (INEL) staff has reviewed the request for relief in the following section.

2.0 EVALUATION

The Code of record for Oconee Nuclear Station, Units 1, 2, and 3, third 10-year inservice inspection (ISI) interval, is the 1989 Edition of the *American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code, Section XI*. The information provided by the licensee in support of the request for relief from Code requirements has been evaluated and the basis for disposition is documented below.

While the request for relief is for Units 1, 2, and 3, the actual examinations have not yet been performed on Units 1 and 2. The licensee has determined that the percent of coverage obtainable for Units 1 and 2 is equivalent to that for Unit 3 as the component designs are the same. This coverage should be verified when the examinations are performed. If the actual coverages are less than the estimated coverages, the licensee must resubmit the request for relief.

Request for Relief 95-04 (Part 1 of 2), Examination Category B-A, Item B1.21, Reactor Pressure Vessel Head Welds, Item B1.40, Reactor Pressure Vessel Head-to-Flange Weld

Code Requirement: Table IWB-2500-1, Examination Category B-A, Item B1.21 requires 100% volumetric examination of the accessible portion of all reactor pressure vessel (RPV) circumferential head welds as defined in Figure IWB-2500-3.

Table IWB-2500-1, Examination Category B-A, Item B1.40 requires 100% volumetric and surface examination of the RPV head-to-flange weld as defined in Figure IWB-2500-5.

Licensee's Code Relief Request: The licensee requested relief from performing the volumetric examination to the extent required by the Code for the following examination areas:

Reactor Vessel Head Welds:

- 1-RPV-WH5, Item Number B01.021.001
- 2-RPV-WH5, Item Number B01.021.001
- 3-RPV-WH5, Item Number B01.021.001

Reactor Vessel Head-to-Flange Welds:

- 1-RPV-WH7, Item Number B01.040.001
- 2-RPV-WH7, Item Number B01.040.001
- 3-RPV-WH7, Item Number B01.040.001

Licensee's Basis for Requesting Relief (as stated):

"Item Number B01.021.001 (3-RPV-WH5), RPV Head Weld was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition. The additional requirements of Regulatory Guide 1.150, Revision 1, Appendix A were also used in the examination.

"Because of geometric conditions, i.e., lifting lugs adjacent to the weld, 81.85% of the near surface volume and 79.85% of the weld and base metal volumes were covered. In order to achieve more coverage of required volumes the lifting lugs would have to be moved away from the weld area.

"Item Number B01.040.001 (3-RPV-WH7), RPV Head-to-Flange Weld was examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition. The additional requirements of Regulatory Guide 1.150, Revision 1, Appendix A were also used in the examination.

"Because of geometric conditions, i.e. single sided access, 63.35% of the near surface volume and 48.55% of the weld and base metal volumes were covered. In order to achieve more coverage of the required volumes, the weld must be at a greater distance from the flange."

Licensee's Proposed Alternative Examination (as stated):

"Duke Power Company will continue to perform an ultrasonic examination of Item Numbers B01.021.001, 3-RPV-WH5, RPV Head Weld and B01.040.001, 3-RPV-WH7, RPV Head-to-Flange Weld to the maximum extent practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition and Regulatory Guide 1.150, Revision 1, Appendix A."

Evaluation: The Code requires that the subject reactor pressure vessel welds receive 100% volumetric examination. However, due to the examination area configuration, the limited available scanning surfaces preclude complete ultrasonic coverage. As a result, 100% volumetric examination is impractical. To obtain complete volumetric coverage, design modifications or replacement of the component with one providing for complete examination would be required. Imposition of this requirement would cause a considerable burden for the licensee.

The subject volumetric examinations, when performed to the extent practical, provide approximately 80% coverage of the RPV head circumferential weld and 55% coverage of the RPV head-to-flange weld. Based on the significant percent of coverage obtainable, in combination with the Code-required surface examination of the RPV head-to-flange weld, it can be concluded that significant degradation, if present, will be detected. As a result, reasonable assurance of structural integrity is provided. Therefore, it is recommended that the licensee's request for relief be granted pursuant to 10 CFR 50,55a(g)(6)(i).

Request for Relief 95-04 (Part 2 of 2), Examination Category B-D, Item B3.130, Steam Generator (Primary Side) Nozzle-to-Vessel Welds and Item B3.140, Steam Generator (Primary Side) Nozzle Inside Radius Section

Code Requirement: Table IWB-2500-1, Examination Category B-D, Item B3.130 requires 100% volumetric examination of the steam generator nozzle-to-shell weld as defined by Figure IWB-2500-7.

Table IWB-2500-1, Examination Category B-D, Item B3.140 requires 100% volumetric examination of the steam generator nozzle inner radius section as defined by Figure IWB-2500-7.

Licensee's Code Relief Request: The licensee requested relief from performing the volumetric examination to the extent required by Code for the following examination areas:

Steam generator nozzle-to-vessel welds:

- 1-SGA-WG50-2, Item Number B03.130.001
- 1-SGA-WG50-1, Item Number B03.130.002
- 2-SGA-WG50-2, Item Number B03.130.003
- 2-SGA-WG50-1, Item Number B03.130.004
- 3-SGA-WG50-2, Item Number B03.130.001
- 3-SGA-WG50-1, Item Number B03.130.002

Steam generator nozzle inside radius welds:

1-SGA-WG50-2, Item Number B03.140.001
1-SGA-WG50-1, Item Number B03.140.002
2-SGA-WG50-2, Item Number B03.140.003
2-SGA-WG50-1, Item Number B03.140.004
3-SGA-WG50-2, Item Number B03.140.001
3-SGA-WG50-1, Item Number B03.140.002

Licensee's Basis for Requesting Relief (as stated):

"Item Numbers B03.130.001 (3-SGA-WG50-2, nozzle weld), B03.130.002, (3-SGA-WG50-1, nozzle weld), B03.140.001 (3-SGA-WG50-2, inside radius) and B03.140.002 (3-SGA-WG50-1, inside radius), Steam Generator A Primary Outlet Nozzle-to-Lower Head Weld were examined to the maximum extent practical using ultrasonic techniques in accordance with the requirements of ASME Section V, Article 4, 1989 Edition."

"Because of geometric conditions, i.e., single sided access and support skirt location, 15.6% of the required examination volume was covered. In order to achieve more coverage the support skirt would have to be cut away from the nozzle."

Licensee's Proposed Alternative Examination (as stated):

"Duke Power Company will continue to perform an ultrasonic examination of Item Numbers B03.130.002, B03.130.001, B03.140.002 B03.140.001, B03.130.003, B03.130.004, B03.140.003, and B03.140.004 Steam Generator A Primary Outlet Nozzle-to-Lower Head Weld and Inside Radius to the maximum extent practical in accordance with the requirements of ASME Section V, Article 4, 1989 Edition."

Evaluation: The Code requires that steam generator nozzle-to-shell and nozzle inner radius sections be 100% volumetrically examined during the inspection interval. However, due to the geometry of the examination area and examination interference from the support skirt, complete examination of the subject examination areas is impractical. To obtain complete volumetric coverage, design modifications of the component would be required. Imposition of this requirement would cause a considerable burden for the licensee.

The examinations, when performed to the extent practical, result in an estimated 15.6% coverage of each nozzle-to-shell weld and inner radius section. Based on the percent of coverage that can be obtained for each nozzle and considering the combined coverage achieved when all nozzles are examined (essentially 100% of one nozzle), it can be concluded that significant degradation, if present, will be detected. As a result, reasonable assurance of structural integrity is provided.

Conclusion: Performing the Code-required volumetric examination for the subject nozzle-to-shell and inner radius sections to the extent required by the Code is impractical for Oconee Nuclear Station, Units 1, 2, and 3. Therefore, it is recommended that relief be granted pursuant to 10 CFR 50.55a(g)(6)(i).

3.0 Conclusion:

Performing the Code-required volumetric examinations of the subject areas to the extent required by Code is impractical for Oconee Nuclear Station, Units 1, 2, and 3. The licensee will perform the required volumetric examinations on each of the subject welds to the extent practical. This, in combination with the Code-required surface examinations (as applicable), provides reasonable assurance of operational readiness. Therefore, it is recommended that relief be granted for Request for Relief 95-04 (Parts 1 and 2) pursuant to 10 CFR 50.55a(g)(6)(i). It should be noted that in the case of Units 1 and 2, the licensee has estimated the percent of coverage obtainable. This coverage should be verified when the examinations are performed. If the actual coverages are less than estimated, the licensee must resubmit the request for relief based on actual coverages.

Problem Investigation Process

Oconee Nuclear Station

PIP Serial No.	Acron. Category	ILER No.	Other Report
O-99-04557	3		

Problem Identification

Discovered Time/Date: 18:09 11/15/1999

Occurred Time/Date:

Unit(s) Affected:

Unit	Mode	%Power	Unit Status	Remarks
2	6	0	None	

System(s) Affected:

MS Main Steam

Affected Equipment

(No Equipment Affected)

Location of Problem:

Bldg: AB Column Line: Elev:

Location Remarks:

On AB roof just outside TB siding.

Method Used to Discover Problem:

Snubber removal per NSM ON-23054

Brief Problem Description:

Liseqa hydraulic snubber found broken on S/R# 2-01A-0-1441-DE060.

Detail Problem Description:

Snubber Engineer was notified that Liseqa hydraulic snubber on S/R# 2-01A-0-1441-DE060 was found broken. This particular support has 4 snubbers. The top east snubber was discovered to have the rod end sheared off at the piston end. The snubber was left in place upon discovery so engineering could observe as-found conditions. Snubber will be removed so further evaluation can be performed to determine cause of failure. The 4 snubbers on S/R# 2-01A-0-1441-DE060 are being deleted this outage per NSM ON-23054.

No present operability evaluation is required, but a past operability evaluation will be required.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 11/15/1999

Other Units/Components/Systems/Areas Affected(Y,N,U): N

Industry Plants Affected(Y,N,U): U

Immediate Corrective Actions:

Pictures were taken of the as-found conditions. The snubber will be removed so further testing and evaluation can be performed.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 11/15/1999

Immediate Corrective Action Documents / Work Orders:

Indiv	Team	Group	Date
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Problem Investigation Process

Oconee Nuclear Station

Problem Identified By: PAW4981 RAH8344 CEN 11/15/1999
 Problem Entered By: PAW4981 RAH8344 CEN 11/15/1999

Screening

Is the Problem Significant? No Action Category: 3

OEP No:

Other Report Nos:

Event Codes:

F10 Equipment Damage

Screening Remarks:

This event has been reviewed by the CST and found not to meet the MSE significance criteria.

Screening members present for this review: Sandy Severance (ENG), RH Ledford (MNT & WCG), and Mike Pruitt (OPS)

Originated By: EHD8302: DUMMEYER, EDWARD H Team: RTB7310 Group: SRG Date: 11/16/1999

Assignments:

Responsible Groups(s) for Problem Evaluation:	CEN	Civ, Elect., Nuclear
Responsible Group for Present Operability:	N/A	
Responsible Group for Past Operability:	RGC	Regulatory Compliance
Responsible Group for Reportability:	RGC	Regulatory Compliance
Responsible Group for Overall PIP Approval:	CEN	Civ, Elect., Nuclear

Signature	Type	Indiv	Team	Group	Date
Screened By:		EHD8302	RTB7310	SRG	11/16/1999

Present Operability

Responsible Group: CEN Status: NotRequired

Sys/Comp Operable? (Y,N,C,E,T):

Required Mode:

Comments:

No Current Signatures For This Section

Past Operability:

Responsible Group: CEN Status: Closed

Problem Investigation Process

Oconee Nuclear Station

Sys/Comp Operable?(Y,N,C,E,T): Y

Required Mode: 3

Comments:

1. Statement of Problem
Snubber S/R # 2-01A-0-1441-DE060 was found broken. -----
2. Relation to QA Condition
QA condition 1 -----
3. Applicable codes And standards
USAS Code for Pressure Piping Section B31.1, 1967 -----
4. Evaluation Inputs/Methods Used
PIP 99-4557 -----
Piping calculation OSC-440 Rev. 28
5. Other Evaluation Criteria
N/A -----
6. Applicable Licensing References
UFSAR Section 10.3 -----
7. Assumptions
None -----
8. References
PIP 99-4557 -----
Piping calculation OSC-440 Rev. 28
9. Calculation/Evaluation
The subject piping and supports are analyzed in calculation OSC-440.

