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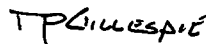
Subject: Duke Energy Carolinas, LLC
Oconee Nuclear Station Units 1 and 2
Docket No. 50-269, -270
Fourth Ten-Year Inservice Inspection Plan
Request for Relief No. 11-ON-001

Pursuant to 10 CFR 50.55a(g)(5)(iii), attached is a Request for Relief from the requirement to examine 100% of the volume specified by the American Society of Mechanical Engineers Boiler and Pressure Vessel Code (ASME Code), Section XI, Rules for Inservice Inspection of Nuclear Power Plant Components, 1998 Edition with 2000 Addenda (as modified by Code Case N-460).

The attached Request for Relief 11-ON-001 is to allow Duke Energy to take credit for the enclosed Table 1 list of limited ultrasonic examinations on welds associated with various systems and components during Unit 1 EOC25 and Unit 2 EOC24 refueling outages. The ultrasonic examination coverage of the subject Unit 1 and 2 welds did not meet the 90% examination requirements of Code Case N-460. The obtainable volume coverage for weld examination is indicated on Attachments A and B of the relief request. Achievement of greater examination coverage for these welds is impractical due to piping/valve geometry and interferences. Therefore, Duke Energy requests that the NRC grant relief as authorized under 10 CFR 50.55(g)(6)(i).

If there are any questions or further information is needed you may contact Corey Gray at (864)-873-6325.

Sincerely,


T. Preston Gillespie Jr.,
Site Vice President

Attachment A
Attachment B

A047
NRR

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[OCONEE RELIEF REQUEST # 11 ON 001]

1.0 Scope of Relief Request

Relief is requested pursuant to 10 CFR 50.55a(g)(5)(iii) for welds listed in Table 1. These welds were required to be examined in accordance with Inservice Inspection Plans for the following Units.

Oconee Nuclear Station - Unit 1
 Fourth 10-Year Inservice Inspection Interval
 Interval Start Date: 01/01/2004

Oconee Nuclear Station - Unit 2
 Fourth 10-Year Inservice Inspection Interval
 Interval Start Date: 09/09/2004

Table 1					
<u>Relief Request Section Number</u>	<u>Oconee Unit Number</u>	<u>Examination Performed (Refueling Outage)</u>	<u>Weld ID Number</u>	<u>Item/Summary Number</u>	<u>Examination Data</u>
2.0	1	1EOC25	1-PZR-WP26-4	O1.B3.110.0006	See Attachment A Pages 1-8
3.0	1	1EOC25	1-PZR-WP26-5	O1.B3.110.0007	See Attachment A Pages 9-16
4.0	1	1EOC25	1-PZR-WP26-6	O1.B3.110.0008	See Attachment A Pages 17-24
5.0	1	1EOC25	1-PZR-WP26-1	O1.B3.110.0009	See Attachment A Pages 25-32
6.0	1	1EOC25	1-PZR-WP26-2	O1.B3.110.0010	See Attachment A Pages 33-40
7.0	1	1EOC25	1-51A-1-53755-V1	O1.B3.150.0003	See Attachment A Pages 41-48
8.0	1	1EOC25	1-51A-1-53755-V2	O1.B3.150.0004	See Attachment A Pages 49-56

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9.0	1	1EOC25	1LP-209-8L	O1.B9.11.0003	See Attachment A Pages 57-60
10.0	1	1EOC25	1PIA2-9	O1.B9.11.0050	See Attachment A Pages 61-68
11.0	1	1EOC25	1PDA2-1	O1.B9.11.0062	See Attachment A Pages 69-76
12.0	1	1EOC25	1-53A-02-65L	O1.C5.11.0028	See Attachment A Pages 77-81
13.0	1	1EOC25	1-51A-04-1C	O1.C5.21.0004	See Attachment A Pages 82-88
14.0	1	1EOC25	1HP-387-118A	O1.C5.21.0027	See Attachment A Pages 89-93
15.0	1	1EOC25	1HP-193-17	O1.C5.21.0040	See Attachment A Pages 94-97
16.0	1	1EOC25	1-51A-02-16BH	O1.C5.21.0051	See Attachment A Pages 98-102
17.0	1	1EOC25	1-HP-0187-184	PRESERVICE	See Attachment A Pages 103-107
18.0	1	1EOC25	1-HP-0187-185	PRESERVICE	See Attachment A Pages 108-112
19.0	2	2EOC24	2-PZR-WP34	O2.B3.110.0002	See Attachment B Pages 1-10
20.0	2	2EOC24	2-PZR-WP33-3	O2.B3.110.0003	See Attachment B Pages 11-20

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21.0	2	2EOC24	2-PZR-WP33-1	O2.B3.110.0005	See Attachment B Pages 21-30
22.0	2	2EOC24	2-PIA1-8	O2.B9.11.0046	See Attachment B Pages 31-37
23.0	2	2EOC24	2-PDA2-1	O2.B9.11.0053	See Attachment B Pages 38-44
24.0	2	2EOC24	2-PDB2-1	O2.B9.11.0063	See Attachment B Pages 45-51
25.0	2	2EOC24	2LP-215-27	O2.C5.11.0038	See Attachment B Pages 52-55
26.0	2	2EOC24	2HP-341-V1	O2.C5.21.0035	See Attachment B Pages 56-58
27.0	2	2EOC24	2-51A-0029-94	PRESERVICE	See Attachment B Pages 59-64
28.0	2	2EOC24	2-HP-0396-23	PRESERVICE	See Attachment B Pages 65-68

2.0 Weld #1-PZR-WP26-4

2.1. ASME Code Component(s) Affected

Unit 1 Pressurizer Upper Shell to Sampling Nozzle Weld, Weld #1-PZR-WP26-4, Summary Number O1.B3.110.0006

2.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

2.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

2.4. Impracticality of Compliance

- Surface 1: Shell - Carbon steel
- Surface 2: Sampling nozzle - Carbon steel
- Diameter: 5.750 in.
- Thickness: 6.187 in.

The ultrasonic examination of this weld obtained 34.7% coverage of the required examination volume. Because of the weld configuration, the requirements of ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6 could not be met. The aggregate coverage was calculated from the following base and weld metal scan results:

- Weld coverage using 35°, 45° & 60° shear waves for axial scans (S1, S2), and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 15.4% coverage.
- Base material coverage using 35°, 45° & 60° shear wave for axial scans (S1) and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 54.8% coverage.
- 0° scan coverage obtained 33.9% coverage.
- The aggregate coverage was calculated to be $(15.4\% + 54.8\% + 33.9\%) / 3 = 34.7\%$.

The limitation was caused by the design of the sampling nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

[OCONEE RELIEF REQUEST # 11 ON 001]

2.5. Proposed Alternative and Basis for Use

No substitution alternative for this weld is available which would provide better coverage.

2.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

2.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.110.0006 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

3.0 Weld #1-PZR-WP26-5

3.1. ASME Code Component(s) Affected

Unit 1 Pressurizer Upper Shell to Sampling Nozzle Weld, Weld #1-PZR-WP26-5, Summary Number O1.B3.110.0007

3.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

3.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

3.4. Impracticality of Compliance

- Surface 1: Shell - Carbon steel
- Surface 2: Sampling nozzle - Carbon steel
- Diameter: 5.750 in.
- Thickness: 6.187 in.

The ultrasonic examination of this weld obtained 34.7% coverage of the required examination volume. Because of the weld configuration, the requirements of ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6 could not be met. The aggregate coverage was calculated from the following base and weld metal scan results:

- Weld coverage using 35°, 45° & 60° shear waves for axial scans (S1, S2), and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 15.4% coverage.
- Base material coverage using 35°, 45° & 60° shear wave for axial scans (S1) and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 54.8% coverage.
- 0° scan coverage obtained 33.9% coverage.
- The aggregate coverage was calculated to be $(15.4\% + 54.8\% + 33.9\%)/3 = 34.7\%$.

The limitation was caused by the design of the sampling nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

[OCONEE RELIEF REQUEST # 11 ON 001]

3.5. Proposed Alternative and Basis for Use

No substitution alternative for this weld is available which would provide better coverage.

3.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

3.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.110.0007 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

4.0 Weld #1-PZR-WP26-6

4.1. ASME Code Component(s) Affected

Unit 1 Pressurizer Upper Shell to Sampling Nozzle Weld, Weld #1-PZR-WP26-6, Summary Number O1.B3.110.0008

4.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

4.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

4.4. Impracticality of Compliance

- Surface 1: Shell - Carbon steel
- Surface 2: Sampling nozzle - Carbon steel
- Diameter: 5.750 in.
- Thickness: 6.187 in.

The ultrasonic examination of this weld obtained 34.7% coverage of the required examination volume. Because of the weld configuration, the requirements of ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6 could not be met. The aggregate coverage was calculated from the following base and weld metal scan results:

- Weld coverage using 35°, 45° & 60° shear waves for axial scans (S1, S2), and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 15.4% coverage.
- Base material coverage using 35°, 45° & 60° shear wave for axial scans (S1) and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 54.8% coverage.
- 0° scan coverage obtained 33.9% coverage.
- The aggregate coverage was calculated to be $(15.4\% + 54.8\% + 33.9\%)/3 = 34.7\%$.

The limitation was caused by the design of the sampling nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

4.5. Proposed Alternative and Basis for Use

No substitution alternative for this weld is available which would provide better coverage.

4.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

4.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.110.0008 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

5.0 Weld #1-PZR-WP26-1

5.1. ASME Code Component(s) Affected

Unit 1 Pressurizer Heater Belt Shell to Sampling Nozzle Weld, Weld #1-PZR-WP26-1, Summary Number O1.B3.110.0009

5.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

5.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

5.4. Impracticality of Compliance

- Surface 1: Shell - Carbon steel
- Surface 2: Sampling nozzle - Carbon steel
- Diameter: 5.750 in.
- Thickness: 6.187 in.

The ultrasonic examination of this weld obtained 34.7% coverage of the required examination volume. Because of the weld configuration, the requirements of ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6 could not be met. The aggregate coverage was calculated from the following base and weld metal scan results:

- Weld coverage using 35°, 45° & 60° shear waves for axial scans (S1, S2), and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 15.4% coverage.
- Base material coverage using 35°, 45° & 60° shear wave for axial scans (S1) and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 54.8% coverage.
- 0° scan coverage obtained 33.9% coverage.
- The aggregate coverage was calculated to be $(15.4\% + 54.8\% + 33.9\%)/3 = 34.7\%$.

The limitation was caused by the design of the sampling nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

[OCONEE RELIEF REQUEST # 11 ON 001]

5.5. Proposed Alternative and Basis for Use

No substitution alternative for this weld is available which would provide better coverage.

5.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

5.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.110.0009 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

6.0 Weld #1-PZR-WP26-2

6.1. ASME Code Component(s) Affected

Unit 1 Pressurizer Heater Belt Shell to Sampling Nozzle Weld, Weld #1-PZR-WP26-2, Summary Number O1.B3.110.0010

6.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

6.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

6.4. Impracticality of Compliance

- Surface 1: Shell - Carbon steel
- Surface 2: Sampling nozzle - Carbon steel
- Diameter: 5.750 in.
- Thickness: 6.187 in.

The ultrasonic examination of this weld obtained 34.7% coverage of the required examination volume. Because of the weld configuration, the requirements of ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6 could not be met. The aggregate coverage was calculated from the following base and weld metal scan results:

- Weld coverage using 35°, 45° & 60° shear waves for axial scans (S1, S2), and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 15.4% coverage.
- Base material coverage using 35°, 45° & 60° shear wave for axial scans (S1) and 35° & 45° shear waves for circ. scans (CW, CCW) obtained 54.8% coverage.
- 0° scan coverage obtained 33.9% coverage.
- The aggregate coverage was calculated to be $(15.4\% + 54.8\% + 33.9\%)/3 = 34.7\%$.

The limitation was caused by the design of the sampling nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

6.5. Proposed Alternative and Basis for Use

No substitution alternative for this weld is available which would provide better coverage.

6.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

6.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.110.00010 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

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7.0 Weld #1-51A-1-53755-V1

7.1. ASME Code Component(s) Affected

Unit 1 Letdown Cooler 1B Nozzle to Channel Body Weld, Weld #1-51A-1-53755-V1, Summary Number O1.B3.150.0003

7.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

7.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.150 Figure IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

7.4. Impracticality of Compliance

The Letdown Cooler Channel Body to Nozzle material is stainless steel. This weld has a diameter of NPS 3.0 inches and a wall thickness of 0.875 inches.

The ultrasonic examination of this weld obtained 54.6% coverage of the required examination volume. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

Letdown Cooler Nozzle to Channel Body		
Item No. 01.B3.150.0003 / Weld No. 1-51A-1-53755-V1		
Base Material Coverage		
Scan	Radius View	Non-Radius View
Axial	68.2%	52.7%
Circ	65.2%	54.4%
Aggregate @ $68.2 + 52.7 + 65.2 + 54.4 = 240.5/4 = 60.1\%$		
Weld Material Coverage		
Scan	Radius View	Non-Radius View
Axial-S1	45.9%	26.0%
Axial-S2	0.0%	0.0%
Circ-S2	94.1%	66.3%
Circ-S2	94.1%	66.3%
Aggregate @ $45.9 + 26.0 + 0.0 + 0.0 + 94.1 + 66.3 + 94.1 + 66.3 = 392.7/8 = 49.1\%$		
Total Aggregate @ $60.1 + 49.1 = 109.2/2 = 54.6\%$		

The individual scan results are recorded on the table above. The limitation was caused by the weld taper configuration created by the attachment of the nozzle to the channel body. In order to scan all of the required volume for this weld, the nozzle to channel body would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the examination of this weld. This weld was examined using

procedures and personnel qualified in accordance with ASME Section XI, Appendix III.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

7.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because there is no access for film placement.

No other substitution alternative for this weld is available which would provide better coverage.

7.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

7.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.150.0003 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

[OCONEE RELIEF REQUEST # 11 ON 001]

8.0 Weld #1-51A-1-53755-V2

8.1. ASME Code Component(s) Affected

Unit 1 Letdown Cooler 1B Nozzle to Channel Body Weld, Weld #1-51A-1-53755-V2, Summary Number O1.B3.150.0004

8.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

8.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.150 Figure IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

8.4. Impracticality of Compliance

The Letdown Cooler Channel Body to Nozzle material is stainless steel. This weld has a diameter of NPS 3.0 inches and a wall thickness of 0.875 inches.

The ultrasonic examination of this weld obtained 54.6% coverage of the required examination volume. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

Letdown Cooler Nozzle to Channel Body		
Item No. 01.B3.150.0004 / Weld No. 1-51A-1-53755-V2		
Base Material Coverage		
Scan	Radius View	Non-Radius View
Axial	68.2%	52.7%
Circ	65.2%	54.4%
Aggregate @ $68.2 + 52.7 + 65.2 + 54.4 = 240.5/4 = 60.1\%$		
Weld Material Coverage		
Scan	Radius View	Non-Radius View
Axial-S1	45.9%	26.0%
Axial-S2	0.0%	0.0%
Circ-S2	94.1%	66.3%
Circ-S2	94.1%	66.3%
Aggregate @ $45.9 + 26.0 + 0.0 + 0.0 + 94.1 + 66.3 + 94.1 + 66.3 = 392.7/8 = 49.1\%$		
Total Aggregate @ $60.1 + 49.1 = 109.2/2 = 54.6\%$		

The individual scan results are recorded on the table above. The limitation was caused by the weld taper configuration created by the attachment of the nozzle to the channel body configuration. In order to scan all of the required volume for this weld, the nozzle to channel body would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the examination of this weld. This weld was

examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix III.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. The achieved coverage did not meet the acceptance criteria of this Code Case.

8.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because there is no access for film placement.

No other substitution alternative for this weld is available which would provide better coverage.

8.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

8.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B3.150.0004 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

9.0 Weld #1LP-209-8L

9.1. ASME Code Component(s) Affected

Unit 1 Valve 1CF-13 to Elbow Piping Weld, Weld #1LP-209-8L, Summary Number O1.B9.11.0003

9.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

9.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

9.4. Impracticality of Compliance

The valve material is cast stainless steel and the elbow material is stainless steel. This weld has a diameter of NPS 14.0 inches and a wall thickness of 1.25 inches.

The ultrasonic examination of this weld obtained 37.500% coverage of the required examination volume. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 45° obtained 50% coverage in one axial direction (S1 - elbow)
- 45° obtained 0% coverage in one axial direction (S2 - valve)
- 45° shear waves obtained 50% coverage in one circ. directions (S3 - CW)
- 45° shear waves obtained 50% coverage in one circ. directions (S4 - CCW)
- The aggregate coverage was calculated to be $(50\% + 0\% + 50\% + 50\%)/4 = 37.500\%$.

The individual scan results are recorded on the form labeled "Determination of Percent Coverage for UT Examinations – Pipe. The limitation was caused by the cast stainless material and the weld taper configuration created by the attachment of the valve to elbow configuration. In order to scan all of the required volume for this weld, the valve would have to be replaced with forged stainless steel and would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the examination of this weld. This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. The achieved coverage did not meet the acceptance criteria of this Code Case.

9.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

9.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

9.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B9.11.0003 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this B9.11 item. The result from the surface examination was acceptable.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

10.0 Weld #1PIA2-9

10.1. ASME Code Component(s) Affected

Unit 1 Reactor Coolant Pump 1A2 Casing Nozzle to Safe-End Piping Weld, Weld #1PIA2-9, Summary Number O1.B9.11.0050

10.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

10.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

10.4. Impracticality of Compliance

The Pump Casing Nozzle material is cast stainless steel and the pipe material is stainless steel. This weld has a diameter of 36.50 inches and a wall thickness of 2.330 inches.

The ultrasonic examination of this weld obtained 36.275% coverage of the required examination volume. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 0% coverage in one axial direction (S1 - nozzle)
- 60° shear waves obtained 45.10% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 50% coverage in one circ. directions (S3 - CW)
- 45° shear waves obtained 50% coverage in one circ. directions (S4 - CCW)
- The aggregate coverage was calculated to be $(0\% + 45.10\% + 50\% + 50\%)/4 = 36.275\%$.
- In addition, a best effort examination was performed in axial direction (S1) using 60° and 70° longitudinal waves to the extent possible in the upper 2/3 area of interest.

The individual scan results are recorded on the form labeled "Determination of Percent Coverage for UT Examinations – Pipe. The limitation was caused by the cast stainless material and the weld taper configuration created by the attachment of the nozzle to safe end configuration. In order to scan all of the required volume for this weld, the pump would have to be replaced with forged stainless steel and would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the examination of this weld. This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. The achieved coverage did not meet the acceptance criteria of this Code Case.

10.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

10.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

10.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B9.11.0050 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

Duke performed a surface examination (code required) on this B9.11 item. The result from the surface examination was acceptable.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

11.0 Weld #1PDA2-1

11.1. ASME Code Component(s) Affected

Unit 1 Reactor Coolant Pump 1A2 Casing Nozzle to Safe-End Weld, Weld #1PDA2-1, Summary Number O1.B9.11.0062

11.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

11.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

11.4. Impracticality of Compliance

The Pump Casing Nozzle material is cast stainless steel and the pipe material is stainless steel. This weld has a diameter of 33.50 inches and a wall thickness of 2.33 inches.

The ultrasonic examination of this weld obtained 37.500% coverage of the required examination volume. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 45 shear waves obtained 50% coverage in one axial direction (S1 - pipe)
- 45 shear waves obtained 0% coverage in one axial direction (S2 - nozzle)
- 45° shear waves obtained 50% coverage in one circ. directions (S3 - CW)
- 45° shear waves obtained 50% coverage in one circ. directions (S4 - CCW)
- The aggregate coverage was calculated to be $(50\% + 0\% + 50\% + 50\%)/4 = 37.500\%$.
- In addition, a best effort examination was performed in axial direction (S1) using 60° and 70° longitudinal waves to the extent possible in the upper 2/3 area of interest.

The individual scan results are recorded on the form labeled "Determination of Percent Coverage for UT Examinations – Pipe. The limitation was caused by the cast stainless material and the weld taper configuration created by the attachment of the nozzle to safe end configuration. In order to scan all of the required volume for this weld, the pump would have to be replaced with forged stainless steel and would have to be redesigned to allow scanning from both sides of the weld, which is impractical. There were no recordable indications found during the examination of this weld. This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. The achieved coverage did not meet the acceptance criteria of this Code Case.

11.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

11.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

11.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.B9.11.0062 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this B9.11 item. The result from the surface examination was acceptable.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

12.0 Weld #1-53A-02-65L

12.1. ASME Code Component(s) Affected

Unit 1 Pipe to Valve 1LP-47 Weld, Weld #1-53A-02-65L, Summary Number O1.C5.11.0028

12.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

12.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.11 Figure IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

12.4. Impracticality of Compliance

The valve material is cast stainless steel and the pipe material is stainless steel. This weld has a diameter of NPS 10.0 inches and a wall thickness of 1.125 inches.

During the ultrasonic examination of this weld, 37.50% coverage of the required examination volume was obtained. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv)(A)(1). The aggregate coverage was calculated as follows:

- 45° shear waves obtained 0% coverage in one axial direction (S1 – valve)
- 45° shear waves obtained 50% coverage in one axial direction (S2 – pipe)
- 45° shear waves obtained 50% coverage in one circ. direction (S3 – CW)
- 45° shear waves obtained 50% coverage in one circ. direction (S4 – CCW)
- The aggregate coverage was calculated to be $(0\% + 50\% + 50\% + 50\%)/4 = 37.5\%$

In order to scan all of the required volume for this weld, the valve would have to be replaced with forged stainless steel, which is impractical. There were no recordable indications found during the examination of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

12.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

12.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

12.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.C5.11.0028 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.11 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

13.0 Weld #1-51A-04-1C

13.1. ASME Code Component(s) Affected

Unit 1 Pipe to Valve 1HP-194 Weld, Weld #1-51A-04-1C, Summary Number O1.C5.21.0004

13.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

13.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

13.4. Impracticality of Compliance

The valve material is forged stainless steel and the pipe material is stainless steel seamless pipe. This weld has a diameter of NPS 4.0 inches and a wall thickness of .674 inches.

- 45° shear waves obtained 50% coverage in one axial direction (S1 - pipe)
- 45° shear waves obtained 0% coverage in one axial direction (S2 - valve)
- 38° shear waves obtained 50% coverage in one circ direction (S3 - CW)
- 38° shear waves obtained 50% coverage in one circ direction (S4 - CCW)
- The aggregate coverage was calculated to be $(50\% + 0\% + 50\% + 50\%)/4 = 37.5\%$

In order to scan all of the required volume for this weld, the valve would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

13.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

[OCONEE RELIEF REQUEST # 11 ON 001]

13.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

13.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.C5.21.0004 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

14.0 Weld #1HP-387-118A

14.1. ASME Code Component(s) Affected

Unit 1 Elbow to Valve 1HP-118 Weld, Weld #1HP-387-118A, Summary Number O1.C5.21.0027

14.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

14.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

14.4. Impracticality of Compliance

The valve material is forged stainless steel and the elbow material is stainless steel seamless pipe. This weld has a diameter of NPS 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 75% coverage of the required examination volume was obtained. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv)(A)(1). The aggregate coverage was calculated as follows:

- 60° shear waves obtained 100% coverage in one axial direction (S1 – pipe)
- 60° shear waves obtained 100% coverage in one axial direction (S2 – valve)
- 45° shear waves obtained 50% coverage in one circ. direction (S3 – CW)
- 45° shear waves obtained 50% coverage in one circ. direction (S4 – CCW)
- The aggregate coverage was calculated to be $(100\% + 100\% + 50\% + 50\%) / 4 = 75\%$

In order to scan all of the required volume for this weld, the valve would have to be redesigned. There were no recordable indications found during the examination of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

14.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

14.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

14.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.C5.21.0027 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

15.0 Weld #1HP-193-17

15.1. ASME Code Component(s) Affected

Unit 1 Pipe to Tee Weld, Weld #1HP-193-17, Summary Number O1.C5.21.0040

15.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

15.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

15.4. Impracticality of Compliance

The pipe and tee material is stainless steel. This weld has a diameter of NPS 2.5 inches and a wall thickness of .375 inches.

During the ultrasonic examination of this weld, 37.50% coverage of the required examination volume was obtained. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv)(A)(1). The aggregate coverage was calculated as follows:

- 60° shear waves obtained 50% coverage in one axial direction (S1 – pipe)
- 60° shear waves obtained 0% coverage in one axial direction (S2 – tee)
- 45° shear waves obtained 50% coverage in one circ. direction (S3 – CW)
- 45° shear waves obtained 50% coverage in one circ. direction (S4 – CCW)
- The aggregate coverage was calculated to be $(50\% + 0\% + 50\% + 50\%) / 4 = 37.5\%$

In order to scan all of the required volume for this weld, the tee would have to be redesigned, which is impractical. There were no recordable indications found during the examination of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

15.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

15.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

15.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.C5.21.0040 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

16.0 Weld #1-51A-02-16BH

16.1. ASME Code Component(s) Affected

Unit 1 Pipe to Flange Weld, Weld #1-51A-02-16BH, Summary Number O1.C5.21.0051

16.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

16.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

16.4. Impracticality of Compliance

The pipe to flange material is stainless steel. This weld has a diameter of NPS 4.0 inches and a wall thickness of .531 inches.

- 60° shear waves obtained 0% coverage in one axial direction (S1 - flange)
- 60° shear waves obtained 50% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 50% coverage in one axial direction (S3 - CW)
- 45° shear waves obtained 50% coverage in one axial direction (S4 - CCW)
- The limitation was caused by the taper on the flange side of the weld.
- The aggregate coverage was calculated to be $(0\% + 50\% + 50\% + 50\%)/4 = 37.5\%$

In order to scan all of the required volume for this weld, the flange would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

16.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

16.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

16.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O1.C5.21.0051 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

17.0 Weld #1HP-0187-184

17.1. ASME Code Component(s) Affected

Unit 1 Pipe to Valve 1HP140 Weld, Weld #1HP-0187-184, Summary Number PSI

17.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

17.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

17.4. Impracticality of Compliance

The valve material is cast stainless steel and the pipe material is stainless steel seamless pipe. This weld has a diameter of NPS 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 37.5% coverage of the required examination volume was obtained. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv)(A)(1). The aggregate coverage was calculated as follows:

- 60° shear waves obtained 50% coverage in one axial direction (S1 – pipe)
- 60° shear waves obtained 0% coverage in one axial direction (S2 – valve)
- 45° shear waves obtained 50% coverage in one circ. direction (S3 – CW)
- 45° shear waves obtained 50% coverage in one circ. direction (S4 – CCW)
- The aggregate coverage was calculated to be $(50\% + 0\% + 50\% + 50\%)/4 = 37.5\%$

In order to scan all of the required volume for this weld, the valve would have to be redesigned. There were no recordable indications found during the examination of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

17.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

17.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

17.7. Justification for Granting Relief

Ultrasonic examination of the weld for the Pre Service Inspection was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

18.0 Weld #1HP-0187-185

18.1. ASME Code Component(s) Affected

Unit 1 Pipe to Valve 1HP139 Weld, Weld #1HP-0187-185, Summary Number PSI

18.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

18.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

18.4. Impracticality of Compliance

The valve material is forged stainless steel and the pipe material is stainless steel seamless pipe. This weld has a diameter of NPS 4.0 inches and a wall thickness of .531 inches.

During the ultrasonic examination of this weld, 37.5% coverage of the required examination volume was obtained. Scanning requirements are described in 10CFR.50.55a(b)(2)(xv)(A)(1). The aggregate coverage was calculated as follows:

- 60° shear waves obtained 0% coverage in one axial direction (S1 – valve)
- 60° shear waves obtained 50% coverage in one axial direction (S2 – pipe)
- 45° shear waves obtained 50% coverage in one circ. direction (S3 – CW)
- 45° shear waves obtained 50% coverage in one circ. direction (S4 – CCW)
- The aggregate coverage was calculated to be $(0\% + 50\% + 50\% + 50\%) / 4 = 37.5\%$

In order to scan all of the required volume for this weld, the valve would have to be redesigned. There were no recordable indications found during the examination of this weld.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

18.5. Proposed Alternative and Basis for Use

No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect expected degradation mechanisms such as thermal fatigue cracking and stress corrosion crack initiating at the pipe inside surface. Additionally, radiography has not been qualified through performance demonstration.

No substitution alternative for this weld is available which would provide better coverage.

18.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014.

18.7. Justification for Granting Relief

Ultrasonic examination of the weld for the Pre Service Inspection was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this C5.21 item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

19.0 Weld #2-PZR-WP34

19.1. ASME Code Component(s) Affected

Unit 2 Pressurizer Upper Head to Spray Nozzle Weld, Weld #2-PZR-WP34, Summary Number O2.B3.110.0002

19.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

19.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

19.4. Impracticality of Compliance

Component:

- Surface 1: Upper Head - Carbon steel
- Surface 2: Spray nozzle - Carbon steel
- Diameter: 7.750 in.
- Thickness: 4.750 in.

Scan requirements are described in ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6. The aggregate coverage was calculated from the following base and weld metal scan results:

- Base material coverage provided an aggregate coverage of 77.1%
- Weld metal coverage provided an aggregate coverage of 75.0%
- The total obtained aggregate coverage was $(77.1 + 75.0) / 2 = 76.1\%$

The limitation was caused by the design of the spray nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the spray nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

19.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because there is no access for film placement.