An analysis for NSM-23054 (OSC-440 Rev. 26) show that this snubber is not needed for seismic load. It is therefore deleted at the current refueling outage 2EOC17. The broken snubber 2-01A-0-1441-DE060 has no adverse impact on the piping and associated supports. It is concluded that the subject piping and supports are past operable.

10. Compensatory Actions Required for Operability
None
11. Conclusions
The piping and supports are past operable. -----

Originated By: PCC2458: CHAU, PETER C Team: RAH8344 Group: CEN Date: 12/14/1999

Signature Type	Indiv	Team	Group	Date
Due Date:	12/16/1999			
Accepted By:	RAH8344	RAH8344	CEN	11/17/1999
Assigned To:	PCC2458	RAH8344	CEN	11/17/1999
Ready for Checked By:	PCC2458	RAH8344	CEN	12/14/1999
Approval Assigned To:	RAH8344	RAH8344	CEN	12/14/1999

Problem Investigation Process Oconee Nuclear Station

Signature Type	Indiv	Team	Group	Date
Checked By Assigned To:	JPP610C	RAH8344	CEN	12/14/1999
Checked By:	JPP610C	RAH8344	CEN	12/14/1999
Ready For Approval:	RAH8344	RAH8344	CEN	12/16/1999
Approved By:	RAH8344	RAH8344	CEN	12/16/1999
Evaluated By:	JASMITH	LEN2127	RGC	12/20/1999

Reportability

Responsible Group: RGC Status: Closed

Problem Reportable(Y,N,E): N

Reportable Per:

Comments:

Based on the past operability, this snubber was not required for system operability. Therefore, this event was not reportable.

Last Updated By: RPT7314: TODD, RANDALL P Team: LEN2127 Group: RGC Date: 01/05/2000

Reportability depends upon the impact of the failed snubber on the operability of the MS system. (Based on prior snubber results, this is not expected to impact system operability).

Originated By: RPT7314: TODD, RANDALL P Team: LEN2127 Group: RGC Date: 11/24/1999

Signature Type	Indiv	Team	Group	Date
Assigned To:	RPT7314	LEN2127	RGC	11/17/1999
Ready For Approval:	RPT7314	LEN2127	RGC	01/05/2000
Approval Assigned To:	LEN2127	LEN2127	RGC	01/05/2000
Approved By:	LEN2127	LEN2127	RGC	01/07/2000

Investigation Report:

Responsible Group: Act Date:

Investigator: Group:

Due Date:

Date Due to VP or Sta. Mgr:

Date Regulatory or Agency Rpt Due:

Date Investigation Report Approved:

NRC Cause Codes:

Problem Evaluation

Problem Investigation Process

Oconee Nuclear Station

Event	Cause Code	Cause Description	Primary	Causing Groups
F10	P2f	Externally damaging conditions not corrected	Yes	N/A

Problem Evaluation From: Resp. Group: CEN Status: Closed OEDB Checked: No

Apparent Cause

Top east snubber on S/R# 2-01A-0-1441-DE060 was found with the piston rod eye broken completely off. Scarring was observed on the side of the snubber body from contact with adjacent pipe clamp on S/R# 2-01A-0-1441-H17. In the cold condition there was minimal gap between the snubber body and pipe clamp for H17. Thermal pipe movements caused the clamp to bear against the snubber body which induced a significant perpendicular load to the snubber body. Snubbers are designed for axial load not perpendicular loads. It is believed the cause of failure is shear overload. This snubber is located on the Main Steam piping near the Main Steam Relief Valves. Unit 2 tripped between 2EOC16 & 2EOC17 on 6/13/98 and 11/3/98. The sudden relief valve transient load in addition to the thermal binding load is suspected to have broken the snubber. The broken portions of the snubber have been submitted for Metlab analysis. A corrective action will be added to document the results of this analysis.

The apparent cause is overload from contact with the adjacent pipe clamp. This is an application induced failure per OM 1987 Code (ref. ASME Section XI, Article IWF-5300). A cause code of P2f was assigned.

S/R# 2-01A-0-1441-DE060 is being deleted by NSM ON-23054 during the current outage. No further actions are needed for this support. S/R# 2-01A-0-1441-DE061 is similar to DE060. The top east snubber on DE061 also has scarring on the snubber body from contact with adjacent pipe clamp on S/R# 2-01A-0-1441-H2. DE061 is also being deleted NSM ON-23054.

Snubber Operability For Inspection Frequencies

SLC 16.9.18 states "Snubbers which appear inoperable as a result of visual inspections may be determined to be OPERABLE for the purpose of establishing the next visual inspection interval provided that (1) the cause of rejection is clearly established and remedied for that particular snubber and for other snubbers that may be generically susceptible; and (2) the affected snubber is functionally tested in the as-found condition and determined to be OPERABLE." 1987 OM Code has similar provisions in section 2.3.4.2.

The top east snubber found broken has been deemed OPERABLE for the purposes of establishing the next inspection interval for SLC 16.9.18 & OM 1987 for the following reasons.

- (1) A rod eye was installed on the snubber and it was functional tested per work order 98141231, task 79. Snubber passed its functional test.
- (2) S/R# 2-01A-0-1441-DE060 has 4 snubbers. This support was Past Operable even with this one snubber broken.
- (3) Snubber piston rod broke due to application of an external force perpendicular to the body of the snubber. Snubbers are designed for axial load, not perpendicular load. Broken snubber was a result of an undesigned condition, not a snubber malfunction. This cause of this failure is judged to be outside the scope and intent of the snubber inspection program.
- (4) This snubber and other susceptible snubbers were deleted by NSM ON-23054 during the current outage (2EOC17). The OM Code requires failure mode grouping. The only snubbers in the failure mode group would be those on DE060 and DE061. All eight of these snubbers were deleted, so no increased inspection frequencies are required for OM Code.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 12/03/1999

OEDB Comments:

OEDB was not checked because cause of broken snubber is known and all those susceptible to same condition in Unit 2 were deleted.

Problem Investigation Process

Oconee Nuclear Station

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 12/03/1999

Remarks Comments:

Signature Type	Indiv	Team	Group	Date
Due Date:	12/15/1999			
Accepted By:	RAH8344	RAH8344	CEN	11/17/1999
Assigned To:	PAW4981	RAH8344	CEN	11/17/1999
Ready For Approval:	PAW4981	RAH8344	CEN	12/03/1999
Approval Assigned To:	RAH8344	RAH8344	CEN	12/03/1999
Approved By:	RAH8344	RAH8344	CEN	12/06/1999

Corrective Actions

CA Seq. No: 1

Resp Group	Status	Orig Group	Event Code	Prop CAC	Cause Code
CEN	Closed	CEN	F10	B3	P2f

Proposed Corrective Action:

Document results of Met. Lab analysis on broken snubber on S/R# 2-01A-0-1441-DE060.

Originated By: PAW4981: WELLS, PHILLIP A Team: RAH8344 Group: CEN Date: 12/03/1999

Signature Type	Indiv	Team	Group	Date
Ready For Approval:	PAW4981	RAH8344	CEN	12/03/1999
Approval Assigned To:	RAH8344	RAH8344	CEN	12/03/1999
Approved By:	RAH8344	RAH8344	CEN	12/06/1999

General: Outage:

Mode:

Other Tracking Processes

Type Number Text

Actual Corrective Action:

Actual CAC: Status: Open

Due Date: 02/13/2000

Signature Type	Indiv	Team	Group	Date
Due Date:	02/13/2000			
Accepted By:	RAH8344	RAH8344	CEN	12/06/1999
Assigned To:	PAW4981	RAH8344	CEN	12/06/1999

Problem Investigation Process Oconee Nuclear Station

Final and Overall PIP Approval

Responsible Group: CEN Status: Screened

Signature Type	Indiv	Team	Group	Date
Assigned To:			CEN	11/16/1999
Accepted By:	SNS3927	CAL7344	CEN	11/16/1999

Any Supplemental Concurrence Signatures Above Do Not Affect PIP Closure.

Closure Document Type **Closure Document No**

Attachments

Generic Applicability

Responsible Group: Status:
GO PIP No:

Assessment Remarks:

No Current Signatures For This Section

Failure Prevention Investigation

Quality of CA: Quality of Cause: Resp Group: SRG Status: Closed

Special Codes:

N5

Comments

Signature Type	Indiv	Team	Group	Date
Assigned To:			SRG	11/16/1999
Ready For Approval:	RWVASSEY	RTB7310	SRG	12/07/1999
Approval Assigned To:	RTB7310	RTB7310	SRG	12/07/1999
Approved By:	RWVASSEY	RTB7310	SRG	12/07/1999

Remarks

No Remarks for this PIP.

Maintenance Rule

Responsible Group: CEN Status: Open

Maintenance Rule SSC

Problem Investigation Process

Oconee Nuclear Station

SSC	Description	Risk Significant	Primary System
MS	Main Steam System		Yes

Equipment Group:

Applicable Unit:

Functional Failure: Yes MPFF: No Repetitive MPFF: No

Functional Failure Comments:

MPFF Comments:

Repetitive MPFF Comments:

Reactor Trip: No

Safety System Actuation: No

Loss of Heat Decay Removal: No

Force Outage Rate or Plant Transient: No

Loss Of Spent Fuel: No

Comments:

Signature Type	Indiv	Team	Group	Date
Assigned To:	PAW4981	RAH8344	CEN	01/11/2000
Due Date:	02/09/2000			

End of the Document for PIP No: O-99-4557

The status of this PIP is: Screened

The duration of this PIP was: 2 days

10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record (Form NIS-2) of the Class 1 and Class 2 Repairs and Replacements for work performed from May 25, 1998 through December 16, 1999 is provided and is included in this section of the report. The individual work request documents are on file at Oconee Nuclear Station.

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-12-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97048446
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or (MM #) 9462

4. Identification of System LP Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, 8-69 Addenda, NO Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-53B-438C-115500</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>S/R</u> <u>2-53B-438C-115501</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	<u>S/R</u> <u>2-53B-6-D-438C-1113</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Sec 9 below

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Component A: Installed new S/R
Component B: Installed new S/R
Component C: Modified S/R

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed CR Hanon CA Specialist
Owner or Owner's Designee, Title

Date 5-12, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-19-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-14, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-22-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98046181-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # N/A

4. Identification of System MS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-01A-0-1401A-H24</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Reset Hot Load S/R 2-01A-D-1401A-H24

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Date 7-22, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-30-98 to 7-22-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC 914
National Board, State, Providence and Endorsements

Date 7-22, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-29-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98039796
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-51B-1444-DE009</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shim to S/R 2-5JB-1444-DE009

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D.S. Mason Date 7-29, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-1-98 to 7-29-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-29, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-30-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98045198
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-1480-1479A-H1</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work welded shim to S/R 2-14B-D-1479A-H1

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *DB Mason* Date 7-30, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-11-98 to 8-3-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions N.C. 914
Inspector's Signature National Board, State, Providence and Endorsements

Date 8-3, 1998

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-30-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98039784
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-51A-0-1444-H187</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shims to S/R 2-51A-0-1444-H187

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. J. Mason

Date 7-30, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-3-98 to 8-3-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 8-3, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-3-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98045203
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-14B-D-1479A-H2</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Added shim to S/R 2-14B-0-1479A-H2 (welded)

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DS Mason Date 8-3, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-11-98 to 8-3-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 8-3, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-3-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98045492
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class L

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, ~~No~~ Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>51A-0-1479A-H16B</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shims to S/R 51A-O-1479A-H16B

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *D. J. Mason*
 Owner or Owner's Designee, Title

Date 8-3, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-11-98 to 8-3-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 8-3, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-3-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98045493
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class L

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>51A-D-1479A-H4A</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Welded shim to S/R 51A-0-1479A-H4A

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed J. S. Mason
Owner or Owner's Designee, Title

Date 8-3, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-11-98 to 8-2-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 8-3, 1998

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-4-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98042054
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class I

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 2-51A-0-1479E-H1E	Grinnell Corp.	3361-4-B-95	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 2-51A-0-1479E-H1E	Grinnell Corp.	16030	NA	NA	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Removed/Replaced Snubber on SIR 2-51A-0-1479E-H1E

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. J. Mason Date 8-4, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-5-98 to 8-4-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions NC914
Inspector's Signature National Board, State, Providence and Endorsements

Date 8-4, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-6-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98035621
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System MS Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Snubber on S/R 2-01A-1441-R9-4	Grinnell Corp	18820	NA	NA	NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Snubber on S/R 2-01A-1441-R9-4	Grinnell Corp	33920	NA	NA	NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber on S/R 2-01A-0-1441-R9-4

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *J.S. Mason* Date 8-6, 1998
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-16-98 to 8-10-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions NC914
 Inspector's Signature National Board, State, Providence and Endorsements

Date 8-10, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-6-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98042332
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System GWD Class A

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, August Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-57-0-1481A-</u> <u>RJP-H0801</u>	<u>Grinell Corp</u>	<u>16562</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber pivot pin on S/R 2-57-D-1481A-RJP-H0801

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed D. S. Mason Date 8-6, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-5-98 to 8-10-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Providence and Endorsements

Date 8-10, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-10-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98040454
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>2-14B-0-1479A-H18</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-11-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98020709
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # NA

4. Identification of System LPS Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-14B-1480B-H6543</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Removed and reinstalled S/R Z-14B-1480B-H6543

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *D. J. Mason*

Date 8-11, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-18-98 to 8-11-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 8-11, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-24-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98138451
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B.31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>Snubber on S/R</u> <u>2-01A-3-0-1401B-R8</u>	<u>Grinnell</u>	<u>6964</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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.