No other substitution alternative for this weld is available which would provide better coverage.

19.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

19.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B3.110.0002 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

20.0 Weld #2-PZR-WP33-3

20.1. ASME Code Component(s) Affected

Unit 2 Pressurizer Upper Head to Relief Nozzle Weld, Weld #2-PZR-WP33-3, Summary Number O2.B3.110.0003

20.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

20.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

20.4. Impracticality of Compliance

Component:

- Surface 1: Upper Head - Carbon steel
- Surface 2: Relief nozzle - Carbon steel
- Diameter: 6.875 in.
- Thickness: 4.750 in.

Scan requirements are described in ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6. The aggregate coverage was calculated from the following base and weld metal scan results:

- Base material coverage provided an aggregate coverage of 69.3%
- Weld metal coverage provided an aggregate coverage of 73.1%
- The total obtained aggregate coverage was $(69.3 + 73.1) / 2 = 71.2\%$

The limitation was caused by the design of the relief nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the relief nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

20.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because there is no access for film placement.

No other substitution alternative for this weld is available which would provide better coverage.

20.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

20.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B3.110.0003 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

21.0 Weld #2-PZR-WP33-1

21.1. ASME Code Component(s) Affected

Unit 2 Pressurizer Upper Head to Relief Nozzle Weld, Weld #2-PZR-WP33-1, Summary Number O2.B3.110.0005

21.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

21.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-D, Item Number B3.110 Fig. IWB-2500-7 (a), 100% Volume Coverage of Examination Volume A-B-C-D-E-F-G-H-I

21.4. Impracticality of Compliance

Component:

- Surface 1: Upper Head - Carbon steel
- Surface 2: Relief nozzle - Carbon steel
- Diameter: 6.875 in.
- Thickness: 4.750 in.

Scan requirements are described in ASME Section V, Article 4, T-441.1.2(a), T-441.1.3, T-441.1.4, T-441.1.5 and T-441.1.6. The aggregate coverage was calculated from the following base and weld metal scan results:

- Base material coverage provided an aggregate coverage of 69.3%
- Weld metal coverage provided an aggregate coverage of 73.1%
- The total obtained aggregate coverage was $(69.3 + 73.1) / 2 = 71.2\%$

The limitation was caused by the design of the relief nozzle not allowing for scanning from the nozzle side of the weld. In order to scan all of the required volume for this weld, the relief nozzle would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume A-B-C-D-E-F-G-H-I. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

21.5. Proposed Alternative and Basis for Use

Radiography (RT) is not a desired option because there is no access for film placement.

No other substitution alternative for this weld is available which would provide better coverage.

21.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

21.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B3.110.0005 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

22.0 Weld #2-PIA1-8

22.1. ASME Code Component(s) Affected

Unit 2 Reactor Coolant Pump 2A1 Casing Nozzle to Safe-End Piping Weld, Weld #2-PIA1-8, Summary Number O2.B9.11.0046

22.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

22.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

22.4. Impracticality of Compliance

Component configuration:

- Surface 1: Cast stainless steel pump casing
- Surface 2: Stainless steel safe end
- NPS: 33.50 in.
- Thickness: 2.330 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 0.0% coverage in one axial direction (S1 - pump casing)
- 60° shear waves obtained 50% coverage in one axial direction (S2 - safe end)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(0.0\% + 50.0\% + 50\% + 50\%)/4 = 37.5\%$.
- In addition, a best effort examination was performed using 60° and 70° longitudinal waves to the extent possible from the cast stainless side in the upper 2/3 area of interest.

The limitation was caused by the cast stainless steel pump casing material. In order to scan all of the required volume for this weld, the pump casing would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

22.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

22.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

22.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B9.11.0046 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

23.0 Weld #2-PDA2-1

23.1. ASME Code Component(s) Affected

Unit 2 Reactor Coolant Pump 2A2 Casing Nozzle to Safe-End Piping Weld, Weld #2-PDA2-1, Summary Number O2.B9.11.0053

23.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

23.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

23.4. Impracticality of Compliance

Component configuration:

- Surface 1: Stainless steel safe end
- Surface 2: Cast stainless steel pump casing
- NPS: 33.50 in.
- Thickness: 2.330 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 54.8% coverage in one axial direction (S1 - safe end)
- 60° shear waves obtained 0.0% coverage in one axial direction (S2 - pump casing)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(54.8\% + 0.0\% + 50\% + 50\%)/4 = 38.7\%$.
- In addition, a best effort examination was performed using 60° and 70° longitudinal waves to the extent possible from the cast stainless side in the upper 2/3 area of interest.

The limitation was caused by the pump casing material. In order to scan all of the required volume for this weld, the pump casing would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

23.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

23.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

23.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B9.11.0053 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

24.0 Weld #2-PDB2-1

24.1. ASME Code Component(s) Affected

Unit 2 Reactor Coolant Pump 2B2 Casing Nozzle to Safe-End Piping Weld, Weld #2-PDB2-1, Summary Number O2.B9.11.0063

24.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

24.3. Applicable Code Requirement

IWB-2500, Table IWB-2500-1, Examination Category B-J, Item Number B9.11 Figure IWB-2500-8 (c), 100% Volume Coverage of Examination Volume C-D-E-F

24.4. Impracticality of Compliance

Component configuration:

- Surface 1: Stainless steel safe end
- Surface 2: Cast stainless steel pump casing
- NPS: 33.50 in.
- Thickness: 2.330 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 58% coverage in one axial direction (S1 - safe end)
- 60° shear waves obtained 0.0% coverage in one axial direction (S2 - pump casing)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(58.0\% + 0.0\% + 50\% + 50\%)/4 = 39.5\%$.
- In addition, a best effort examination was performed using 60° and 70° longitudinal waves to the extent possible from the cast stainless side in the upper 2/3 area of interest.

The limitation was caused by the pump casing material. In order to scan all of the required volume for this weld, the pump casing would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

24.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

24.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

24.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.B9.11.0063 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each refueling outage in accordance with Table IWB-2500-1; Examination Category B-P requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

25.0 Weld #2LP-215-27

25.1. ASME Code Component(s) Affected

Unit 2 Pipe to Valve 2LP-177 Weld, Weld #2LP-215-27, Summary Number O2.C5.11.0038

25.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

25.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.11 Figure IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

25.4. Impracticality of Compliance

Component configuration:

- Surface 1: Forged stainless steel valve
- Surface 2: Stainless steel pipe
- NPS: 10.0 in.
- Thickness: 1.0 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 100% coverage in one axial direction (S1 - valve)
- 45° shear waves obtained 99.4% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(100.0\% + 99.4\% + 50\% + 50\%)/4 = 74.9\%$.

The limitation was caused by the taper of the valve body, and a weld-o-let. In order to scan all of the required volume for this weld, the valve would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

25.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

25.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

25.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.C5.11.0038 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1; Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric and pressure test), Reactor Building Normal Sump monitoring provides additional assurance that, in the event that leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

26.0 Weld #2HP-341-V1

26.1. ASME Code Component(s) Affected

Unit 2 Pipe to Valve 2HP-120 Weld, Weld #2HP-341-V1, Summary Number O2.C5.21.0035

26.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

26.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Figure IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

26.4. Impracticality of Compliance

Component configuration:

- Surface 1: Forged stainless steel valve
- Surface 2: Stainless steel pipe
- NPS: 2.5 in.
- Thickness: 0.375 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 0.0% coverage in one axial direction (S1 - valve)
- 60° shear waves obtained 50% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 100% coverage in one circ. direction (CW).
- 45° shear waves obtained 100% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(0.0\% + 50\% + 100\% + 100\%)/4 = 62.5\%$.

The limitation was caused by the taper of the valve body. In order to scan all of the required volume for this weld, the valve would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

26.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

26.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

26.7. Justification for Granting Relief

Ultrasonic examination of the weld for the item number O2.C5.21.0035 was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

27.0 Weld #2-51A-0029-94

27.1. ASME Code Component(s) Affected

Unit 2 Pipe to Valve 2HP-139 Weld, Weld #2-51A-0029-94, PSI

27.2. Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

27.3. Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

27.4. Impracticality of Compliance

Component configuration:

- Surface 1: Forged stainless steel valve
- Surface 2: Stainless steel pipe
- NPS: 4.0 in.
- Thickness: 0.531 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following data:

- 60° shear waves obtained 0.0% coverage in one axial direction (S1 - valve)
- 60° shear waves obtained 50% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(0.0\% + 50\% + 50\% + 50\%)/4 = 37.5\%$.

The limitation was caused by the taper of the valve body. In order to scan all of the required volume for this weld, the valve would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

[OCONEE RELIEF REQUEST # 11 ON 001]

27.5. Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

27.6. Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

27.7. Justification for Granting Relief

Ultrasonic examination of the weld for the PSI was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this PSI item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.

28.0 Weld #2-HP-0396-23

28.1 ASME Code Component(s) Affected

Unit 2 Pipe to Valve 2HP-140 Weld, Weld #2-HP-0396-23, PSI

28.2 Applicable Code Edition and Addenda

ASME Boiler and Pressure Vessel Code, Section XI, 1998 Edition through the 2000 Addenda

28.3 Applicable Code Requirement

IWC-2500, Table IWC-2500-1, Examination Category C-F-1, Item Number C5.21 Fig. IWC-2500-7(a), 100% Volume Coverage of Examination Volume C-D-E-F

28.4 Impracticality of Compliance

Component configuration:

- Surface 1: Cast stainless steel valve
- Surface 2: Stainless steel pipe
- NPS: 4.0 in.
- Thickness: 0.531 in.

Scanning requirements are described in 10CFR.50.55a(b)(2)(xv) (A)(1). The aggregate coverage was calculated from the following:

- 60° shear waves obtained 0.0% coverage in one axial direction (S1 - valve)
- 60° shear waves obtained 50% coverage in one axial direction (S2 - pipe)
- 45° shear waves obtained 50% coverage in one circ. direction (CW).
- 45° shear waves obtained 50% coverage in one circ. direction (CCW).
- The aggregate coverage was calculated to be $(0.0\% + 50\% + 50\% + 50\%)/4 = 37.5\%$.

The limitation was caused by the valve material and taper of the body. In order to scan all of the required volume for this weld, the valve would have to be redesigned, which is impractical.

The Oconee Inservice Inspection Plan allows the use of Code Case N-460, which requires greater than 90% volumetric coverage of examination volume C-D-E-F. Therefore, the available coverage will not meet the acceptance criteria of this Code Case.

28.5 Proposed Alternative and Basis for Use

This weld was examined using procedures, equipment, and personnel qualified in accordance with ASME Section XI, Appendix VIII. No alternative examinations are planned for the weld during the current inspection interval. Radiography (RT) is not a desired option because RT is limited in the ability to detect service induced flaws. Additionally, radiography has not been qualified through performance demonstration.

28.6 Duration of Proposed Alternative

This request is for the duration of the fourth inservice inspection interval, currently scheduled to end on July 15, 2014

28.7 Justification for Granting Relief

Ultrasonic examination of the weld for the PSI was conducted using personnel, equipment, and procedures qualified in accordance with ASME Section XI, 1998 Edition with the 2000 Addenda.

In addition to the volumetric examination with limited coverage, Duke performed a surface examination (code required) on this PSI item. The result from the surface examination was acceptable.

The system leakage test performed each inspection period in accordance with Table IWC-2500-1, Examination Category C-H requires a VT-2 visual examination to detect evidence of leakage. This test and VT-2 examination provides additional assurance of pressure boundary integrity.

In addition to the above Code required examinations (volumetric, surface, and pressure test), visual observations performed during operator rounds provide additional assurance that in the event leakage did occur through this weld, it would be detected and proper action taken.

Duke has examined the weld/component to the maximum extent possible utilizing approved examination techniques and equipment. Based on the acceptable results for the coverage completed by the volumetric examination, the acceptable results of the surface examinations performed during this outage, the pressure testing (VT-2) examinations required by Section XI, and the leakage monitoring, it is Duke's position that the combination of examinations provides a reasonable assurance of quality and safety.



UT Vessel Examination

Site/Unit: Oconee / 1 Procedure: NDE-820 Outage No.: O1-25
 Summary No.: O1.B3.110.0006 Procedure Rev.: 4 Report No.: UT-09-323
 Workscope: ISI Work Order No.: 01846474 Page: 1 of 2

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN1-002 Description: Nozzle to Shell
 System ID: 50
 Component ID: 1-PZR-WP26-4 Size/Length: N/A Thickness/Diameter: 6.187/5.75/CS
 Limitations: Due to nozzle configuration- see supplemental sheet Start Time: 0835 Finish Time: 1135

Examination Surface: Inside Outside Surface Condition: GROUND SMOOTH
 Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F

Cal. Report No.: CAL-09-411; 412, 413 & 414

Angle Used	0	45	45T	60	60T	60RL
Scanning dB		57.6	57.6	71.8	71.8	72

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments: 35° - 57.8 db; 35T° - 57.8 db
 Additional Examiner - Dave Griebel, Level II, 10/28/09

Results: Accept Reject Info Additional Examiner John C. Day, Level II, 10/28/09

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Hollis, Jacob			<i>Jacob Hollis</i>	10/28/2009	<i>John C. Day</i>		11-9-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Dean, Steven			<i>Steve Dean</i>	10/28/2009	N/A		
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>John C. Day</i>		11/9/09

UT-09-323

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>1-PZR-WP26-4</u> Item No: <u>O1.B3.110.0006</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>-1"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other * FROM <u>0</u> DEG to <u>360</u> DEG		*35 & 60RL angles nozzle configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob Hollis</u> <i>Jacob P. Hollis</i> Level: <u>II</u> Date: <u>10/28/09</u>	Sheet <u>2</u> of <u>2</u>	
Reviewed By: <i>Bary</i> Date: <u>11-4-09</u>	Authorized Inspector: <i>[Signature]</i> Date: <u>11/5/09</u>	

PZR Sampling Nozzle to Shell % of Coverage

Item No. : 01.B3.110.0006

Weld No. : WP26-4

Weld Coverage

<u>Scan</u>	<u>Angle</u>	<u>% Coverage Obtained</u>	
S1	35°, 45° & 60°	61.46	
S2	35°, 45° & 60°	0	
CW	35° & 45°	0	
CCW	35° & 45°	0	
	Total	61.46	
	61.46 ÷ 4 =	<u>15.4</u>	% Coverage

Base Material Coverage

S1	35°, 45° & 60°	67.2	
CW & CCW	45° & 35°	<u>42.4</u>	
	Total	109.6	
	109.6 ÷ 2 =	<u>54.8</u>	% Coverage