Snubber on S/R 2-01A-3-0-1401B-R8 -

7. Description of Work Replaced load stud + nuts

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DJ Mason
Owner or Owner's Designee, Title

Date 11-24, 99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-12-99 to 11-24-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 11-24, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units _____)

1a. Date 12-6-99
Sheet 7 of 7
1 1

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order #: 98156091
Repair Organization Job #

3b. NSM or MM #: 11490

4. (a) Identification of System: HP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7, 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-51A-3-0-1439-H49</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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.

SR 2-51A-3-D-1439-H49

7. Description of Work *Removed/Replaced item # 6 by welding*

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp *N/A*

Certificate of Authorization No. *N/A*

Expiration Date *N/A*

Signed *D. J. Mason*
Owner or Owner's Designee, Title

Date *12-6, 1999*

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of *N. C.* and employed by *HSBI and I Company of Hartford Connecticut* have inspected the components described in this Owner's Report during the period *11-19-99* to *12-15-99*; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions *NC 914*
National Board, State, Province and Endorsements

Date *12-15, 99*

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-7-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98200313
Repair Organization Job #

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

3b. -NSM or MM #: 14087

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>Piping</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>9/74</u>	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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.

Rendered inoperative the capability of aligning the BS system

7. Description of Work suction piping to the discharge of the LPI coolers

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 125 psig Test Temp. 80 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]
Owner or Owner's Designee, Title

Date 1-13, 2000

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-11-99 to 1-13-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NC914
National Board, State, Province and Endorsements

Date 1-13, 00

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-7-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98166256
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 11695

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or no)
A	<u>S/R</u> <u>2-51A-435B-Emo-H42</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Relocated + modified SKR 2-51A-435B-EMO-H42 per hanger sketch

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. S. Mason
Owner or Owner's Designee, Title

Date 12-7, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-22-99 to 12-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Province and Endorsements

Date 12-7, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-23-99
Sheet 1 of 21
Edm

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98156091
Repair Organization Job #

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

3b. NSM or MM #: 11490

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7, 1949 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>VLV. ZHP-120</u>	<u>LESUE</u>	<u>694225-1</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>NO</u> Yes
B	<u>VLV. ZHP-120</u>	<u>DRAG</u>	<u>706571-1-1</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	No <u>YES</u>
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

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

7. Description of Work Replaced Valve ZHP-120 with DMY-1180

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N446-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.
Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed C. S. Mason Date 12-15, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-6-99 to 12-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Inspector's Signature M. B. Chapman Commissions NC914
National Board, State, Province and Endorsements
Date 12-15, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-10-99
Sheet of

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98165252
Repair Organization Job #

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

3b. ASM or MM #: 13352

4. (a) Identification of System: F.D.W

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mig.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>S/R</u> <u>2-03A-1-0-1439A-2901</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Modified S/R 2-03A-1-0-1439A-HTT-2901 IAW
ONDE-13352

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. J. Mason
Owner or Owner's Designee, Title

Date 12-10, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-29-99 to 12-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 12-10, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units _____)

1a. Date 12-10-99
Sheet 1 of 1

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order #: 98156216-02
Repair Organization Job #

3b. ~~NSM~~ or MM #: 11759

4. (a) Identification of System: HD 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>2-05-1401B-H4212</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Added new S/R 2-05-1401B-H4212

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] Date 12-10, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-30-99 to 12-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-10, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-16-99
Sheet ___ of ___

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98154002
Repair Organization Job #

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

3b. NSM or MM #: 13283

4. (a) Identification of System: LP

4. (b) Class of System: Z

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>2-53B-14398-H5506</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>SIR</u> <u>2-53B-5-0-14398-H59A</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

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

7. Description of Work *Added new S/R 2-53B-1439B-H5506*
Modified S/R 2-53B-5-0-1439B-H59A IAW ONDE-13283

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *D. J. Mason*
Owner or Owner's Designee, Title

Date 12-11, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-14-99 to 12-11-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 12-11, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-11-99
Sheet ___ of ___

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98205270
Repair Organization Job #

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

3b. NSM o (MM) #: 14175

4. (a) Identification of System: LPI

4. (b) Class of System: B

5. (a) Applicable Construction Code: N/A Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>2-53B-435B-H5507</u>	<u>DPC</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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

7. Description of Work MODIFY SUPPORTS PER OE-14175

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

LM

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] TECH SPEC. Date 12-11-99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-10-99 to 12-11-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-11-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-11-99
Sheet ___ of ___

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98156709
Repair Organization Job #

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

3b. NSM or MM #: 13285

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>2-53B-1439C-H5505</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>SIR</u> <u>2-53B-438C-H5501</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C	<u>SIR</u> <u>2-53B-5-0-1439C-H33</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No Yes

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.

Added new S/R 2-53B-1439C-45505

7. Description of Work *Modified Support/Restraints IAW DND E 13285*

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp *N/A*

Certificate of Authorization No. *N/A*

Expiration Date *N/A*

Signed *D.S. Mason*
Owner or Owner's Designee, Title

Date *12-11, 1989*

CERTIFICATE OF 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 *N.C.* and employed by *HSBI and I Company of Hartford Connecticut* have inspected the components described in this Owner's Report during the period *9-20-99* to *12-11-99*; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions *NC914*
National Board, State, Province and Endorsements

Date *12-11, 99*

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-12-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97048446
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or ~~MA~~ # 9462

4. Identification of System LP Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, AUGUST Addenda, NA Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV. ZLP-40</u>	<u>CRANE</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>VLV. ZLP-40</u>	<u>ANCHOR DARLING</u>	<u>EZ712-1-4</u>	<u>1983</u>		<u>1997</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work MOVED & REPLACED ZLP-40 W/A DMV-1089

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure 460 psig Test Temp. 71.6 °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Weld # ZLP144-1 tested IAW ASME
Code Case N416-1.
Weld # ZLP144-2 was hydrostatically tested

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DJ Mason DA Spec Date 7-13, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of NC and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-19-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MBC Chapman Commissions NC914
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-14, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-13-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97081732
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 9439

4. Identification of System HP Class Z

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, AUGUST Addenda, NA Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ZHP-249	VECAN	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. ZHP-249	ANCHOR (BWI) DARLING	EZ194-1-9	2008		1997	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING	D.P.Co.	NA	NA		9/74	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED 2HP-249 W/A DMV-1142.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N446-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D & Mason

Date 8-5, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-16-98 to 8-5-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

YMB Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 8-5, 1998

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 4-27-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 95064596
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # 8338

4. Identification of System HPI Class 2

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, AUGUST Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1988, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ZHPI-116	ANCHOR DARLING	EZ642-1-1	1927		1964	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VLV. ZHPI-116	VELAN	N/A	N/A		N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	PIPING	D.P.Co.	N/A	N/A		9/74	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED ZHP-116 W/A DMU-1074 & PIPING.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. Mason QA Spec Date 7-13, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-22-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-14, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-27-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98032689
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # NA

4. Identification of System HP Class Z

5. (a) Applicable Construction Code ANSI B31.7 1969 Edition, AUGUST Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	D.P.Co.	NA	NA		9/94	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED ZB HPI PMP. MIN. RECIRC. ORPICE.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *D.B. Mason*
Owner or Owner's Designee, Title

Date 10-30, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-20-98 to 11-2-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 11-2, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-11-98

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98042573-04
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System MFDW Class Z

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MFWD RISER # 28 ON OTSG-2A	B+W	NA	NA	# 28	1990	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING IN BOTH SHELL & HEADER FLANGES

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

M. L. Blubaugh, QA Specialist
 Owner or Owner's Designee, Title

Date 8-11-98, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-4-98 to 8-12-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. B. Chapman
 Inspector's Signature

Commissions

NC 914
 National Board, State, Providence and Endorsements

Date 8-12, 1998

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 12-1-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98084956
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or ~~MD~~ # 12749

4. Identification of System MF DW Class Z

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, July Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING ON 2B OTSG MFDW RISER'S No's. 1, 22, 26 @ FLANGE TO S.G. SHELL.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A.T. Bluberg QA SPECIALIST
Owner or Owner's Designee, Title

Date 12-1, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 9-31-98 to 12-1-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 12-1, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 11-30-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 ~~3~~ 11/30/98 Shared (specify Units _____)

3a. Work Order # 98086373
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or ~~MM~~ # 12774

4. Identification of System MFDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, JULY Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING ON 2A OTSG MFDW RISERS No's. 10 & 22 @ FLANGE TO S.G. SHELL.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A.L. Blodgett QA SPECIALIST
Owner or Owner's Designee, Title

Date 12-1, 19 93

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 10-8-98 to 12-1-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 12-1, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 6-30-99

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98172131
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or NM # 13852

4. Identification of System MPDW Class Z

5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, JULY Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>MPDW RISER#</u> <u>20 ON OTSG 2B</u>	<u>B+W</u>	<u>S/G-S/N</u> <u>620-0004-55-1 N107</u>			<u>1970</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING ON RISER TO SHELL FLANGE ON RISER #21

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] QA SPECIALIST Date 6/30, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 6-20-99 to 6-30-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 6-30-, 19 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-23-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98154002
Repair Organization Job #

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

3b. NSM or MM #: 13283

4. (a) Identification of System: ZP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>VLV. ZLP-17</u>	<u>BW</u>	<u>D426A-1-2</u>	<u>2111</u>		<u>1998</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>VLV. ZLP-17</u>	<u>WALWORTH</u>	<u>C-45598</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C	<u>PIPING</u>	<u>DUKE</u>	<u>NA</u>	<u>NA</u>		<u>9/74</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes

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

7. Description of Work Replaced Valve ZLP-17

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed Dennis J. Mason Date 12-11, 1999
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-20-99 to 12-11-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-11-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units _____)

1a. Date 11-26-99
Sheet 1 of 1

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3a. Work Order #: 98156709
Repair Organization Job # _____

3b. NSM or MM #: 13285

4. (a) Identification of System: LP 4. (b) Class of System: Z
5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ZLP-18	ANCHOR DARLING	D426A-1	Z11Z		1998	Repaired, Replaced, Replacement	No <u>YES</u>
B	VLV. ZLP-18	WALWORTH	C4492Z	NA		NA	Repaired, Replaced, Replacement	<u>NO</u> Yes
C	PIPING	DUKE	NA	NA		9/74	Repaired, Replaced, Replacement	<u>NO</u> Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work _____

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks PERFORMED NDE & LEAKAGE TEST PER ASME CODE CASE N-416-1 IN LIEU OF HYDRO.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] Owner or Owner's Designee, Title

Date 12-11, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-22-99 to 12-11-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NC914 National Board, State, Province and Endorsements

Date 12-11-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units _____)

1a. Date 11-26-99
Sheet 1 of 1

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98220196
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: HP

4. (b) Class of System: Z

5. (a) Applicable Construction Code: ANSI B31.7 Edition, August 1969 Addenda, NA Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	2A HPI PMP. PIPE FLANGE	DUKE	NA	NA		9/74	Repaired, Replaced, Replacement	<u>No</u> Yes
B	(DISCHARGE) PIPE SIDE						Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work MADE BMR BY WELDING ON 2A HPI PUMP PIPING DISCHARGE FLANGE SEATING SURFACE.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]
Owner or Owner's Designee, Title