0° Scan Coverage = 33.9 % Coverage

Aggregate Coverage = Weld + Base Material + 0° ÷ 3

= 34.7 % Coverage

Inspector / Date : David K. Z 10/29/09

ATTACHMENT TO
REPORT UT-09-323
Page 1 of 6

Item No. : 01.B3.110.0006

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-4

Inspector/Date : Steven Dean 10/28/09

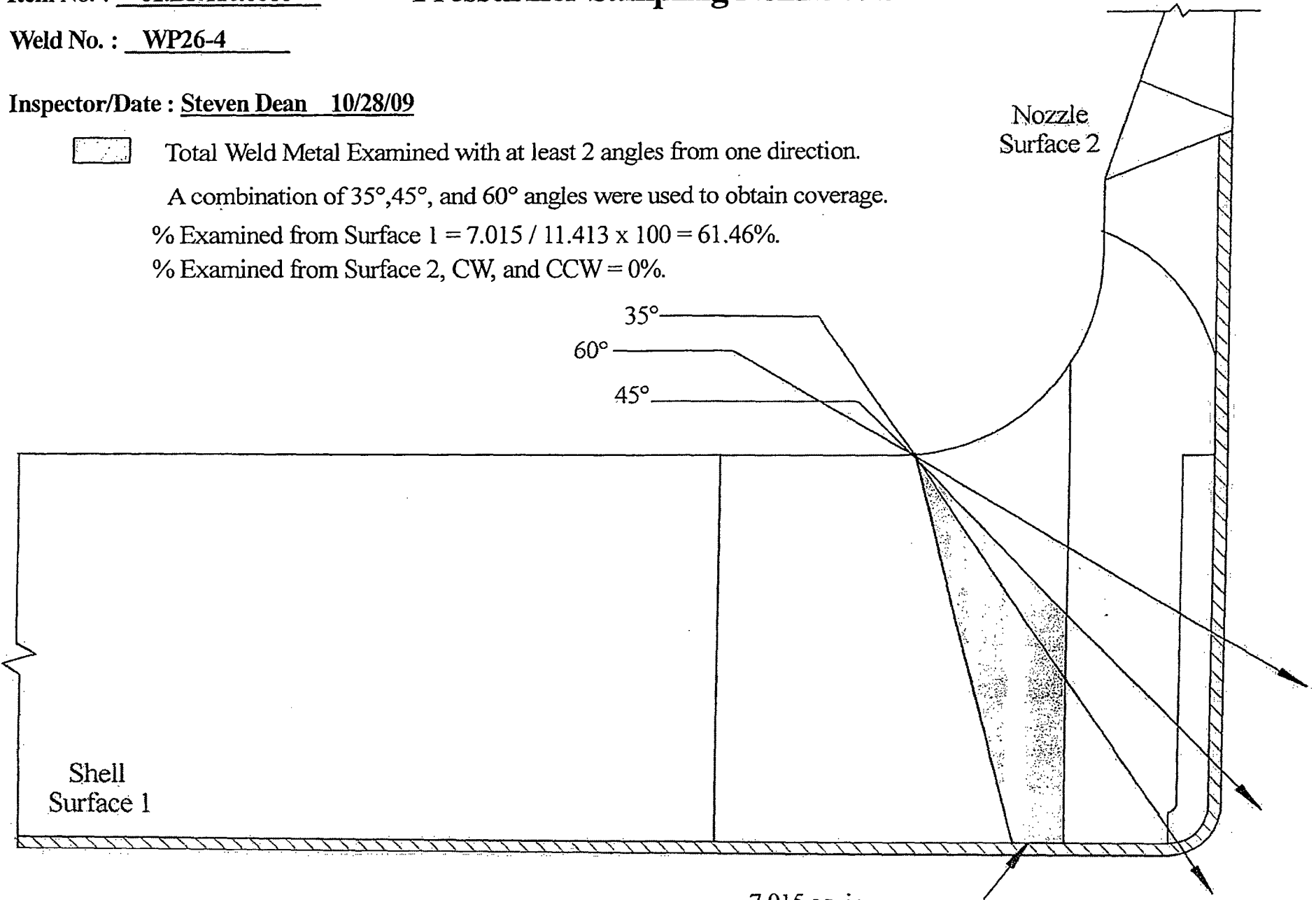


Total Weld Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

% Examined from Surface 1 = $7.015 / 11.413 \times 100 = 61.46\%$.

% Examined from Surface 2, CW, and CCW = 0%.



7.015 sq. in.

Item No. : 01.B3.110.0006

Pressurizer Sampling Nozzle to Shell

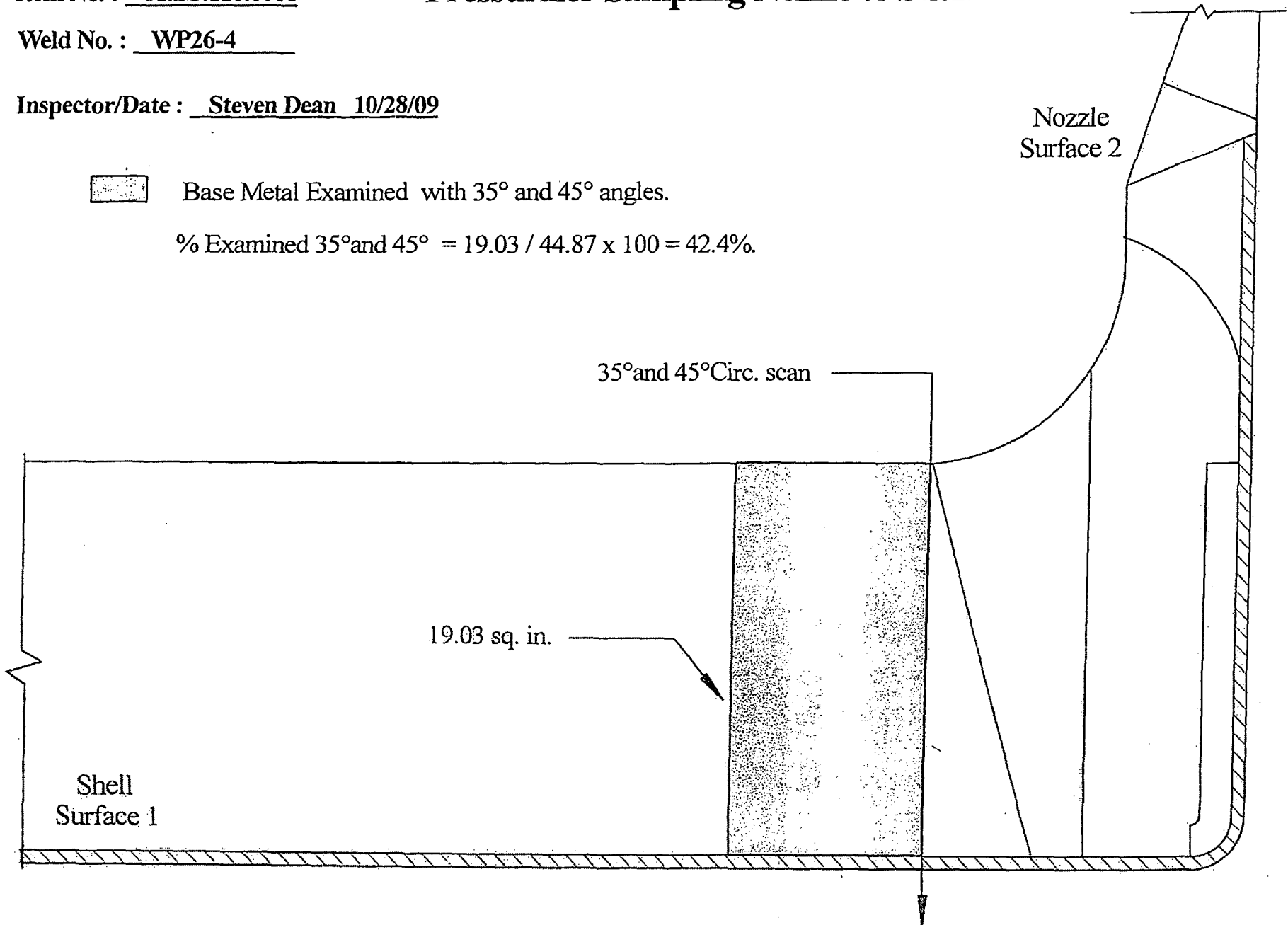
Weld No. : WP26-4

Inspector/Date : Steven Dean 10/28/09



Base Metal Examined with 35° and 45° angles.

$$\% \text{ Examined } 35^\circ \text{ and } 45^\circ = 19.03 / 44.87 \times 100 = 42.4\%$$



Item No. : 01.B3.110.0006

Pressurizer Sampling Nozzle to Shell

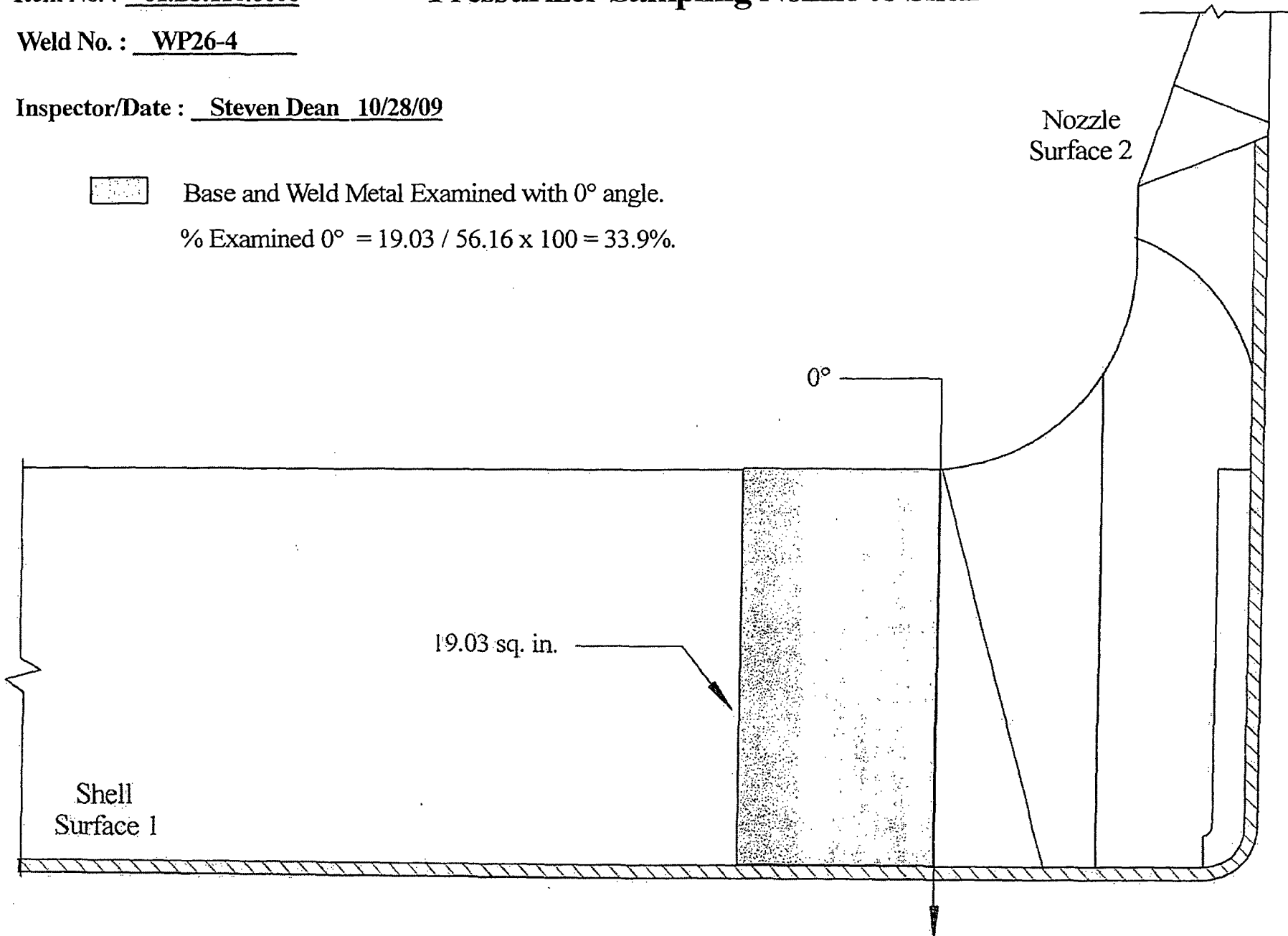
Weld No. : WP26-4

Inspector/Date : Steven Dean 10/28/09



Base and Weld Metal Examined with 0° angle.

% Examined 0° = $19.03 / 56.16 \times 100 = 33.9\%$.



Item No. : 01.B3.110.0006

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-4

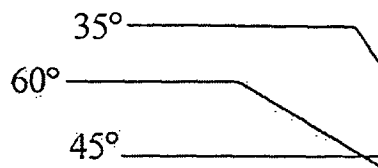
Inspector/Date : Steven Dean 10/28/09



Total Base Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

$$\% \text{ Examined} = (24.45 + 5.705) / 44.87 \times 100 = 67.2\%$$



24.45 sq. in.

5.705 sq. in.