Date 12-1, 99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-28-99 to 12-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NC914
National Board, State, Province and Endorsements

Date 12-2, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-30-99

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 9829992
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: RC

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III Edition: 1965 W/SUMMER 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>2B OTSG UPPER SEC. MANWAY</u>	<u>B&W</u>	<u>620-0004-55-1</u>	<u>N 107</u>		<u>1970</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>BOLTING.</u>						<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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

7. Description of Work REPLACED BOLTING ON 2B OTSG UPPER SEC. MANWAY.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST Date 11/30/99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-21-99 to 12-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-2-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-2-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98125328
Repair Organization Job #

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

3b. NSM or MM #: 13213

4. (a) Identification of System: RC

4. (b) Class of System: 1 (A)

5. (a) Applicable Construction Code: ASME III Edition, 1965 w/Summer 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>2A OTSG</u>	<u>BTW</u>	<u>620-0004-55-2</u>	<u>N-108</u>		<u>1970</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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

7. Description of Work PLUGGED 178 TUBES, REMOVED 2 TUBE SLEEVES BY PLUGGING & REBULLED 30 TUBE ENDS.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed Arthur J. Buttrick QA SPECIALIST 12/2/99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-11-99 to 12-3-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

MBC Chapman Commissions NC 914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-3-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-2-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98125329
Repair Organization Job #

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

3b. NSM or MM #: 13214

4. (a) Identification of System: RC

4. (b) Class of System: 1(A)

5. (a) Applicable Construction Code: ASME III Edition, 1965 W/1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>ZB OTSG</u>	<u>B+W</u>	<u>620-0004-55-1</u>	<u>N-107</u>		<u>1970</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

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

- 7. Description of Work PLUGGED 217 TUBES INCLUDING FOUR THAT WAS SLEEVED THEREFORE REDUCING THE NUMBER OF SLEEVES IN SERVICE BY 4 + REROLLED 108 TUBE ENDS.
- 8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed William A. Blodgett QA SPECIALIST Date 12/2/99
 Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-11-99 to 12-3-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 12-3-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-4-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98154781
Repair Organization Job #

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

3b. NSM or MM #: 13516

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>Piping</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No

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

7. Description of Work Repaired punch mark in pipe between welds 56 and 57

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. J. Mason
Owner or Owner's Designee, Title

Date 12-6-1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-16-99 to 12-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 12-6-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-17-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98152450
Repair Organization Job #

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

3b. NSM or MM #: 13286

4. (a) Identification of System: LP

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ANSI B31.7 Edition, August 1969 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VLV. ZLP-046	ANCHOR DARLING	ET153-3-4	1483			Repaired, Replaced, Replacement	No <u>Yes</u>
B	VLV. ZLP-046	ANCHOR DARLING	EB538-4-1	1309		1990	Repaired, Replaced, Replacement	No <u>Yes</u>
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Replaced Valve 2LP-46 with DMV-777

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]
Owner or Owner's Designee, Title

Date 12-15, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-16-99 to 12-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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 NC 914
National Board, State, Province and Endorsements

Date 12-15-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY., SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units _____)

1a. Date 11-23-99
Sheet 1 of 1

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98109302
Repair Organization Job #

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

3b. NSM or MRP #: 13298

4. (a) Identification of System: SF

4. (b) Class of System: Z

5. (a) Applicable Construction Code: ASME III Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>VLV. ZSF-82</u>	<u>VELAN</u>	<u>992112-1</u>	<u>NA</u>		<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>VLV. ZSF-82</u>	<u>BW</u>	<u>5898</u>	<u>2205</u>		<u>1980</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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

7. Description of Work Replaced Valve ZSF-82 with a DMV-1222

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *D. S. Mason*
Owner or Owner's Designee, Title

Date 1-12, 2000

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-20-99 to 1-13-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. S. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 1-13, 00

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11-26-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 9813612812
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LPI

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III Edition, 1968 W/WINTER 1969 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>LPI COOLER ZA</u>	<u>ATLAS</u>	<u>886</u>	<u>736</u>		<u>1969</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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

7. Description of Work MECHANICALLY PLUGGED TUBES NO'S, ROW 3 TUBE 10 & 22, ROW 4 TUBE 22 IN 2A LPI COOLER.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] Date 12-7-99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-22-99 to 12-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC 914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-7-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-7-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98125517
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: FDW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, 1967 W/ADDENDA Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	2A OTSG RISER TO SHELL FLG.#1	B+W	NA	NA		1970	Repaired, Replaced, Replacement	No
B	2A OTSG RISER TO HEADER FLG.#13	B+W	NA	NA		1970	Repaired, Replaced, Replacement	No
C	2A OTSG RISER TO SHELL FLG.#22	B+W	NA	NA		1970	Repaired, Replaced, Replacement	No
D	2A OTSG RISER TO HEADER FLG.#25	B+W	NA	NA		1970	Repaired, Replaced, Replacement	No
E	2A OTSG RISER TO HEADER FLG.#27	B+W	NA	NA		1970	Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

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

7. Description of Work PERFORMED WELD BUILDUP OF MPDW RISER FLANGES TO OBTAIN ORIG. DIMENSIONS. SEATING SURFACES.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature]
Owner or Owner's Designee, Title QA SPECIALIST

Date

12-7-99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-17-99 to 12-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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

NC914

National Board, State, Province and Endorsements

Date _____

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-10-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENEGA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98141528
Repair Organization Job #

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

3b. NSM or MM #: 12833

4. (a) Identification of System: HP 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III 1974 W/SUMMER 1975
ANSI B31.7 Edition, 8/69 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VLV. ZHP-428	ANCHOR DARLING	E9127-93- 3	Z17	NA	1982	Repaired, Replaced, Replacement	No <u>Yes</u>
B	VLV. ZHP-428	CRANE	C8343	NA	NA	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
C	PIPING	DUKE	NA	NA	NA	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
D							Repaired, Replaced, Replacement	No <u>Yes</u>
E							Repaired, Replaced, Replacement	No <u>Yes</u>
F							Repaired, Replaced, Replacement	No <u>Yes</u>

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

7. Description of Work REPLACED VLW. ZHP 928 W/A DMV-1219.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks
NDE & SYS. LEAK TEST PER ASME CODE CASE
N416-1

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed D. J. Mason Date 12-10, 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-16-99 to 12-10-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman Commissions NC 914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-10, 99

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-12-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97048461
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or ~~AW~~ # 9463

4. Identification of System LP Class 2

5. (a) Applicable Construction Code ANSI B31.7 19 69 Edition, August Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VLV. ZLP-42	VELAN ENG	NA	NA		NA	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	VLV. ZLP-42	ANCHOR DARLING	EZ712-1-6	1985		1997	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING	D.P.Co.	NA	NA		9/74	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED ZLP-42 W/A DMV-1089.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure 660 psig Test Temp. 71.6 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks A System Inservice Test (Static Head using BWST) (IWA-5214(d)) was performed on welds # ZLP-244-5 + 6.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]

Date 8-16, 19 98

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-11-98 to 8-19-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 8-19, 1998

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 3-11-99

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98134109
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System MFDW Class 2

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, MARCH 69 Addenda, _____ Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8	
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MFW RISER # ZA-1 BOLTING.	NA	NA	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	MFW RISER # ZA-23 BOLTING.	NA	NA	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	MFW RISER # ZA-32 BOLTING.	NA	NA	NA		NA	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING MATERIALS ON ZA OTSG FEEDWATER RISER FLANGE TO SHELL CONNECTIONS ON ZA-1, ZA-23 + ZA-32 RISERS.

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

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

Signed *Arthur S. Blumhugh* Date 3-11, 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 2-23-99 to 3-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 3-15, 19 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 1 of 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition: Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	CRDM @ CORE LOCATION N8	BHW/DPCO*	137	* NA		* NX	Repaired, Replaced, Replacement	No
B	" H4	"	146	NA		NX	Repaired, Replaced, Replacement	No
C	" M9	"	120	NA		NX	Repaired, Replaced, Replacement	No
D	" L8	"	152	NA		NX	Repaired, Replaced, Replacement	No
E	" G7	"	72	NA		NX	Repaired, Replaced, Replacement	No
F	" F6	"	45	NA		NX	Repaired, Replaced, Replacement	No

* HIGH RADIATION CORROSION & BORON BUILDUP MADE THE RETRIEVAL OF ADDITIONAL DATA PROHIBITIVE. FURTHER INFORMATION IS TRACEABLE TO THE CRDM SERIAL NUMBER. DPCO = DIAMOND POWER CORP.

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST
 Owner or Owner's Designee, Title Date 12-13-99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 2 of 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component*	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION DA</u>	<u>BAW/DP CO.</u>	<u>139</u>	<u>* NA</u>		<u>* NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
B	<u>" F8</u>	<u>"</u>	<u>117</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
C	<u>" E7</u>	<u>"</u>	<u>205</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
D	<u>" C5</u>	<u>"</u>	<u>131</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
E	<u>" K13</u>	<u>"</u>	<u>315</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
F	<u>" H12</u>	<u>"</u>	<u>57</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom Operating Press. Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] ^{SA} SPECIALIST Date 12-14-99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 3 of 6 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION G11</u>	<u>BHW/DPCO*</u>	<u>149</u>	<u>* NA</u>		<u>* NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>" E9</u>		<u>33</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>" D8</u>		<u>95</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D	<u>" B6</u>		<u>122</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E	<u>" F14</u>		<u>256</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F	<u>" E13</u>		<u>127</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Non-Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] ^{QA} SPECIALIST Date 12-14-99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 4 of 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171389
Repair Organization Job #

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

3b. MSM or MM #: 23032

4. (a) Identification of System: RC 4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION C11</u>	<u>B+W/DPCO *</u>	<u>172</u>	<u>* NA</u>		<u>* NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>" B10</u>	<u>"</u>	<u>110</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>" L2</u>	<u>"</u>	<u>157</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D	<u>" K3</u>	<u>"</u>	<u>46</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E	<u>" G5</u>	<u>"</u>	<u>50</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F	<u>" C9</u>	<u>"</u>	<u>134</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] ^{QA} SPECIALIST Date 12-14-99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 5 of 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171389
Repair Organization Job #

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

3b. MSM or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION H6</u>	<u>B&W/DPCO *</u>	<u>44</u>	<u>* NA</u>		<u>* NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>" D10</u>	<u>"</u>	<u>X169</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>" K9</u>	<u>"</u>	<u>58</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D	<u>" H10</u>	<u>"</u>	<u>51</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E	<u>" F12</u>	<u>"</u>	<u>164</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F	<u>" O7</u>	<u>"</u>	<u>60</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST Date 12-14-99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 6 of 6 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY., SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. (NSM) or MM #: 23032

4. (a) Identification of System: Re

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION L10</u>	<u>BHW/DPCO</u> *	<u>306</u>	<u>NA</u> *		<u>NA</u> *	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
B	<u>" K11</u>	<u>"</u>	<u>156</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
C	<u>" G13</u>	<u>"</u>	<u>129</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
D	<u>" H14</u>	<u>"</u>	<u>123</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
E	<u>" P6</u>	<u>"</u>	<u>121</u>	<u>"</u>		<u>"</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>(Yes)</u>

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

7. Description of Work REPLACED CRDM'S LISTED

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature]
Owner or Owner's Designee, Title

Date 12-14-99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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[Signature]
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units _____)

1a. Date 12-13-99
Sheet 1 of 6
7 of 12

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC 4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mig.	Mig. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM CORE LOCATION N8</u>	<u>FRAMATOME TECH. INC.</u>	<u>1830</u>	<u>625</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>" H4</u>	<u>"</u>	<u>1824</u>	<u>619</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C	<u>" M9</u>	<u>"</u>	<u>1834</u>	<u>629</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D	<u>" L8</u>	<u>"</u>	<u>1807</u>	<u>602</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E	<u>" G7</u>	<u>"</u>	<u>1814</u>	<u>609</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F	<u>" F6</u>	<u>"</u>	<u>1806</u>	<u>601</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST State 12-13-99
 Owner or Owner's Designer, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 2 of 6
8 of 12