Nozzle
Surface 2

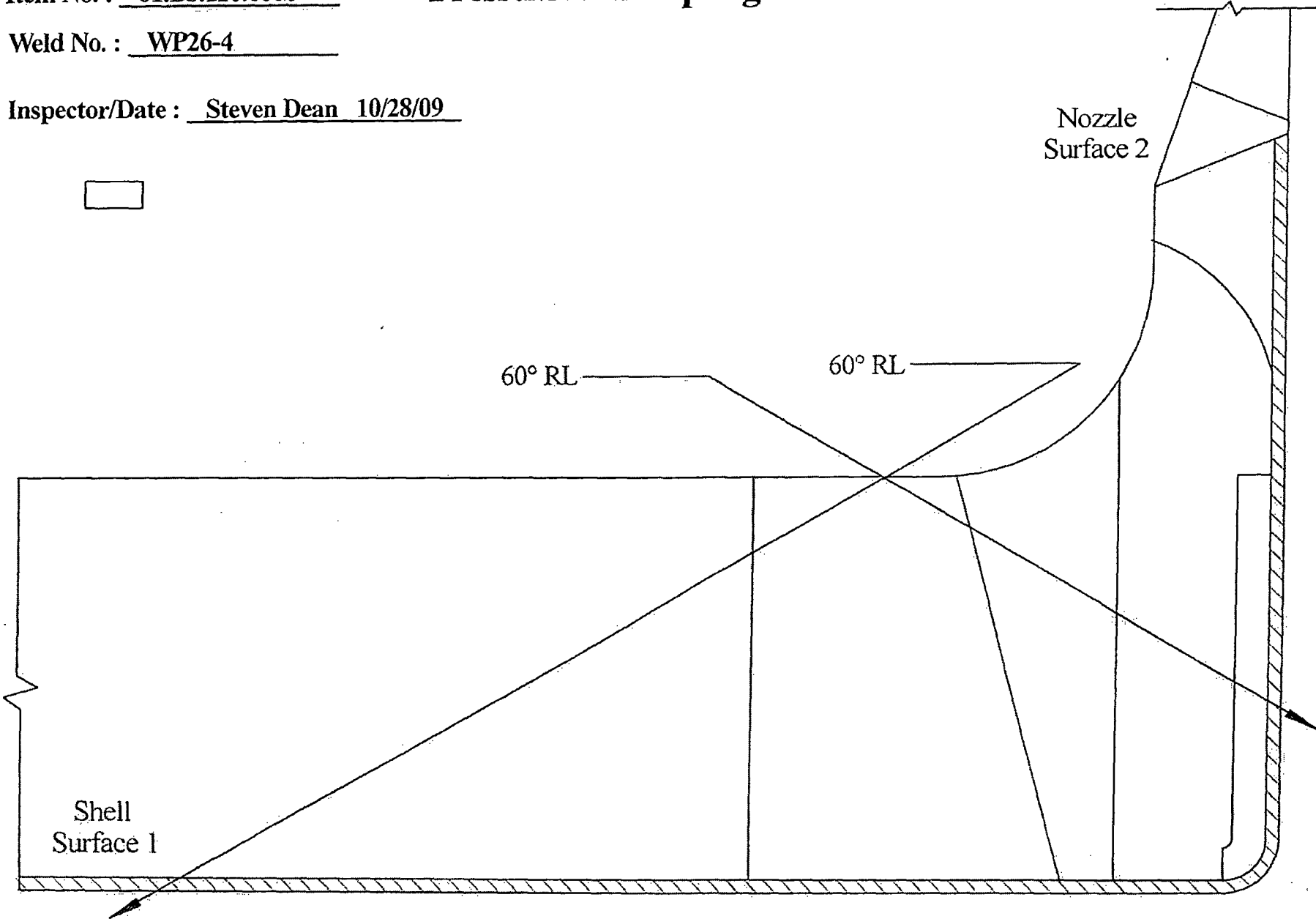
Shell
Surface 1

Item No. : 01.B3.110.0006

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-4

Inspector/Date : Steven Dean 10/28/09





UT Vessel Examination

Site/Unit: Oconee / 1 Procedure: NDE-820 Outage No.: 01-25
 Summary No.: 01.B3.110.0007 Procedure Rev.: 4 Report No.: UT-09-325
 Workscope: ISI Work Order No.: 01846474 Page: 1 of 2

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN1-002 Description: Nozzle to Shell
 System ID: 50
 Component ID: 1-PZR-WP26-5 Size/Length: N/A Thickness/Diameter: 6.187/5.75/CS
 Limitations: Due to nozzle configuration- see supplemental sheet Start Time: 0835 Finish Time: 1135

Examination Surface: Inside Outside Surface Condition: GROUND SMOOTH
 Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F
 Cal. Report No.: CAL-09-411, 412, 413 & 414

Angle Used	0	45	45T	60	60T	60RL
Scanning dB		57.8	57.8	71.8	71.8	72

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments: 35° - 57.8 db; 35T° - 57.8 db Additional Examiner - Dave Griebel, Level II, 10/28/09

Results: Accept Reject Info Additional Examiner - John C. Day, Level II, 10/28/09
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Hollis, Jacob	II-N	<i>Jacob R. Hollis</i>	10/28/2009	<i>John C. Day</i>		
Examiner	Level	Signature	Date	Site Review	Signature	Date
Dean, Steven	II-N	<i>Steve Dean</i>	10/28/2009	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A		10/28/2009	<i>[Signature]</i>		11/9/09

UT-09-325

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>1-PZR-WP26-5</u> Item No: <u>O1.B3.110.0007</u>		Remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>-1"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other * FROM <u>0</u> DEG to <u>360</u> DEG	*35 & 60RL angles nozzle configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob Hollis</u> <i>Jacob P. Hollis</i> Level: <u>II</u> Date: <u>10/28/09</u>	Sheet <u>2</u> of <u>2</u>	
Reviewed By: <i>Benny</i> Date: <u>11-4-09</u>	Authorized Inspector: <i>[Signature]</i> Date: <u>11/5/09</u>	

PZR Sampling Nozzle to Shell % of Coverage

Item No. : 01.B3.110.0007

Weld No. : WP26-5

Weld Coverage

<u>Scan</u>	<u>Angle</u>	<u>% Coverage Obtained</u>	
S1	35°, 45° & 60°	61.46	
S2	35°, 45° & 60°	0	
CW	35° & 45°	0	
CCW	35° & 45°	0	
	Total	61.46	
	$61.46 \div 4 =$	<u>15.4</u>	% Coverage

Base Material Coverage

S1	35°, 45° & 60°	67.2	
CW & CCW	45° & 35°	42.4	
	Total	109.6	
	$109.6 \div 2 =$	<u>54.8</u>	% Coverage

0° Scan Coverage = 33.9 % Coverage

Aggregate Coverage = Weld + Base Material + 0° ÷ 3

= 34.7 % Coverage

ATTACHMENT TO REPORT
UT-09-325

Inspector / Date : David C. Z 10/29/09

Page 1 of 6

Item No. : 01.B3.110.0007

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-5

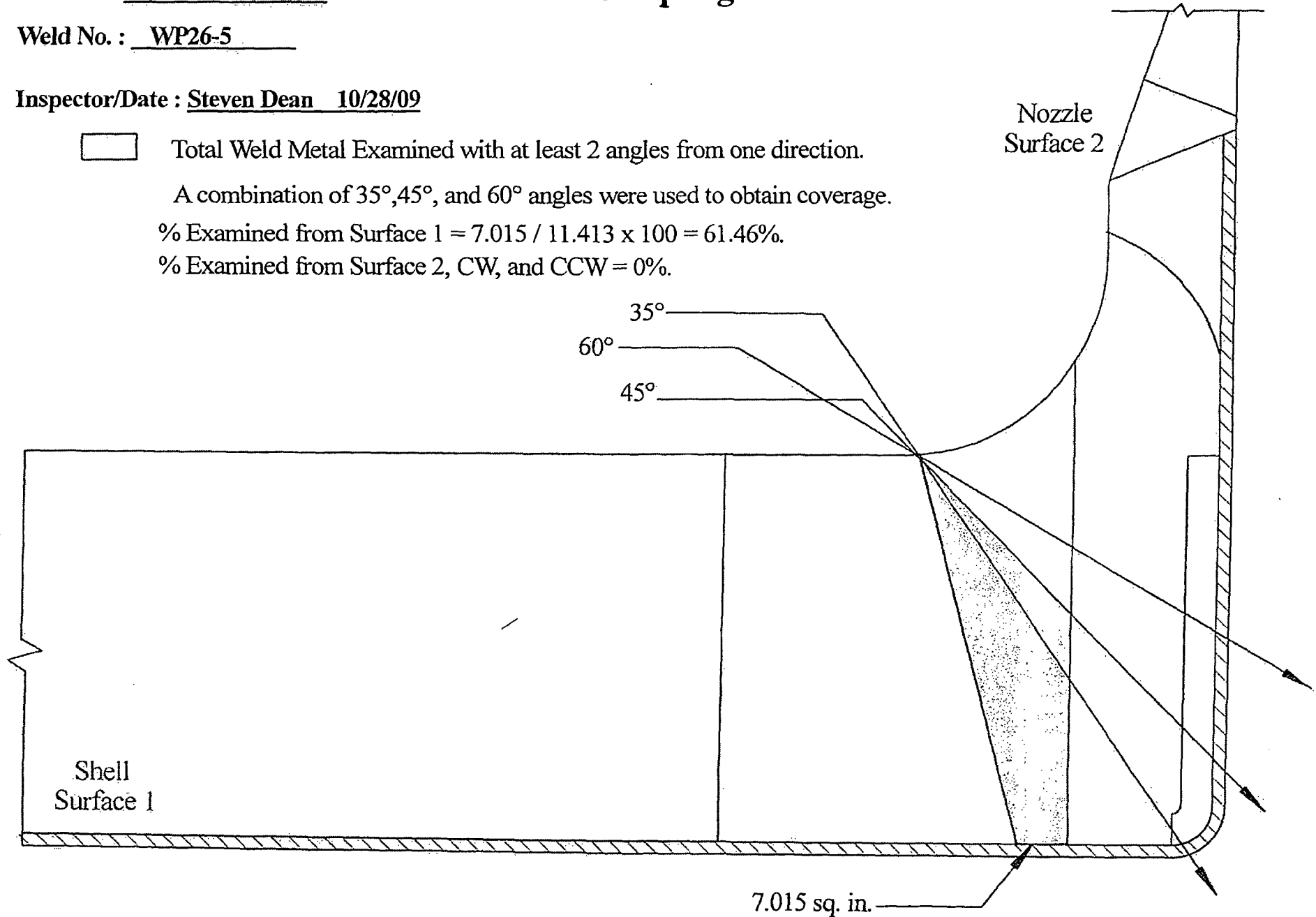
Inspector/Date : Steven Dean 10/28/09

Total Weld Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

% Examined from Surface 1 = $7.015 / 11.413 \times 100 = 61.46\%$.

% Examined from Surface 2, CW, and CCW = 0%.



Item No. : 01.B3.110.0007

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-5

Inspector/Date : Steven Dean 10/28/09

 Base Metal Examined with 35° and 45° angles.

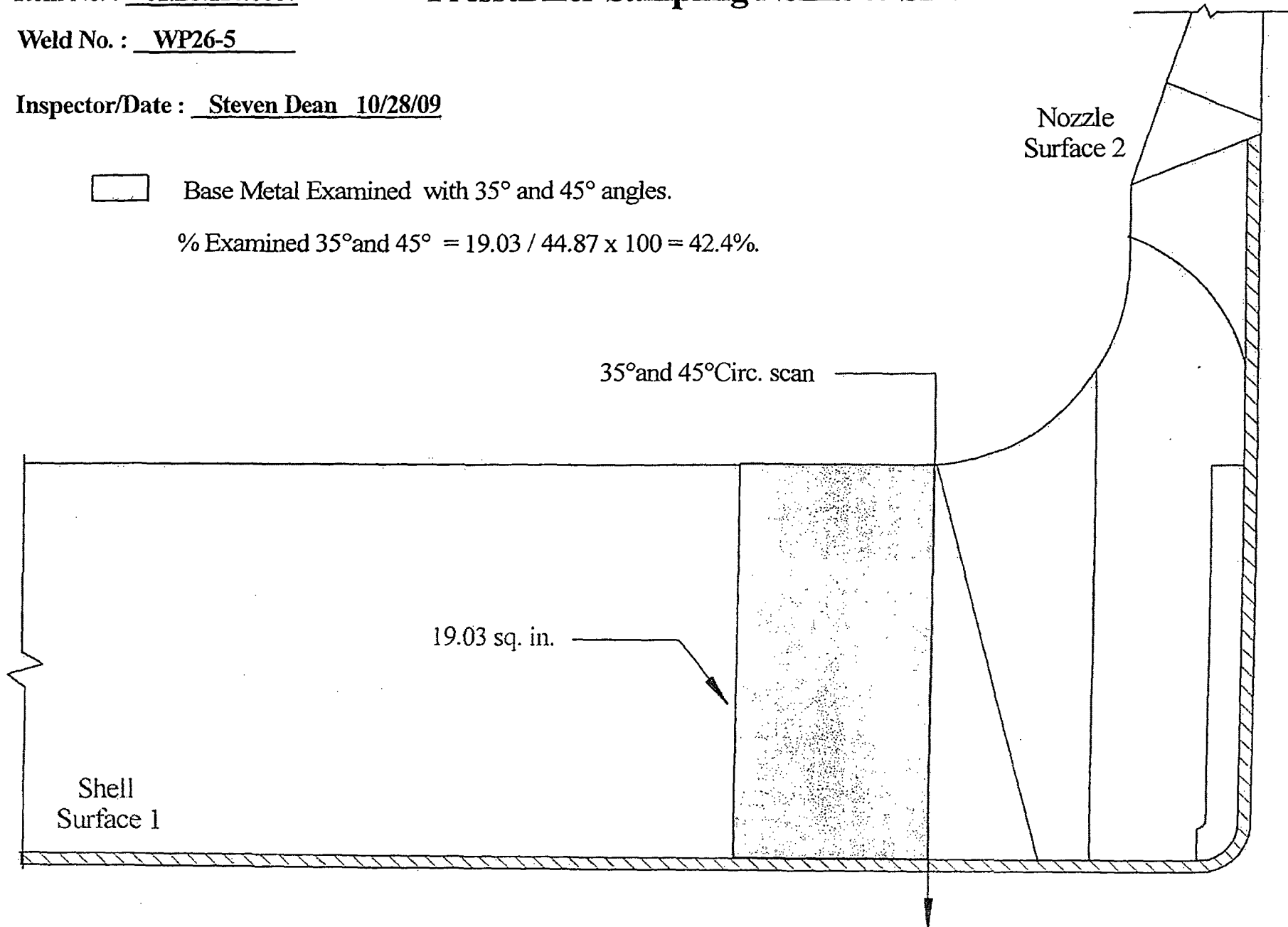
$\% \text{ Examined } 35^\circ \text{ and } 45^\circ = 19.03 / 44.87 \times 100 = 42.4\%$

35° and 45° Circ. scan

19.03 sq. in.