2. Plant Address: OGONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition: Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION D4</u>		<u>1811</u>	<u>606</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>" FB</u>		<u>1812</u>	<u>607</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>" E7</u>		<u>1810</u>	<u>605</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D	<u>" C5</u>		<u>1827</u>	<u>622</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E	<u>" K13</u>		<u>1833</u>	<u>628</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F	<u>" H12</u>		<u>1820</u>	<u>615</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] ^{QA} SPECIALIST Date 12-14-99
Owner or Owner's Designer, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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[Signature] Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

1a. Date 12-13-99
Sheet 3 of 6
9 of 12

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC 4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	CRDM @ CORE LOCATION 611		1818	613		1974	Repaired, Replaced, Replacement	No <u>Yes</u>
B	" E9		1809	604		1974	Repaired, Replaced, Replacement	No <u>Yes</u>
C	" D8		1816	611		1974	Repaired, Replaced, Replacement	No <u>Yes</u>
D	" B6		1829	624		1974	Repaired, Replaced, Replacement	No <u>Yes</u>
E	" F14		1828	623		1974	Repaired, Replaced, Replacement	No <u>Yes</u>
F	" E-13		1805	600		1974	Repaired, Replaced, Replacement	No <u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST Date 12-14-99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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[Signature] Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units _____)

1a. Date 12-13-99
Sheet 4 of 6
10 of 12

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 23032

4. (a) Identification of System: RC
4. (b) Class of System: 1
5. (a) Applicable Construction Code: ASME III Edition: Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)
6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION C11</u>		<u>1813</u>	<u>608</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
B	<u>" B10</u>		<u>1823</u>	<u>618</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
C	<u>" LZ</u>		<u>1802</u>	<u>597</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
D	<u>" K3</u>		<u>1817</u>	<u>612</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
E	<u>" G5</u>		<u>1831</u>	<u>626</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>
F	<u>" C9</u>		<u>1803</u>	<u>598</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> <u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Non-Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] QA SPECIALIST Date 12-14-99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

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[Signature] Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 5 of 6
11 of 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. NSM or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION H6</u>		<u>1804</u>	<u>599</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>" D10</u>		<u>1883</u>	<u>665</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C	<u>" K9</u>		<u>1815</u>	<u>610</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D	<u>" H10</u>		<u>1808</u>	<u>603</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E	<u>" F12</u>		<u>1884</u>	<u>666</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F	<u>" P6</u>		<u>1819</u>	<u>614</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature]
Owner or Owner's Designee, Title

SPECIALIST

Date 12-14-99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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

NC914
National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-13-99
Sheet 6 of 6
12 OF 12

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98171387
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 23032

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME III Edition, Sum. 1967 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>CRDM @ CORE LOCATION 07</u>		<u>1822</u>	<u>617</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>" U10</u>		<u>1821</u>	<u>616</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C	<u>" K11</u>		<u>1825</u>	<u>620</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D	<u>" G13</u>		<u>1832</u>	<u>627</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E	<u>" H14</u>		<u>1826</u>	<u>621</u>		<u>1974</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
								<u>Yes</u>

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

7. Description of Work REPLACED CRDM'S LISTED.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed

[Signature]
Owner or Owner's Designee, Title

SPECIALIST

Date 12-14-99

CERTIFICATE OF 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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-21-99 to 12-14-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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

NC914
National Board, State, Province and Endorsements

Date 12-14-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 6-22-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 95064502-02
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System RC Class 1

5. (a) Applicable Construction Code ASME III 1968 Edition Summer 70 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	STUFFING BOX 2A1 RCP	Sulzer Bingham	N/A	N/A	n/a	1986	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	STUFFING BOX 2A1 RCP	Sulzer Bingham	n/a	n/a	n/a	1972	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Removed/Replaced Stuffing box and internals 2A1 RCP

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. B. Mason Date 8-10, 1998
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-4-98 to 8-11-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M. S. Chapman Commissions NC 914
 Inspector's Signature National Board, State, Providence and Endorsements

Date 8-11, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 6-25-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98029168-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-28	Velan	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet Bolting in Valve 2HP-48 ^{2 446-25-98}

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed Atobz AC Specialist Date 6-25, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-9-98 to 6-29-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Providence and Endorsements

Date 6-29, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 6-25-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97084347-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2MS-155	Crane	22668-01	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc + Body/Bonnet Bolting in valve 2MS-155

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PH [Signature] QC Specialist Date 6-25, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-31-98 to 6-29-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 6-29, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 6-29-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97100824-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-29	Velan	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet bolting in 2HP-29

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed PH... QC Specialist
Owner or Owner's Designee, Title

Date 6-29, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-24-98 to 6-30-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

YMB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 6-30, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-1-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98021178-06
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2MS-26	Crane	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet nut on 2m\$-26

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *A. Toombs* *QC Specialist*
Owner or Owner's Designee, Title

Date *7-1*, 19*98*

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of *NC* and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period *3-29-98* to *7-1-98*; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions *NC914*
National Board, State, Providence and Endorsements

Date *7-1*, 19*98*

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-7-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 96028937-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2ms-17	Crane	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet Bolting in 2MS-17

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atsoho OC Specialist
Owner or Owner's Designee, Title

Date 7-7, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N. C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-8-98 to 7-7-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MBC Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 7-7, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-8-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97084349-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 19 Edition, 67 Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve ams-153	Crane	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body/Bonnet bolting on 2MS-153

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. Hooker QC Specialist
Owner or Owner's Designee, Title

Date 7-8, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-31-98 to 7-8-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MBC Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-8, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-9-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98040352-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # _____

4. Identification of System MS Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2ms-35	Crane	9021727-37	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-14-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 2
4

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97106804-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31-1 1967 Edition, MARCH 69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MAIN FDW NOZZLE #2	B+W	N/A	N/A	N/A	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	MAIN FDW NOZZLE #3						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	MAIN FDW NOZZLE #5						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	MAIN FDW NOZZLE #6						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	MAIN FDW NOZZLE #8						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	MAIN FDW NOZZLE #9						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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7. Description of Work Replaced bolting on riser and header Flanges

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks 2 B OTSG MEDW NOZZLES

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed C.R. Hensen QA Specialist
Owner or Owner's Designee, Title

Date 7-14, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-22-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC 914

National Board, State, Providence and Endorsements

Date 7-14, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-14-98

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 2 of 2 ^{CPH}
4

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97106804-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, March 69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MAIN FDW nozzle # 11	B+W	N/A	N/A	N/A	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	MAIN FDW nozzle # 12						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	MAIN FDW nozzle # 14						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	MAIN FDW nozzle # 15						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	MAIN FDW nozzle # 17						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	MAIN FDW nozzle # 19						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting on riser and header Flanges

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks 2B OTSG MEDW NOZZLES

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed CR Hanson QA Specialist
Owner or Owner's Designee, Title

Date 7-14, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 7-22-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-14, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-14-98
 Sheet 3 of 3 ^{CCA}
4

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 9710680401
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition MARCH 69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MAIN FDW nozzle # 20	B+W	N/A	N/A	N/A	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	MAIN FDW nozzle 21						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	MAIN FDW nozzle # 23						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	MAIN FDW nozzle # 24						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	MAIN FDW nozzle # 25						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F	MAIN FDW nozzle # 27						<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting on riser and header Flanges

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks 2B OTSG MEDW 1033ks.

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed C. R. Hansen QA Specialist
Owner or Owner's Designee, Title

Date 7-14, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-22-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Providence and Endorsements

Date 7-14, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-14-98
 Sheet 4 of 4

2. Plant **Oconee Nuclear Station**
 Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97106804-01
 Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
 Address **526 S. Church Street, Charlotte, NC 28201-1006**
 Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition, MARCH 69 Addenda, NO Code Cases
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MAIN FDW nozzle #29	B+W	N/A	n/a	n/a	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	MAIN FDW nozzle #30	B+W	N/A	n/a	n/a	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	MAIN FDW nozzle #32	B+W	N/A	n/a	n/a	1970	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting on Riser and header Flanges

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks 2B OTSG MFDW N03365

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed C.R. Hansen QA Specialist
Owner or Owner's Designee, Title

Date 7-14, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-22-98 to 7-14-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-14, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-15-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98025686-02
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B.3.1.1 1967 Edition, MARCH 1969 Addenda, NO Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	<u>MAIN FDW nozzle #4</u>	<u>B&W</u>	<u>N/A</u>	<u>N/A</u>	<u>FDW NZ A04</u>	<u>1970</u>	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Flange bolting MAIN EDW nozzle #4 A OTSG

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed CR Henson QA Specialist
Owner or Owner's Designee, Title

Date 7-15, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-25-98 to 7-15-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 7-15, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-15-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98025684-02
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System FDW Class 2

5. (a) Applicable Construction Code B31.1 1967 Edition winter 69 Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	MAIN FDW nozzle # 2	B+W	n/a	n/a	FDW NZ AUG 2 1970		<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 7-21-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97081889 - 01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-25	M.W. Powell	36-24438	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body / Bonnet bolting in valve 2HP-25

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Atrobs QC Specialist
 Owner or Owner's Designee, Title

Date 7-21, 1998

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-1-98 to 7-21-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 7-21, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-13-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97066271-06
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System RC Class I

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2RC-68	Dresser	BL-08895	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Valve 2RC-68	Dresser	BT-04976	N/A	N/A	1975	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve 2RC-68

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed OS Mason

Date 8-13, 1998

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 5-15-98 to 8-17-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

MB Chapman
Inspector's Signature

Commissions NC914

National Board, State, Providence and Endorsements

Date 8-17, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-13-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97066272-04
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System RC Class 1

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2RC-67	Dresser	BL-08891	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input checked="" type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Valve 2RC-67	Dresser	BL-8894	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced valve ARC-67

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other P148/Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed DB Mason Date 8-13, 1998
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-28-98 to 8-17-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 8-17, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-13-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97066918-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1967 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-31	Fisher	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc in valve 2HP-31

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *M. Johnson* *QC Specialist* Date 8-13, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 3-31-98 to 8-17-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions *NC914*
Inspector's Signature National Board, State, Providence and Endorsements

Date 8-17, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-25-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97042165-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System LP Class 1

5. (a) Applicable Construction Code B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2LP-1	Aloyco/Walworth	C-46391	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Bonnet on valve 2LP-1

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *D.B. Mason*
Owner or Owner's Designee, Title

Date 8-26, 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-2-98 to 8-26-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 8-26, 19 98

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 8-25-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98031906-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp N/A Authorization No. N/A Expiration Date N/A

3b. NSM or MM # _____

4. Identification of System LP Class 1

5. (a) Applicable Construction Code B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2LP-2	Walworth	C-44936	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced disc in valve 2LP-2

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F
Pressure _____ psig	Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed *Robert OC Specialist* Date 8-25, 1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-2-98 to 8-26-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman Commissions NC914
Inspector's Signature National Board, State, Providence and Endorsements

Date 8-26, 1998

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 9-2-98

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 97081983-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System LWD Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2LWD-1	ITT Engineered Valves / ITT Grinell	Unavailable	N/A	UTC#990368	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Valve Bonnet on 2LWD-1

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Tested IAW ASME Code Case N522
PT 1/2 A / 0.151 / 0.05A

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed D. S. Mason Date 2-2, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 1-2-98 to 2-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

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

Date 2-2, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date _____

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98042772-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # _____

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-5	Anchor Darling	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 1-27-99

Sheet 1 of 1

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98001985-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System HP Class 2

5. (a) Applicable Construction Code B31.7 19 69 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2HP-19	Aloyco Walworth	Unavailable	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Body / Bonnet bolting in 2HP-19

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp **N/A**

Certificate of Authorization No. **N/A**

Expiration Date **N/A**

Signed PH Johnson QC Specialist
Owner or Owner's Designee, Title

Date 1-27, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-8-98 to 1-27-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Providence and Endorsements

Date 1-27, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required By The Provisions Of The ASME Code Section XI

1. Owner **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**

1a. Date 5-3-99

2. Plant **Oconee Nuclear Station**
Address **P.O. Box 1439, Seneca, S.C. 29679**

Sheet 1 of 1

2a. Unit 1 2 3 Shared (specify Units _____)

3a. Work Order # 98120416-01
Repair Organization Job # _____

3. Work Performed By **Duke Power Company**
Address **526 S. Church Street, Charlotte, NC 28201-1006**
Type Code Symbol Stamp **N/A** Authorization No. **N/A** Expiration Date **N/A**