Nozzle
Surface 2

Shell
Surface 1




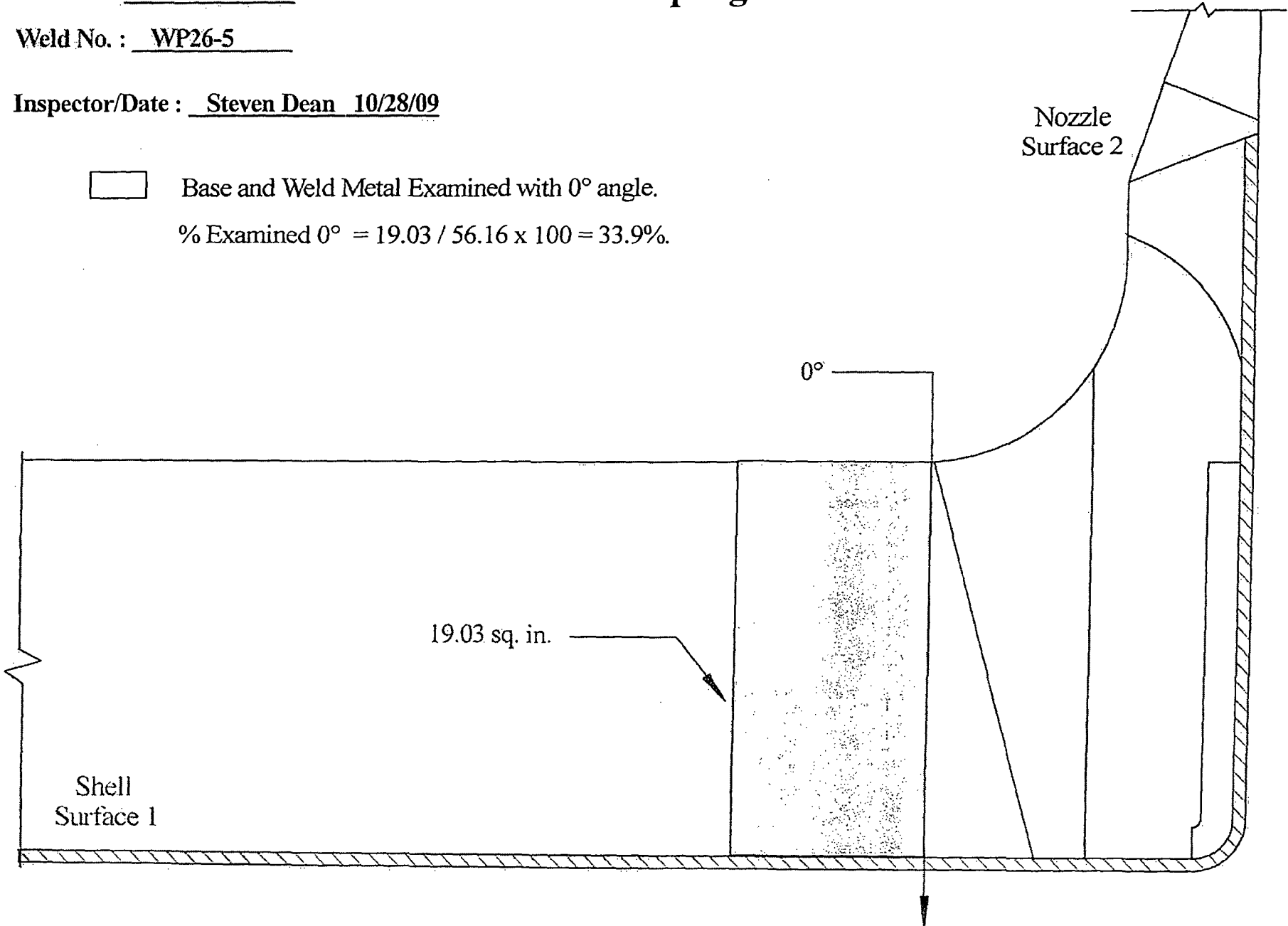
Item No. : 01.B3.110.0007

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-5

Inspector/Date : Steven Dean 10/28/09

 Base and Weld Metal Examined with 0° angle.
% Examined 0° = $19.03 / 56.16 \times 100 = 33.9\%$.



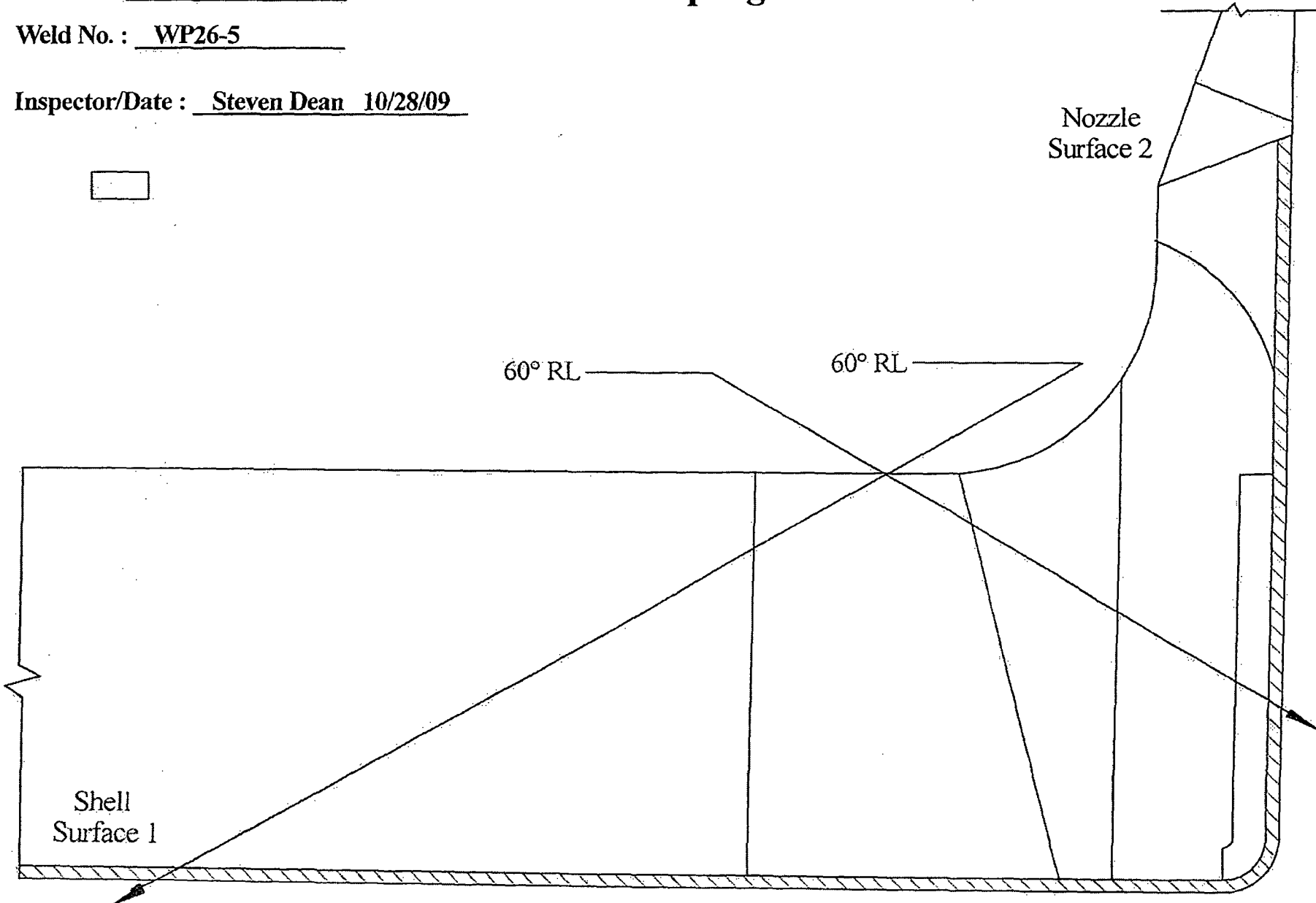
Item No. : 01.B3.110.0007

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
PAGE 16 OF 112

Weld No. : WP26-5

Inspector/Date : Steven Dean 10/28/09





UT Vessel Examination

Site/Unit: Oconee / 1 Procedure: NDE-820 Outage No.: O1-25
 Summary No.: O1.B3.110.0008 Procedure Rev.: 4 Report No.: UT-09-326
 Workscope: ISI Work Order No.: 01846474 Page: 1 of 2

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN1-002 Description: Nozzle to Shell
 System ID: 50
 Component ID: 1-PZR-WP26-6 Size/Length: N/A Thickness/Diameter: 6.187/5.75/CS
 Limitations: Due to nozzle configuration- see supplemental sheet Start Time: 0835 Finish Time: 1135

Examination Surface: Inside Outside Surface Condition: GROUND SMOOTH
 Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F
 Cal. Report No.: CAL-09-411, 412, 413 & 414

Angle Used	0	45	45T	60	60T	60RL
Scanning dB		57.6	57.6	71.8	71.8	72

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments: 35° - 57.8 db; 35T° - 57.8 db
 Additional Examiner - Dave Griebel, Level II, 10/28/09

Results: Accept Reject Info Additional Examiner - John C. Day, Level II, 10/28/09
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewed	Signature	Date
Hollis, Jacob			<i>Jacob R. Hollis</i>	10/28/2009	<i>John C. Day</i>		
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Dean, Steven			<i>Steven Dean</i>	10/28/2009	N/A		
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A				10/28/2009	<i>John C. Day</i>		11/9/09

UT-09-326

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>1-PZR-WP26-6</u> Item No: <u>01.B3.110.0008</u>		Remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>-1"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other * _____ FROM <u>0</u> DEG to <u>360</u> DEG	*35 & 60RL angles nozzle configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob Hollis</u> <i>Jacob P. Hollis</i> Level: <u>II</u> Date: <u>10/28/09</u>	Reviewed By: <u>Barry</u> <i>Barry</i> Date: <u>11-4-09</u>	Sheet <u>2</u> of <u>2</u> Authorized Inspector: <i>[Signature]</i> Date: <u>11/5/09</u>

PZR Sampling Nozzle to Shell % of Coverage

Item No. : 01.B3.110.0008

Weld No. : WP26-6

Weld Coverage

<u>Scan</u>	<u>Angle</u>	<u>% Coverage Obtained</u>
S1	35°,45° & 60°	61.46
S2	35°,45° & 60°	0
CW	35° & 45°	0
CCW	35° & 45°	<u>0</u>
	Total	61.46

$61.46 \div 4 =$ 15.4 % Coverage

Base Material Coverage

S1	35°,45° & 60°	67.2
CW & CCW	45°&35°	<u>42.4</u>
	Total	109.6

$109.6 \div 2 =$ 54.8 % Coverage

0° Scan Coverage = 33.9 % Coverage

Aggregate Coverage = Weld + Base Material + 0° ÷ 3

= 34.7 % Coverage

ATTACHMENT TO REPORT
UT-09-326

Inspector / Date : David K. Z - 10/29/09


Page 1 of 6

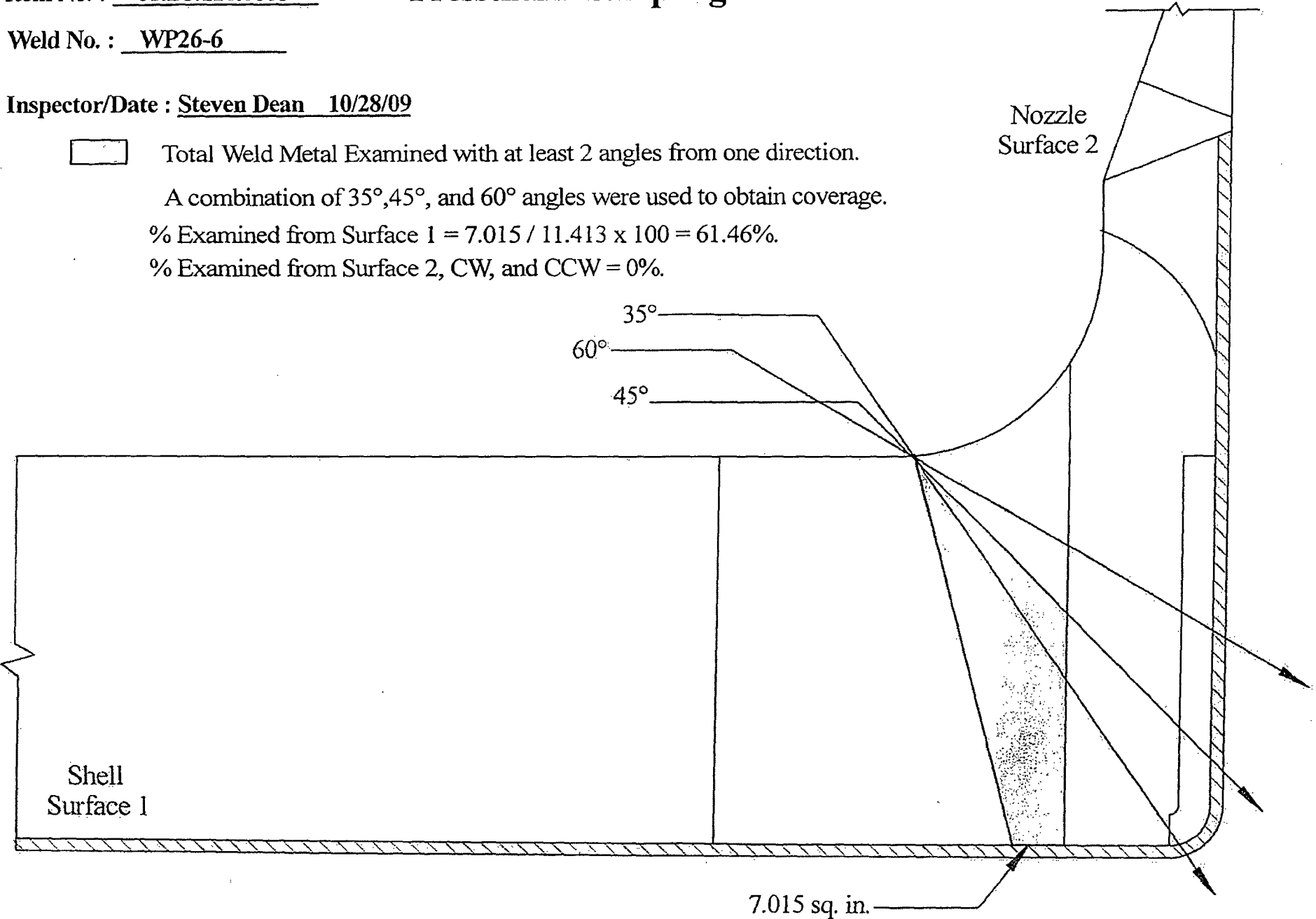
Item No. : 01.B3.110.0008

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-6

Inspector/Date : Steven Dean 10/28/09

 Total Weld Metal Examined with at least 2 angles from one direction.
A combination of 35°, 45°, and 60° angles were used to obtain coverage.
% Examined from Surface 1 = $7.015 / 11.413 \times 100 = 61.46\%$.
% Examined from Surface 2, CW, and CCW = 0%.




Item No. : 01.B3.110.0008

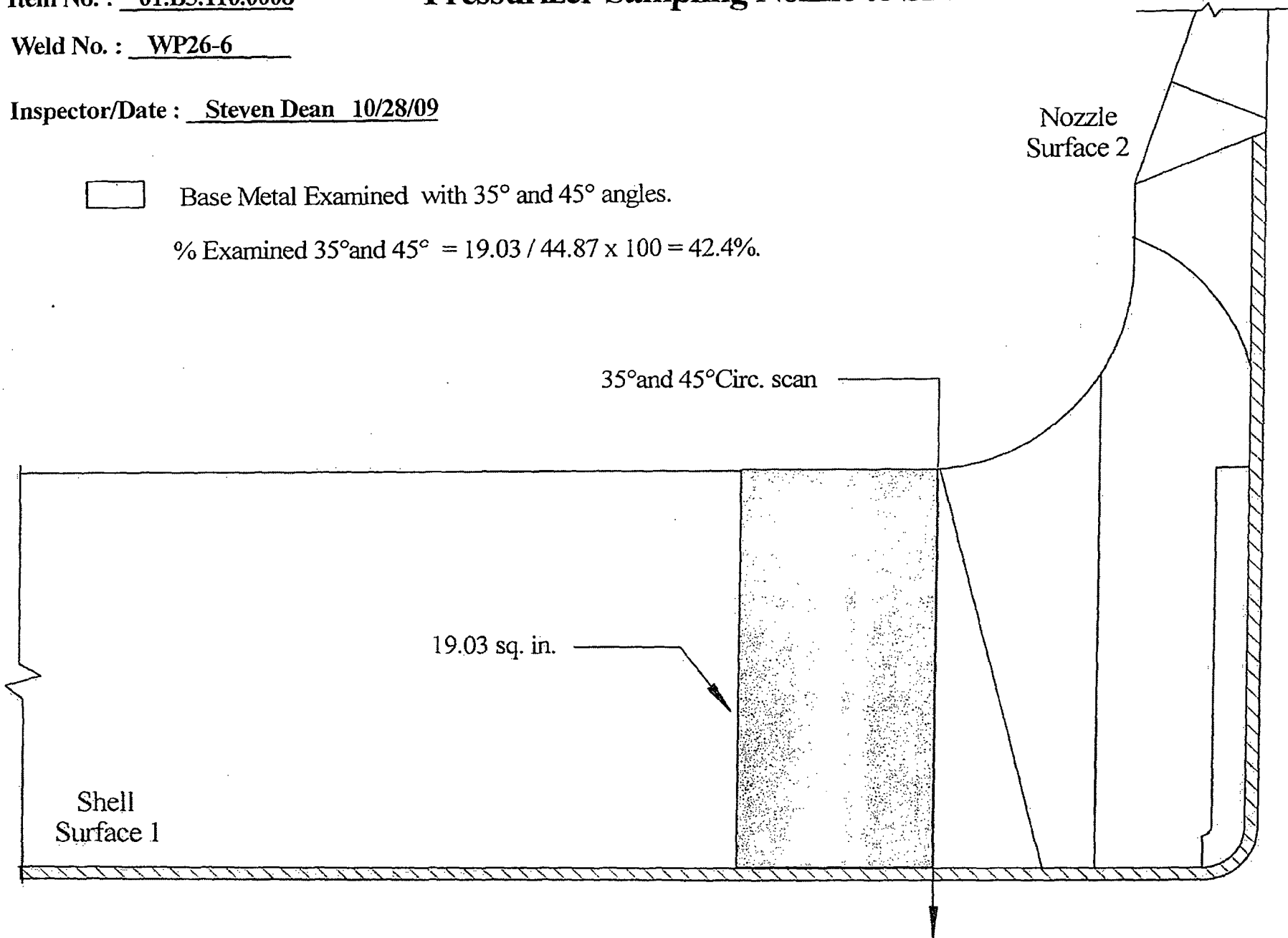
Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-6

Inspector/Date : Steven Dean 10/28/09

 Base Metal Examined with 35° and 45° angles.

$\% \text{ Examined } 35^\circ \text{ and } 45^\circ = 19.03 / 44.87 \times 100 = 42.4\%$



Item No. : 01.B3.110.0008

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
PAGE 22 OF 112

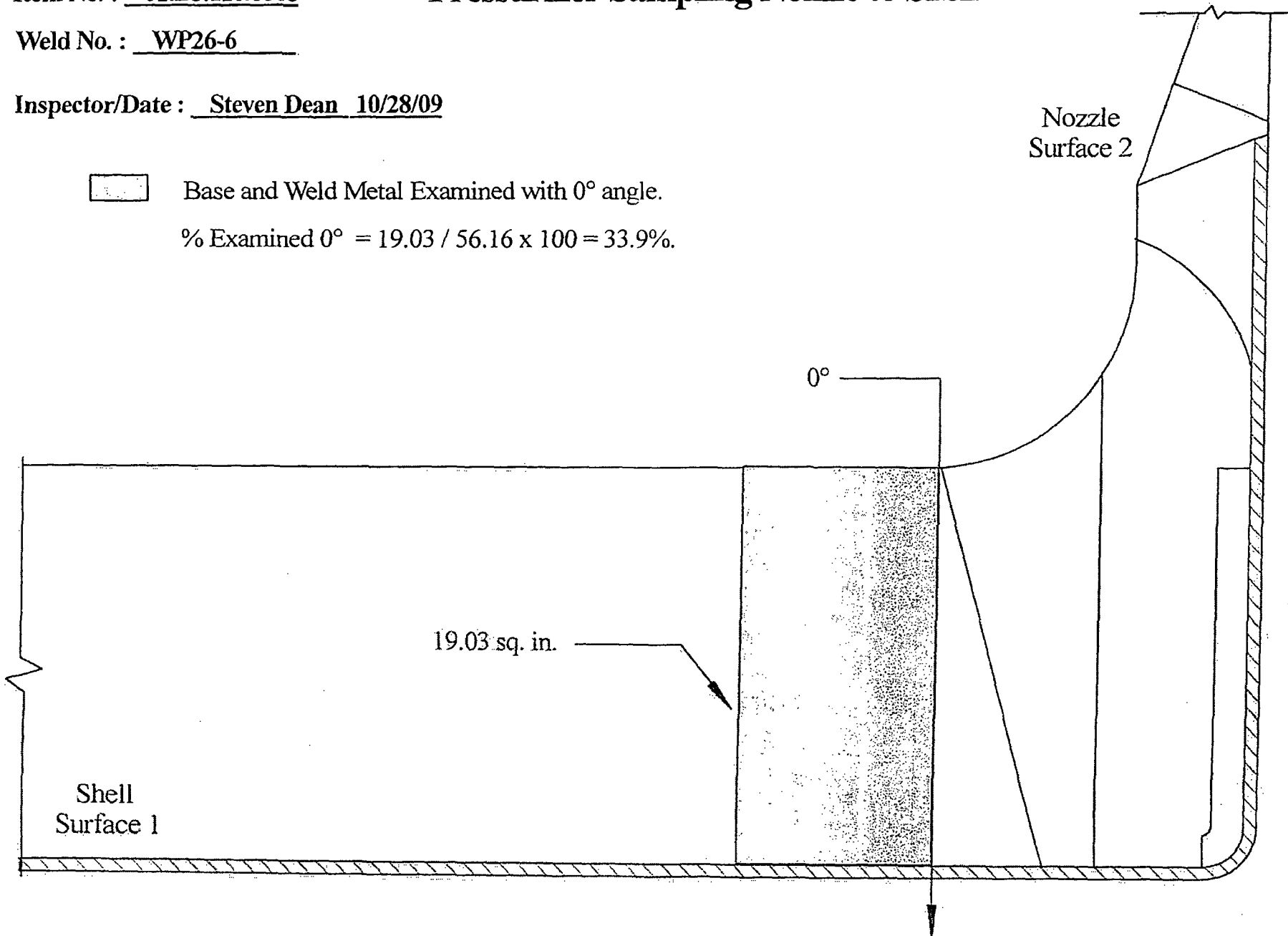
Weld No. : WP26-6

Inspector/Date : Steven Dean 10/28/09



Base and Weld Metal Examined with 0° angle.

% Examined 0° = $19.03 / 56.16 \times 100 = 33.9\%$.




ATTACHMENT TO UT-09-326 PAGE 4066

Item No. : 01.B3.110.0008

Pressurizer Sampling Nozzle to Shell

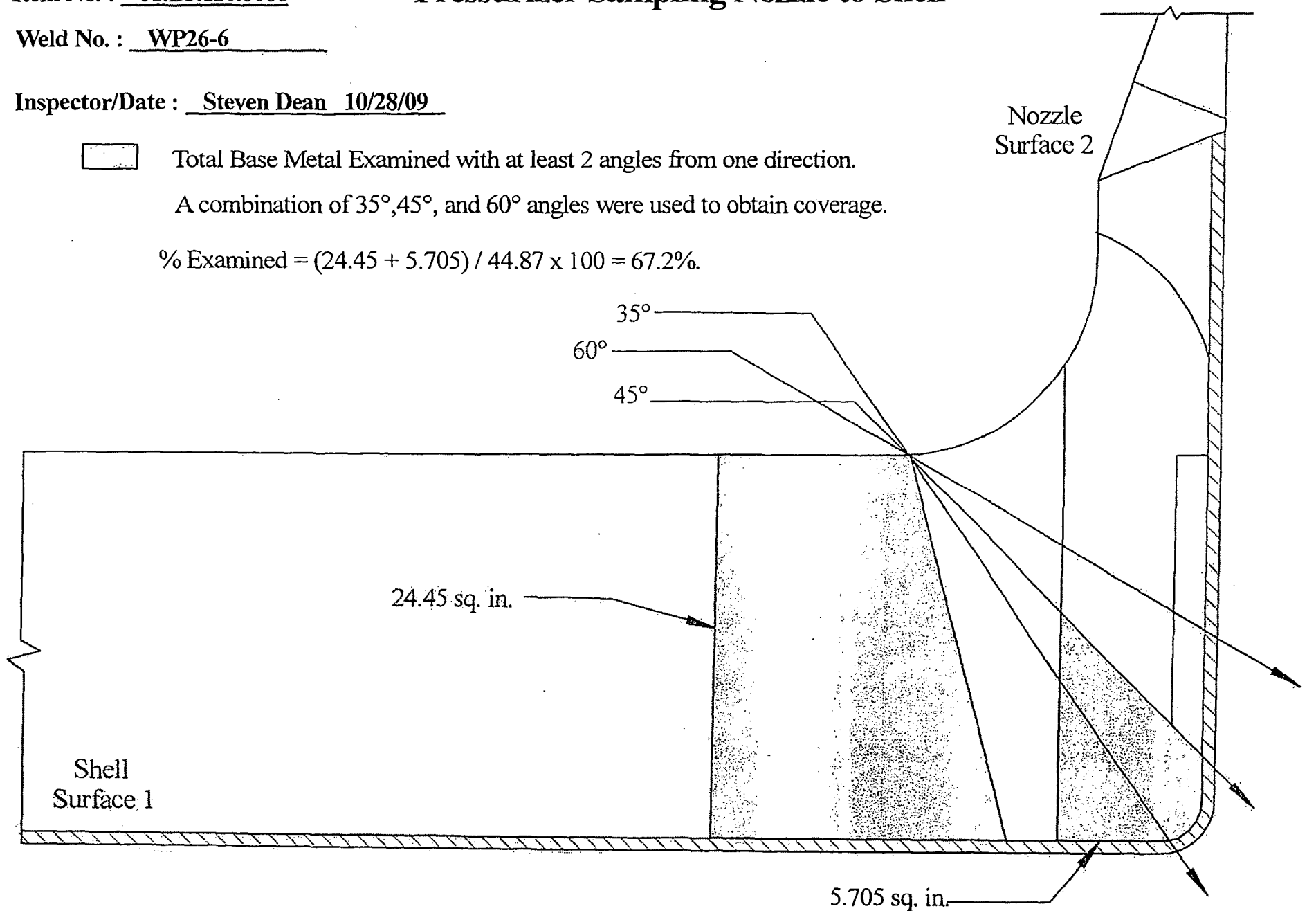
Weld No. : WP26-6

Inspector/Date : Steven Dean 10/28/09

 Total Base Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

$$\% \text{ Examined} = (24.45 + 5.705) / 44.87 \times 100 = 67.2\%$$



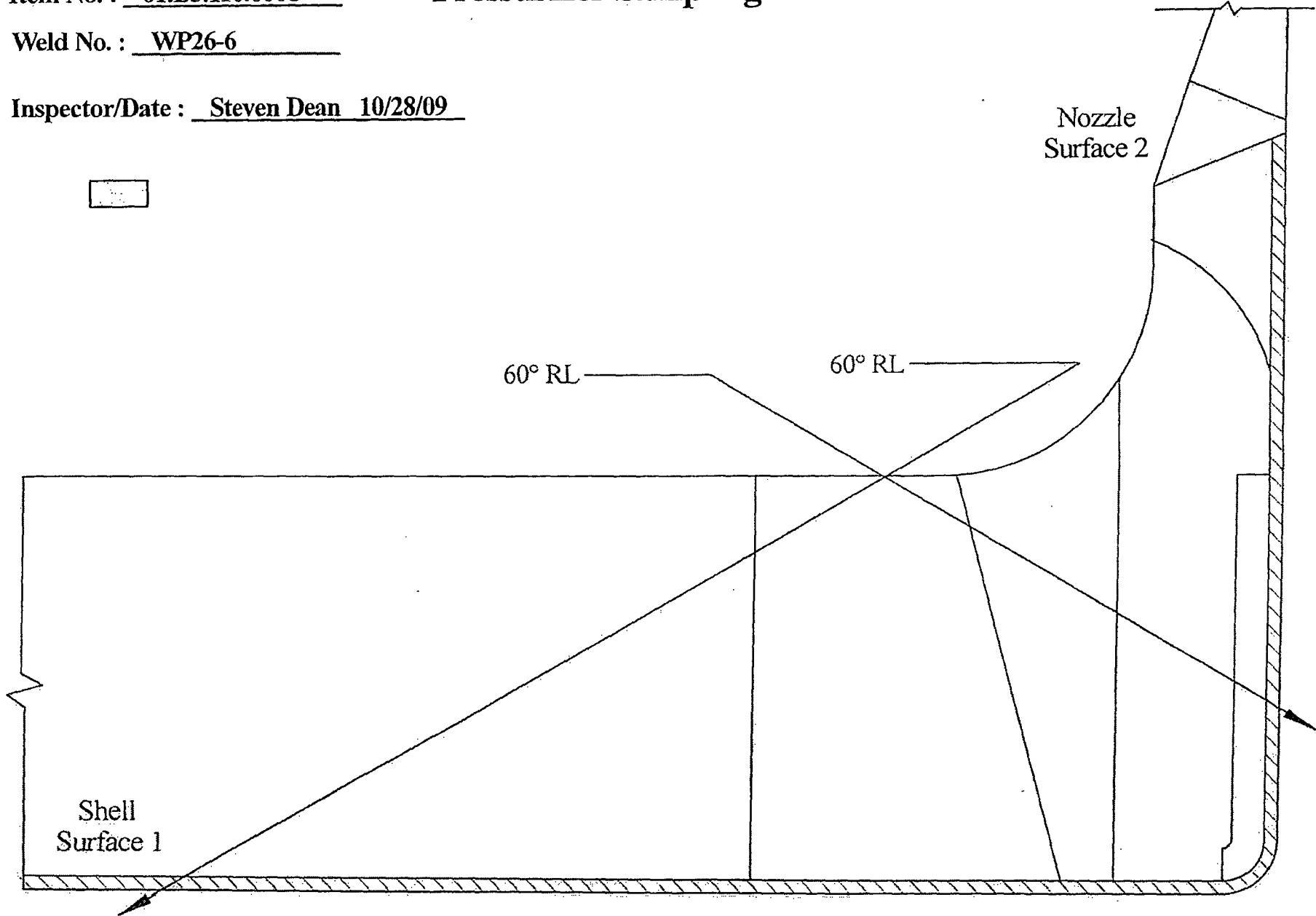
Item No. : 01.B3.110.0008

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
PAGE 24 OF 112

Weld No. : WP26-6

Inspector/Date : Steven Dean 10/28/09





UT Vessel Examination

Site/Unit: Oconee / 1
 Summary No.: O1.B3.110.0009
 Workscope: ISI

Procedure: NDE-820
 Procedure Rev.: 4
 Work Order No.: 01846474

Outage No.: 01-25
 Report No.: UT-09-327
 Page: 1 of 2

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN1-002 Description: Nozzle to Shell
 System ID: 50
 Component ID: 1-PZR-WP26-1 Size/Length: N/A Thickness/Diameter: 6.187/5.75/CS
 Limitations: Due to nozzle configuration, see supplemental sheet Start Time: 0835 Finish Time: 1135