3b. NSM or MM # —

4. Identification of System SF Class 2

5. (a) Applicable Construction Code B31.7 1969 Edition, — Addenda, — Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Manufacturer	Manufacturer Serial Number	National Board Number	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 2SF-60	Crane	SO 21141-01	N/A	N/A	N/A	<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced 2 Body/Bonnet Studs + Nuts on valve 2SF-60

8. Test Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other Exempt

Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be Attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Al Johnson QC Specialist
 Owner or Owner's Designee, Title

Date 5-3, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of N.C. and employed by **HSBI and I Company of Hartford Connecticut** have inspected the components described in this Owner's Report during the period 4-8-99 to 5-3-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

M.B. Chapman
 Inspector's Signature

Commissions NC914
 National Board, State, Providence and Endorsements

Date 5-3, 1999

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11/19/99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98049445-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2BS-13	Crane	6021447-04	Unavailable	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

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

7. Description of Work Replaced Body/Bonnet nuts 2BS-13

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed Altobelli AC Specialist Date 11-19, 1999
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-12-99 to 11-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914
 Inspector's Signature National Board, State, Province and Endorsements

Date 11-19-99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11/30/99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98078749-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2LPSW-12	Crane	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No

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

7. Description of Work Replaced Body / Bonnet bolting in ALPS W-12

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed M. J. Johnson, Jr. Specialist Date 11-30, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-9-99 to 12-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC914
National Board, State, Province and Endorsements

Date 12-2, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/2/99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98078752-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2 LPSW-8	Crane	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

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

7. Description of Work Replaced Body/Bonnet bolting in valve 2LPSW-8

8. Test Conducted: Hydrostatic Pneumatic Norm. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Altoob QC Specialist Date 12-2, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-11-99 to 12-2-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 12-2, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12/3/99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98078750-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2LPSW-10	Crane	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	Yes

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

7. Description of Work Replaced Body/Bonnet bolting in 2UPSW-10

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Alton OC Specialist Date 12-3, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of _____ and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-9-99 to 12-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the 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.

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

Date 12-3, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 11/30/99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98078748-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2LPSW-14	Crane	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Replaced Body/Bonnet bolting in 2 LPSW-14

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Toohy, QC Specialist Date 12-6, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-11-99 to 12-6-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman
Inspector's Signature

Commissions NC 914
National Board, State, Province and Endorsements

Date 12-6, 99

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required By The Provisions Of The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte NC 28201-1006

1a. Date 12-15-99
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98103154-01
Repair Organization Job #

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

3b. NSM or MM #: _____

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, _____ Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg.	Column 3 Mfg. Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Valve 2LP-95	Aloyco	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

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

7. Description of Work Replaced Body/Bonnet bolting material

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F
Pressure _____ psig Test Temp. _____ °F

9. Remarks

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed A. Hosh QC Specialist Date 12-15, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-16-99 to 12-15-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC 914
Inspector's Signature National Board, State, Province and Endorsements

Date 12-15, 99

11.0 Pressure Testing

There are two refueling outages scheduled for the second period of the third inspection interval for Duke Power Company's Oconee Nuclear Station Unit 2. This section describes Pressure Tests performed during the 1999 refueling outage through the first refueling outage (also referred to as EOC-17).

<i>Examination Category</i>	<i>Test Requirement</i>	<i>Total Examinations Required For This Period</i>	<i>Total Examinations Credited For This Period</i>	<i>(%) Examinations Complete For This Period</i>
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	2	1	50%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	42	22	52.38%
C-H	System Hydrostatic Test (IWC-5222)	12	4	33.33%

A detailed description of each examination category examined during EOC-17 is located in subsection 11.1 of this report. Results of each examination category examined during EOC-17 are located in subsection 11.2 of this report. A detailed description of each examination category that is required during the second inspection period is located in subsection 11.3 of this report. Results of each examination category examined during the second inspection period are located in subsection 11.4 of this report.

11.1 Required Examinations This Outage:

A listing of each Class 1 and Class 2 VT-2 Visual Examination required for EOC-17 is included in this section.

The information shown below is a field description for the listing format included in this section of the report:

Zone No.	=	The unique number assigned to track certain systems (or portions of systems) that make up a test.
Boundary Drawing	=	Detail drawing of pressure test boundary.
Required Test L/I/F/H	=	A column of information that shows an "X" indicating the required tests for the examination zone. L = "Leakage Test", I = "Inservice Test", F = "Functional Test", and H = "Hydrostatic Test".
System Name	=	Name of pressure retaining component system.
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
ASME Item Number(s)	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)

**Duke Power Company - Oconee Unit 2
Pressure Testing Zone Number Listing**

Outage 17

Int = 3
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ2L-1	O-ISIL-100A-2.1	X			Reactor Coolant System	VT-2	QAL-15	B15.10 B15.30 B15.50 B15.60 B15.70	N/A
	O-ISIL-100A-2.2	X			Reactor Coolant System	VT-2	QAL-15	B15.20 B15.50 B15.70 C7.30 C7.70	N/A
	O-ISIL-100A-2.3	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.60 B15.70	N/A
	O-ISIL-101A-2.1	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70 C7.30 C7.70	N/A
	O-ISIL-101A-2.4	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-101A-2.5	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.1	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.2	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.3	X			Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-110A-2.1	X			Reactor Coolant System	VT-2	QAL-15	B15.50	N/A

**Duke Power Company - Oconee Unit 2
Pressure Testing Zone Number Listing**

Outage 17

**Int = 3
Period = 2**

Zone Number	Boundary Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
		L	I	F	H					
OZ2L-1									B15.70	
	O-ISIL-110A-2.4	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-127B-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A

**Duke Power Company - Oconee Unit 2
Pressure Testing Zone Number Listing**

Outage 17

**Int = 3
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
IZ2L-14B	O-ISIL-101A-2.3	X			High Pressure Injection System	VT-2	QAL-15 C7.30 C7.70	N/A	
IZ2L-4	O-ISIL-101A-2.1				High Pressure Injection System	VT-2	QAL-15 C7.30 C7.70	N/A	
OZ2H-21	O-ISIH-104A-1.2			X	Spent Fuel Cooling	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.1			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.2			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
OZ2H-23	O-ISIH-101A-2.2			X	High Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.1			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.2			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
OZ2H-7B	O-ISIH-101A-2.3			X	High Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.1			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.2			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
OZ2H-9	O-ISIH-101A-2.3			X	High Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	
	O-ISIH-102A-2.1			X	Low Pressure Injection System	VT-2	QAL-15 C7.40 C7.80	N/A	

**Duke Power Company - Oconee Unit 2
Pressure Testing Zone Number Listing**

Outage 17

**Int = 3
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	N/A
OZ2L-14B	O-ISIL-101A-2.4	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-15	O-ISIL-101A-2.4	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-16	O-ISIL-101A-2.4	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-17	O-ISIL-101A-2.2	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-18	O-ISIL-101A-2.2	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-19A	O-ISIL-101A-2.5	X				High Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70	N/A
	O-ISIL-104A-1.1	X				Spent Fuel Cooling System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-2	O-ISIL-101A-2.1					High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11	N/A
	O-ISIL-101A-2.4	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11	N/A
	O-ISIL-101A-2.5	X				High Pressure Injection System	VT-2	QAL-15	C7.70 D1.11	N/A
OZ2L-21	O-ISIL-102A-2.1	X				Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A

**Duke Power Company - Oconee Unit 2
Pressure Testing Zone Number Listing**

Outage 17

**Int = 3
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ2L-23	O-ISIL-101A-2.2		X		High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-29	O-ISIL-102A-2.2		X		Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-3	O-ISIL-101A-2.1				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11	N/A
OZ2L-30	O-ISIL-102A-2.2		X		Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-31A	O-ISIL-102A-2.3		X		Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70	N/A
OZ2L-31B	O-ISIL-102A-2.3		X		Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70	N/A
OZ2L-31C	O-ISIL-102A-2.3		X		Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-39	O-ISIL-104A-1.1		X		Spent Fuel Cooling System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-42A	O-ISIL-110A-2.1		X		Chemical Addition System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-42B	O-ISIL-110A-2.1		X		Chemical Addition System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-64	O-ISIL-124B-2.2			X	Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-69	O-ISIL-101A-2.2		X		High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A

11.2 Examination Results For This Outage:

The results of each Class 1 and Class 2 VT-2 Visual Examination required for EOC-17 are included in this section.

The information shown below is a field description for the listing format included in this section of the report:

Zone Number	=	The unique number assigned to track certain systems (or portions of systems) that make up a test.
Boundary Drawing	=	Detail drawing of pressure test boundary.
Outage	=	The number for the refueling outage cycle.
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear (No Evidence Of Leakage), Recordable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage).
VT-2 Examiner	=	The name of the Level II Visual examiner.
VT-2 Date	=	Date that VT-2 visual examination was performed.

Current Interval = 3
Current Period = 2
Class = A

Duke Power Company - Oconee Unit 2
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ2L-1	O-ISIL-100A-2.1	17	Complete	Clear	NA	12/13/1999
	O-ISIL-100A-2.2	17	Complete	Clear	NA	12/13/1999
	O-ISIL-100A-2.3	17	Complete	Clear	NA	12/13/1999
	O-ISIL-101A-2.1	17	Complete	Clear	NA	12/13/1999
	O-ISIL-101A-2.4	17	Complete	Clear	NA	12/13/1999
	O-ISIL-101A-2.5	17	Complete	Clear	NA	12/13/1999
	O-ISIL-102A-2.1	17	Complete	Clear	NA	12/13/1999
	O-ISIL-102A-2.2	17	Complete	Clear	NA	12/13/1999
	O-ISIL-102A-2.3	17	Complete	Clear	NA	12/13/1999
	O-ISIL-110A-2.1	17	Complete	Clear	NA	12/13/1999
	O-ISIL-110A-2.4	17	Complete	Clear	NA	12/13/1999
	O-ISIL-127B-2.2	17	Complete	Clear	NA	12/13/1999

Current Interval = 3
 Current Period = 2
 Class = B

**Duke Power Company - Oconee Unit 2
 Pressure Testing VT-2 Examination Results**

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
IZ2L-14B	O-ISIL-101A-2.3	17	Complete	Clear	NA	12/12/1999
IZ2L-4	O-ISIL-101A-2.1	17	Complete	Clear	n/a	11/08/1999
OZ2H-21	O-ISIH-104A-1.2	17	Complete	Clear	NA	11/05/1999
	O-ISIH-102A-2.1	17	Complete	Clear	NA	11/05/1999
	O-ISIH-102A-2.2	17	Complete	Clear	NA	11/05/1999
OZ2H-23	O-ISIH-101A-2.2	17	Complete	Clear	NA	11/27/1999
	O-ISIH-102A-2.1	17	Complete	Clear	NA	11/27/1999
	O-ISIH-102A-2.2	17	Complete	Clear	NA	11/27/1999
OZ2H-7B	O-ISIH-101A-2.3	17	Complete	Clear	NA	12/11/1999
	O-ISIH-102A-2.1	17	Complete	Clear	NA	12/11/1999
	O-ISIH-102A-2.2	17	Complete	Clear	NA	12/11/1999
OZ2H-9	O-ISIH-101A-2.3	17	Complete	Clear	NA	12/10/1999
	O-ISIH-102A-2.1	17	Complete	Clear	NA	12/10/1999
	O-ISIH-102A-2.2	17	Complete	Clear	NA	12/10/1999
OZ2L-14B	O-ISIL-101A-2.4	17	Complete	Clear	NA	12/12/1999
OZ2L-15	O-ISIL-101A-2.4	17	Complete	Clear	NA	12/13/1999
OZ2L-16	O-ISIL-101A-2.4	17	Complete	Clear	NA	12/12/1999
OZ2L-17	O-ISIL-101A-2.2	17	Complete	Clear	N/A	12/12/1999
OZ2L-18	O-ISIL-101A-2.2	17	Complete	Clear	N/A	12/11/1999
OZ2L-19A	O-ISIL-101A-2.5	17	Complete	Clear	NA	12/09/1999
	O-ISIL-104A-1.1	17	Complete	Clear	NA	12/09/1999
OZ2L-2	O-ISIL-101A-2.1	17	Complete	Clear	NA	11/04/1999
	O-ISIL-101A-2.4	17	Complete	Clear	NA	11/04/1999
	O-ISIL-101A-2.5	17	Complete	Clear	NA	11/04/1999

Current Interval = 3
Current Period = 2
Class = B

Duke Power Company - Oconee Unit 2
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ2L-21	O-ISIL-102A-2.1	17	Complete	Clear	na	11/05/1999
OZ2L-23	O-ISIL-101A-2.2	17	Complete	Clear	NA	11/27/1999
OZ2L-29	O-ISIL-102A-2.2	17	Complete	Clear	NA	12/11/1999
OZ2L-3	O-ISIL-101A-2.1	17	Complete	Clear	n/a	11/08/1999
OZ2L-30	O-ISIL-102A-2.2	17	Complete	Clear	NA	12/11/1999
OZ2L-31A	O-ISIL-102A-2.3	17	Complete	Clear	n/a	11/04/1999
OZ2L-31B	O-ISIL-102A-2.3	17	Complete	Clear	n/a	11/04/1999
OZ2L-31C	O-ISIL-102A-2.3	17	Complete	Clear	n/a	11/04/1999
OZ2L-39	O-ISIL-104A-1.1	17	Complete	Clear	n/a	11/11/1999
OZ2L-42A	O-ISIL-110A-2.1	17	Complete	Clear	NA	12/13/1999
OZ2L-42B	O-ISIL-110A-2.1	17	Complete	Clear	NA	12/13/1999
OZ2L-64	O-ISIL-124B-2.2	17	Complete	Clear	NA	12/03/1999
OZ2L-69	O-ISIL-101A-2.2	17	Complete	Clear	NA	12/03/1999

11.3 Required Examinations For Second Inspection Period:

A listing of each VT-2 Visual Examination required for the Second Inspection Period is included in this section.

The information shown below is a field description for the listing format included in this section of the report:

Zone No.	=	The unique number assigned to track certain systems (or portions of systems) that make up a test.
Flow Drawing	=	Detail drawing of pressure test boundary.
Required Test L/I/F/H	=	A column of information that shows an "X" indicating the required tests for the examination zone. L = "Leakage Test", I = "Inservice Test", F = "Functional Test", and H = "Hydrostatic Test".
System Name	=	Name of pressure retaining component system.
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
ASME Item Number(s)	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
IZ2H-10	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
IZ2H-11	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
IZ2H-22	O-ISIH-104A-1.2				X	Spent Fuel Cooling	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.1				X	Low Pressure Injection System	VT-2	QAL-15	C7.20 C7.40 C7.80 D1.12
IZ2H-27A	O-ISIH-102A-2.1				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.20 C7.40 C7.60 C7.80
IZ2H-27B	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
IZ2L-1	O-ISIL-124A-2.3			X		Low Pressure Service Water	VT-2	QAL-15	D2.11
IZ2L-12	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-101A-2.4	X				High Pressure Injection System	VT-2	QAL-15	C7.30

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
IZ2L-12								C7.70 D1.11	
IZ2L-13	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.50 C7.70
IZ2L-14A	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.50 C7.70
IZ2L-14B	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
IZ2L-20	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.50 C7.70
IZ2L-22	O-ISIL-102A-2.1	X				Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70 D1.11
	O-ISIL-102A-2.2	X				Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-104A-1.2	X				Spent Fuel Cooling System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-106A-2.2	X				Low Pressure Injection System	VT-2	QAL-15	D1.11
IZ2L-24	O-ISIL-102A-2.1	X				Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)
IZ2L-24	O-ISIL-103A-2.1	X			Reactor Building Spray System	VT-2	QAL-15	C7.30 C7.50 C7.70
IZ2L-25	O-ISIL-102A-2.1	X			Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-103A-2.1	X			Reactor Building Spray System	VT-2	QAL-15	C7.30 C7.50 C7.70
IZ2L-4	O-ISIL-101A-2.1				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
IZ2L-41	O-ISIL-109A-1.1	X			Purification Demineralizers	VT-2	QAL-15	C7.30 C7.70
IZ2L-45	O-ISIL-121A-1.8		X		Condensate System	VT-2	QAL-15	D2.11
IZ2L-48	O-ISIL-122A-2.1	X			Main Steam System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-122A-2.2	X			Main Steam System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-122A-2.3	X			Main Steam System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-122A-2.4				Main Steam System	VT-2	QAL-15	C7.30 C7.70 D2.11
	O-ISIL-122B-2.1	X			Main Steam System	VT-2	QAL-15	C7.30 C7.70

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)
IZ2L-5	O-ISIL-101A-2.1				High Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70
	O-ISIL-101A-2.3	X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
IZ2L-50	O-ISIL-121D-2.1		X		Emergency Feedwater System	VT-2	QAL-15	D2.11
IZ2L-52	O-ISIL-121D-2.1		X		Emergency Feedwater System	VT-2	QAL-15	D2.11
IZ2L-53	O-ISIL-121D-2.1		X		Emergency Feedwater System	VT-2	QAL-15	D2.11
IZ2L-60	O-ISIL-124A-1.1		X		Low Pressure Service Water	VT-2	QAL-15	D2.11
	O-ISIL-124A-2.3		X		Low Pressure Service Water	VT-2	QAL-15	D2.11
	O-ISIL-124B-2.1		X		Low Pressure Service Water	VT-2	QAL-15	D2.11
	O-ISIL-124B-2.2		X		Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70 D2.11
	O-ISIL-124B-2.4				Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70 D2.11
	O-ISIL-124C-2.2		X		High Pressure Service Water	VT-2	QAL-15	D2.11
IZ2L-66	O-ISIL-133A-2.2		X		Condenser Circulating Water	VT-2	QAL-15	D2.11
IZ2L-67	O-ISIL-133A-2.2		X		Condenser Circulating Water	VT-2	QAL-15	D2.11
	O-ISIL-124C-2.2		X		High Pressure Service Water	VT-2	QAL-15	D2.11
IZ2L-75	O-ISIL-135A-1.2		X		Fuel Oil System	VT-2	QAL-15	D2.11

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
IZ2L-76	O-ISIL-135A-1.2			X		Fuel Oil System	VT-2	QAL-15	D2.11
IZ2L-77	O-ISIL-135A-1.2			X		Fuel Oil System	VT-2	QAL-15	D2.11
IZ2L-78	O-ISIL-135A-1.2			X		Fuel Oil System	VT-2	QAL-15	D2.11
IZ2L-79	O-ISIL-135B-1.4			X		Lube Oil System	VT-2	QAL-15	D2.11
IZ2L-80	O-ISIL-135B-1.4			X		Lube Oil System	VT-2	QAL-15	D2.11
OZ2H-21	O-ISIH-104A-1.2			X		Spent Fuel Cooling	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.1			X		Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.2			X		Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
OZ2H-23	O-ISIH-101A-2.2			X		High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.1			X		Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
	O-ISIH-102A-2.2			X		Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80
OZ2H-26	O-ISIH-102A-2.2			X		Low Pressure Injection System	VT-2	QAL-15	C7.20 C7.40 C7.60 C7.80
OZ2H-28	O-ISIH-102A-2.2			X		Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.60

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H					System Name	Required Inspection	Required Procedure	ASME Item Number(s)
OZ2H-28									C7.80	
OZ2H-7	O-ISIH-101A-2.2				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
OZ2H-7B	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
	O-ISIH-102A-2.1				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
OZ2H-9	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
	O-ISIH-102A-2.1				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	
OZ2L-1	O-ISIL-100A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.10 B15.30 B15.50 B15.60 B15.70	
	O-ISIL-100A-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.20 B15.50	

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
OZ2L-1								B15.70 C7.30 C7.70	
OZ2L-1	O-ISIL-100A-2.3	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.60 B15.70
	O-ISIL-101A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70 C7.30 C7.70
	O-ISIL-101A-2.4	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-101A-2.5	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-102A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-102A-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-102A-2.3	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-110A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
	O-ISIL-110A-2.4	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
OZ2L-1	O-ISIL-127B-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70
OZ2L-14B	O-ISIL-101A-2.4		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-15	O-ISIL-101A-2.4		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-16	O-ISIL-101A-2.4		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-17	O-ISIL-101A-2.2		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-18	O-ISIL-101A-2.2		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-19A	O-ISIL-101A-2.5		X			High Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70
	O-ISIL-104A-1.1		X			Spent Fuel Cooling System	VT-2	QAL-15	C7.30 C7.70
OZ2L-2	O-ISIL-100A-2.3		X			Reactor Coolant Pump Seal	VT-2	QAL-15	D1.11
	O-ISIL-101A-2.1					High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11
	O-ISIL-101A-2.4		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11

**Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2**

Zone Number	Flow Drawing	Required Test L / I / F / H			System Name	Required Inspection	Required Procedure	ASME Item Number(s)
OZ2L-2	O-ISIL-101A-2.5	X			High Pressure Injection System	VT-2	QAL-15	C7.70 D1.11
OZ2L-21	O-ISIL-102A-2.1	X			Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-23	O-ISIL-101A-2.2	X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-29	O-ISIL-102A-2.2	X			Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-3	O-ISIL-101A-2.1				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70 D1.11
OZ2L-30	O-ISIL-102A-2.2	X			Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-31A	O-ISIL-102A-2.3	X			Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70
OZ2L-31B	O-ISIL-102A-2.3	X			Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70
OZ2L-31C	O-ISIL-102A-2.3	X			Low Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-32	O-ISIL-102A-2.3	X			Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
OZ2L-32	O-ISIL-127B-2.2			X		Nitrogen Purge & Blanket System	VT-2	QAL-15	C7.30 C7.70
OZ2L-33	O-ISIL-102A-2.3		X			Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70
	O-ISIL-127B-2.2			X		Nitrogen Purge & Blanket System	VT-2	QAL-15	C7.30 C7.70
OZ2L-39	O-ISIL-104A-1.1		X			Spent Fuel Cooling System	VT-2	QAL-15	C7.30 C7.70
OZ2L-42A	O-ISIL-110A-2.1		X			Chemical Addition System	VT-2	QAL-15	C7.30 C7.70
OZ2L-42B	O-ISIL-110A-2.1		X			Chemical Addition System	VT-2	QAL-15	C7.30 C7.70
OZ2L-43	O-ISIL-121A-2.3			X		Condensate System	VT-2	QAL-15	D2.11
	O-ISIL-121A-2.8			X		Condensate System	VT-2	QAL-15	D2.11
OZ2L-44	O-ISIL-121D-1.2			X		Emergency Feedwater	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-133A-2.5			X		Condenser Circulating Water	VT-2	QAL-15	D2.11
	O-ISIL-110A-2.1		X			Chemical Addition System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-121B-2.3					Feedwater System	VT-2	QAL-15	C7.30 C7.70 D2.11

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
OZ2L-44	O-ISIL-121B-2.5			X		Feedwater System	VT-2	QAL-15	C7.10 C7.30 C7.70 D2.11
	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	C7.30 C7.70 D2.11
	O-ISIL-122A-2.1		X			Main Steam System	VT-2	QAL-15	C7.30 C7.70
OZ2L-45	O-ISIL-121A-1.8			X		Condensate	VT-2	QAL-15	D2.11
	O-ISIL-121A-2.7			X		Condensate System	VT-2	QAL-15	D2.11
	O-ISIL-121A-2.8			X		Condensate System	VT-2	QAL-15	D2.11
	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-51	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-54	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-55	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-56	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-58	O-ISIL-124B-2.1			X		Low Pressure Service Water	VT-2	QAL-15	D2.11
OZ2L-59	O-ISIL-124B-2.1			X		Low Pressure Service Water	VT-2	QAL-15	D2.11
OZ2L-6	O-ISIL-109A-1.1		X			Purification Demineralizers	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-101A-2.1					High Pressure Injection System	VT-2	QAL-15	C7.30

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
OZ2L-6								C7.70	
OZ2L-6	O-ISIL-101A-2.2		X			High Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70 D1.11
	O-ISIL-110A-2.1		X			High Pressure Injection System	VT-2	QAL-15	D1.11
OZ2L-64	O-ISIL-124B-2.2			X		Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70
OZ2L-65	O-ISIL-124B-2.4					Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70
OZ2L-68	O-ISIL-144A-2.2			X		Component Cooling System	VT-2	QAL-15	D2.11
OZ2L-69	O-ISIL-101A-2.2		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-7	O-ISIL-101A-2.2		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
	O-ISIL-101A-2.3		X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70
OZ2L-70	O-ISIL-121D-1.2			X		Emergency Feedwater	VT-2	QAL-15	D2.11
	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	D2.11
OZ2L-89	O-ISIL-116C-2.1		X			Reactor Building Hydrogen Purge	VT-2	QAL-15	C7.30 C7.70
OZ2L-90	O-ISIL-116C-2.1		X			Reactor Building Hydrogen Purge	VT-2	QAL-15	C7.30 C7.70

Date: 01/19/2000

Duke Power Company - Oconee Unit 2
Listing Of All Examination Zones For Period =2

Zone Number	Flow Drawing	Required Test				System Name	Required Inspection	Required Procedure	ASME Item Number(s)
		L	I	F	H				
OZ2L-91	O-ISIL-116C-2.1		X			Reactor Building Hydrogen Purge	VT-2	QAL-15	C7.30
									C7.70

11.4 Examination Results For Second Inspection Period:

The results of each VT-2 Visual Examination required for the Second Inspection Period are included in this section.

The information shown below is a field description for the listing format included in this section of the report:

- | | | |
|--------------|---|---|
| Zone Number | = | The unique number assigned to track certain systems (or portions of systems) that make up a test. |
| Flow Drawing | = | Detail drawing of pressure test boundary. |
| RFO15 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 15. |
| RFO16 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 16. |
| RFO17 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 17. |
| RFO18 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 18. |
| RFO19 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 19. |
| RFO20 Date | = | The date of any VT-2 Examinations performed during refueling outage cycle 20. |

**Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period**

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
IZ2H-10	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
IZ2H-11	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
IZ2H-22	O-ISIH-104A-1.2	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	//	//	//	//
IZ2H-25	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
IZ2H-27A	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
IZ2H-27B	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
IZ2L-1	O-ISIL-124A-2.3	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
IZ2L-12	O-ISIL-101A-2.3	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.4	//	03/10/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-13	O-ISIL-101A-2.3	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-14A	O-ISIL-101A-2.3	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-14B	O-ISIL-101A-2.3	//	05/11/1998	12/12/1999	//	Not Scheduled	Not Scheduled
IZ2L-20	O-ISIL-101A-2.3	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-22	O-ISIL-102A-2.1	//	05/16/1998	//	//	//	//
	O-ISIL-102A-2.2	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-106A-2.2	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-24	O-ISIL-102A-2.1	//	05/16/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-103A-2.1	//	05/16/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-25	O-ISIL-103A-2.1	//	05/16/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-4	O-ISIL-101A-2.1	//	03/10/1998	11/08/1999	//	Not Scheduled	Not Scheduled

**Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period**

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
I22L-41	O-ISIL-109A-1.1	//	03/14/1998	//	//	Not Scheduled	Not Scheduled
I22L-45	O-ISIL-121A-1.8	//	02/09/1998	//	//	Not Scheduled	Not Scheduled
I22L-48	O-ISIL-122A-2.1	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-122A-2.2	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-122A-2.3	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-122A-2.4	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-122B-2.1	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
I22L-5	O-ISIL-101A-2.1	//	03/10/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.3	//	05/11/1998	//	//	Not Scheduled	Not Scheduled
I22L-50	O-ISIL-121D-2.1	//	05/19/1998	//	//	Not Scheduled	Not Scheduled
I22L-52	O-ISIL-121D-2.1	//	05/19/1998	12/08/1999	//	Not Scheduled	Not Scheduled
I22L-53	O-ISIL-121D-2.1	//	05/19/1998	12/08/1999	//	Not Scheduled	Not Scheduled
I22L-60	O-ISIL-124A-1.1	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124A-2.3	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124B-2.1	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124B-2.2	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124B-2.4	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124C-2.2	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
I22L-66	O-ISIL-133A-2.2	//	05/21/1998	//	//	Not Scheduled	Not Scheduled
I22L-67	O-ISIL-133A-2.2	//	05/21/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-124C-2.2	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
I22L-75	O-ISIL-135A-1.2	//	04/01/1998	//	//	Not Scheduled	Not Scheduled
I22L-76	O-ISIL-135A-1.2	//	04/01/1998	//	//	Not Scheduled	Not Scheduled
I22L-77	O-ISIL-135A-1.2	//	04/01/1998	//	//	Not Scheduled	Not Scheduled

**Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period**

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
IZ2L-78	O-ISIL-135A-1.2	//	04/01/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-79	O-ISIL-135B-1.4	//	04/01/1998	//	//	Not Scheduled	Not Scheduled
IZ2L-80	O-ISIL-135B-1.4	//	04/01/1998	//	//	Not Scheduled	Not Scheduled
OZ2H-21	O-ISIH-104A-1.2	Not Scheduled	Not Scheduled	11/05/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	11/05/1999	//	//	//
	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	11/05/1999	//	Not Scheduled	Not Scheduled
OZ2H-23	O-ISIH-101A-2.2	Not Scheduled	Not Scheduled	11/27/1999	//	//	//
	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	11/27/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	11/27/1999	//	Not Scheduled	Not Scheduled
OZ2H-26	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
OZ2H-28	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
OZ2H-7	O-ISIH-101A-2.2	Not Scheduled	Not Scheduled	//	//	//	//
	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	//	//	//	//
OZ2H-7B	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	12/11/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	12/11/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	12/11/1999	//	Not Scheduled	Not Scheduled
OZ2H-9	O-ISIH-101A-2.3	Not Scheduled	Not Scheduled	12/10/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.1	Not Scheduled	Not Scheduled	12/10/1999	//	Not Scheduled	Not Scheduled
	O-ISIH-102A-2.2	Not Scheduled	Not Scheduled	12/10/1999	//	Not Scheduled	Not Scheduled
OZ2L-1	O-ISIL-100A-2.1	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-100A-2.2	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-100A-2.3	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-101A-2.1	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-101A-2.4	//	05/19/1998	12/13/1999	//	//	//

**Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period**

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
	O-ISIL-101A-2.5	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-102A-2.1	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-102A-2.2	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-102A-2.3	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-110A-2.1	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-110A-2.4	//	05/19/1998	12/13/1999	//	//	//
	O-ISIL-127B-2.2	//	05/19/1998	12/13/1999	//	//	//
OZ2L-14B	O-ISIL-101A-2.4	//	03/10/1998	12/12/1999	//	Not Scheduled	Not Scheduled
OZ2L-15	O-ISIL-101A-2.4	//	03/10/1998	12/13/1999	//	Not Scheduled	Not Scheduled
OZ2L-16	O-ISIL-101A-2.4	//	03/10/1998	12/12/1999	//	Not Scheduled	Not Scheduled
OZ2L-17	O-ISIL-101A-2.2	//	05/14/1998	12/12/1999	//	Not Scheduled	Not Scheduled
OZ2L-18	O-ISIL-101A-2.2	//	05/14/1998	12/11/1999	//	Not Scheduled	Not Scheduled
OZ2L-19A	O-ISIL-101A-2.5	04/28/1996	//	12/09/1999	//	Not Scheduled	Not Scheduled
	O-ISIL-104A-1.1	04/28/1996	//	12/09/1999	//	Not Scheduled	Not Scheduled
OZ2L-2	O-ISIL-100A-2.3	03/28/1996	//	11/04/1999	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.1	03/28/1996	03/10/1998	11/04/1999	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.4	//	03/10/1998	11/04/1999	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.5	04/28/1996	//	11/04/1999	//	Not Scheduled	Not Scheduled
OZ2L-21	O-ISIL-102A-2.1	//	05/16/1998	11/05/1999	//	//	//
OZ2L-23	O-ISIL-101A-2.2	//	05/14/1998	11/27/1999	//	//	//
OZ2L-29	O-ISIL-102A-2.2	//	05/11/1998	12/11/1999	//	Not Scheduled	Not Scheduled
OZ2L-3	O-ISIL-101A-2.1	03/28/1996	03/10/1998	11/08/1999	//	Not Scheduled	Not Scheduled
OZ2L-30	O-ISIL-102A-2.2	//	05/11/1998	12/11/1999	//	Not Scheduled	Not Scheduled
OZ2L-31A	O-ISIL-102A-2.3	//	02/11/1998	11/04/1999	//	Not Scheduled	Not Scheduled

Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
OZ2L-31B	O-ISIL-102A-2.3	//	02/11/1998	11/04/1999	//	Not Scheduled	Not Scheduled
OZ2L-31C	O-ISIL-102A-2.3	//	02/11/1998	11/04/1999	//	Not Scheduled	Not Scheduled
OZ2L-32	O-ISIL-102A-2.3	//	02/11/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-127B-2.2	//	02/11/1998	//	//	Not Scheduled	Not Scheduled
OZ2L-33	O-ISIL-102A-2.3	//	02/11/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-127B-2.2	//	02/11/1998	//	//	Not Scheduled	Not Scheduled
OZ2L-39	O-ISIL-104A-1.1	04/28/1996	//	11/11/1999	//	Not Scheduled	Not Scheduled
OZ2L-42A	O-ISIL-110A-2.1	05/05/1996	//	12/13/1999	//	Not Scheduled	Not Scheduled
OZ2L-42B	O-ISIL-110A-2.1	05/05/1996	//	12/13/1999	//	Not Scheduled	Not Scheduled
OZ2L-43	O-ISIL-121A-2.3	//	04/30/1998	12/07/1999	//	Not Scheduled	Not Scheduled
	O-ISIL-121A-2.8	//	04/30/1998	12/07/1999	//	Not Scheduled	Not Scheduled
OZ2L-44	O-ISIL-121D-1.2	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-133A-2.5	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-110A-2.1	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121B-2.3	05/05/1996	05/19/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121B-2.5	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121D-2.1	05/05/1996	05/19/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-122A-2.1	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
OZ2L-45	O-ISIL-121A-1.8	//	02/09/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121A-2.7	//	02/09/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121A-2.8	//	04/30/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121D-2.1	//	05/19/1998	//	//	Not Scheduled	Not Scheduled
OZ2L-51	O-ISIL-121D-2.1	//	05/19/1998	//	//	Not Scheduled	Not Scheduled
OZ2L-54	O-ISIL-121D-2.1	//	05/19/1998	12/08/1999	//	Not Scheduled	Not Scheduled

**Duke Energy Corporation - Oconee Unit 2
Pressure Testing VT-2 Examination Results
For 2nd Period**

Zone Number	Flow Drawing	RFO 15 Date	RFO 16 Date	RFO 17 Date	RFO 18 Date	RFO 19 Date	RFO 20 Date
OZ2L-55	O-ISIL-121D-2.1	//	05/19/1998	12/08/1999	//	Not Scheduled	Not Scheduled
OZ2L-56	O-ISIL-121D-2.1	//	05/19/1998	12/08/1999	//	Not Scheduled	Not Scheduled
OZ2L-58	O-ISIL-124B-2.1	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
OZ2L-59	O-ISIL-124B-2.1	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
OZ2L-6	O-ISIL-109A-1.1	//	03/14/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.1	//	03/10/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-101A-2.2	04/18/1996	05/14/1998	//	//	Not Scheduled	Not Scheduled
	O-ISIL-110A-2.1	04/18/1996	//	//	//	Not Scheduled	Not Scheduled
OZ2L-64	O-ISIL-124B-2.2	//	06/17/1997	12/03/1999	//	Not Scheduled	Not Scheduled
OZ2L-65	O-ISIL-124B-2.4	//	06/17/1997	//	//	Not Scheduled	Not Scheduled
OZ2L-68	O-ISIL-144A-2.2	04/30/1996	//	12/04/1999	//	Not Scheduled	Not Scheduled
OZ2L-69	O-ISIL-101A-2.2	//	05/14/1998	12/03/1999	//	Not Scheduled	Not Scheduled
OZ2L-7	O-ISIL-101A-2.2	//	05/14/1998	//	//	//	//
	O-ISIL-101A-2.3	//	05/11/1998	//	//	//	//
OZ2L-70	O-ISIL-121D-1.2	05/05/1996	//	//	//	Not Scheduled	Not Scheduled
	O-ISIL-121D-2.1	//	05/19/1998	//	//	Not Scheduled	Not Scheduled
OZ2L-89	O-ISIL-116C-2.1	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
OZ2L-90	O-ISIL-116C-2.1	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled
OZ2L-91	O-ISIL-116C-2.1	Not Scheduled	Not Scheduled	//	//	Not Scheduled	Not Scheduled

11.5 Reportable Indications:

None