Examination Surface: Inside Outside Surface Condition: GROUND SMOOTH
 Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F

Cal. Report No.: CAL-09-411, 412, 413 & 414

Angle Used	0	45	45T	60	60T	60RL
Scanning dB		57.6	57.6	71.8	71.8	72

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments: 35° - 57.8 db; 35T° - 57.8 db
 Additional Examiner - Dave Griebel, Level II, 10/28/09

Results: Accept Reject Info Additional Examiner - John C. Day, Level II, 10/28/09

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Hollis, Jacob	II-N	<i>Jacob R. Hollis</i>	10/28/2009	<i>John C. Day</i>		11-9-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Dean, Steven	II-N	<i>Steven Dean</i>	10/28/2009	N/A		
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A		10/28/2009	<i>John C. Day</i>		11/9/09

DUKE POWER COMPANY ISI LIMITATION REPORT

UT-09-327

Component/Weld ID: <u>1-PZR-WP26-1</u> Item No: <u>01.B3.110.0009</u>		Remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>-1"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other * _____ FROM <u>0</u> DEG to <u>360</u> DEG	*35 & 60RL angles nozzle configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob Hollis</u> <u>Jacob R. Hollis</u> Level: <u>II</u> Date: <u>10/28/09</u>	Sheet <u>2</u> <u>2</u>	
Reviewed By: <u>Bang</u> Date: <u>11-4-09</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>11/5/09</u>	

PZR Sampling Nozzle to Shell % of Coverage

Item No. : 01.B3.110.0009

Weld No. : WP26-1

Weld Coverage

<u>Scan</u>	<u>Angle</u>	<u>% Coverage Obtained</u>
S1	35°,45° & 60°	61.46
S2	35°,45° & 60°	0
CW	35° & 45°	0
CCW	35° & 45°	0
Total		61.46

$61.46 \div 4 =$ 15.4 % Coverage

Base Material Coverage

S1	35°,45° & 60°	67.2
CW & CCW	45°&35°	42.4
Total		109.6

$109.6 \div 2 =$ 54.8 % Coverage

0° Scan Coverage = 33.9 % Coverage

Aggregate Coverage = Weld + Base Material + 0° ÷ 3

= 34.7 % Coverage

ATTACHMENT TO REPORT
JT-09-327

Inspector / Date : David [Signature] 10/29/09

Page 1 of 6

Item No. : 01.B3.110.0009

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-1

Inspector/Date : Steven Dean 10/28/09

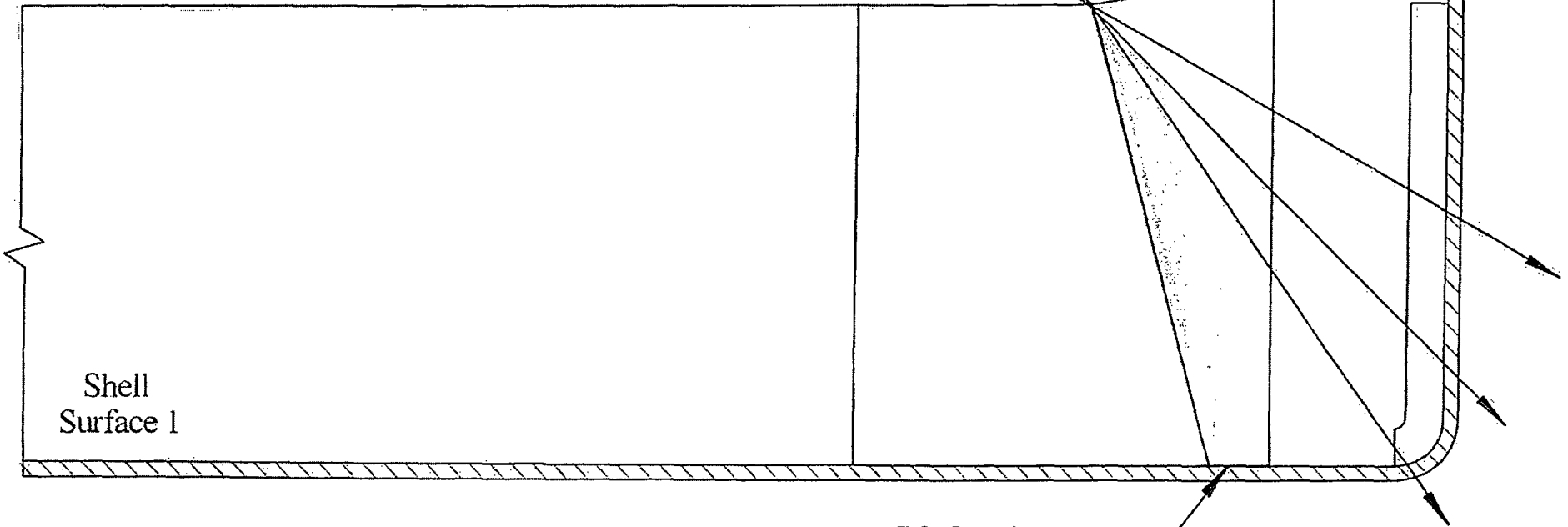
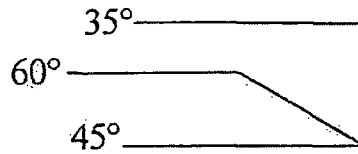


Total Weld Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

% Examined from Surface 1 = $7.015 / 11.413 \times 100 = 61.46\%$.

% Examined from Surface 2, CW, and CCW = 0%.




7.015 sq. in.

Item No. : 01.B3.110.0009

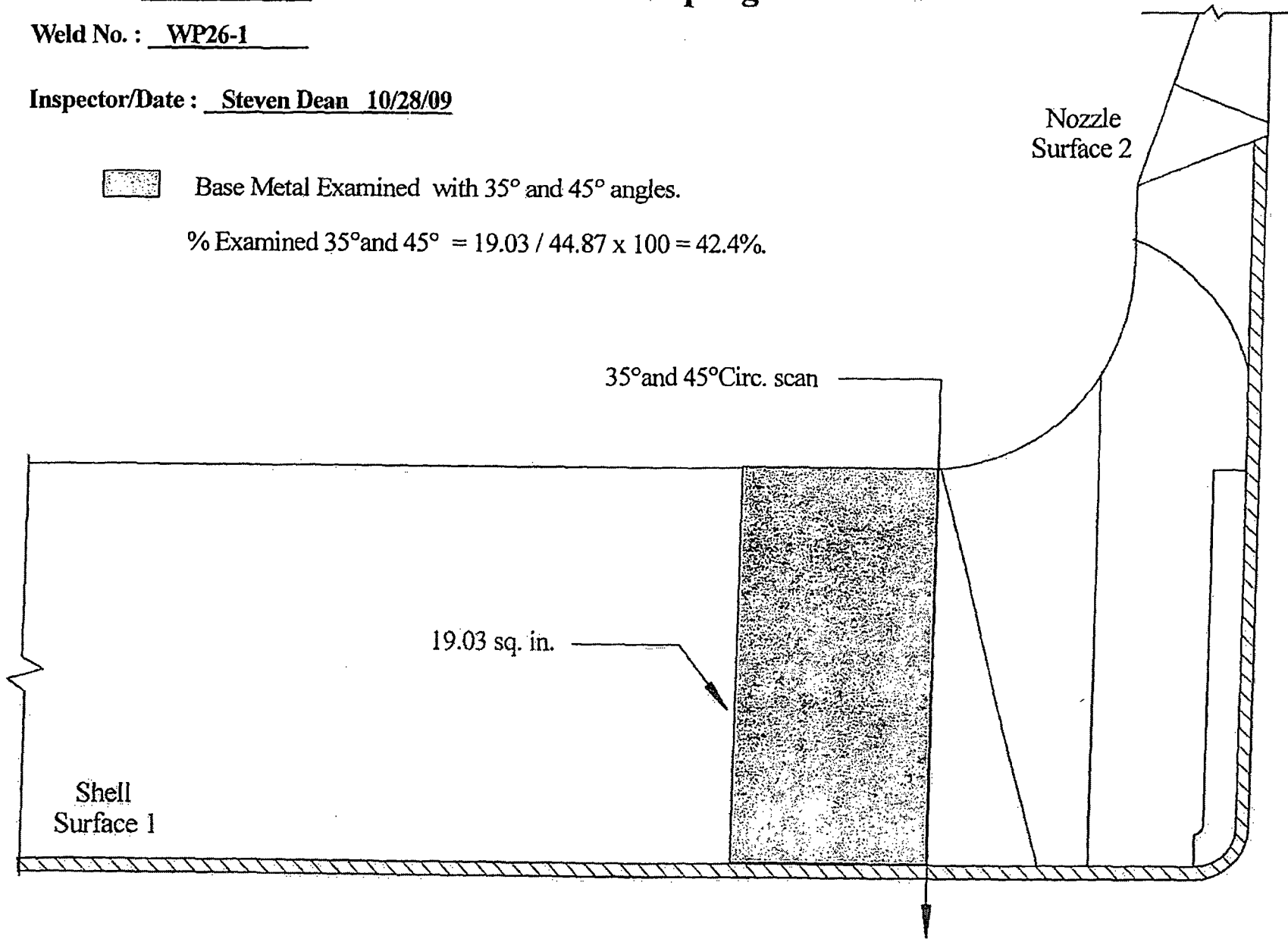
Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-1

Inspector/Date : Steven Dean 10/28/09

 Base Metal Examined with 35° and 45° angles.

% Examined 35° and 45° = $19.03 / 44.87 \times 100 = 42.4\%$.




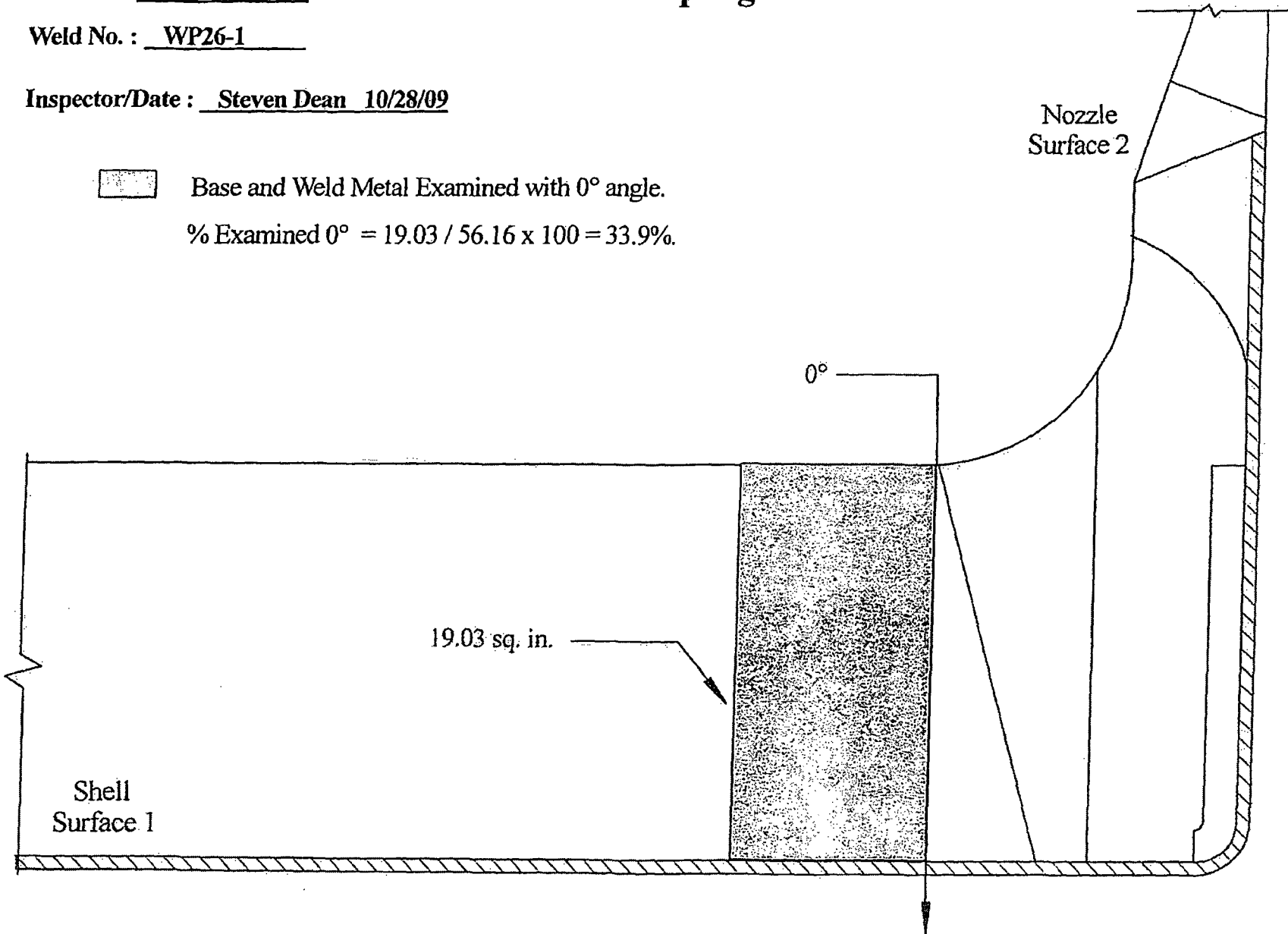
Item No. : 01.B3.110.0009

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-1

Inspector/Date : Steven Dean 10/28/09

 Base and Weld Metal Examined with 0° angle.
% Examined 0° = $19.03 / 56.16 \times 100 = 33.9\%$.




Item No. : 01.B3.110.0009

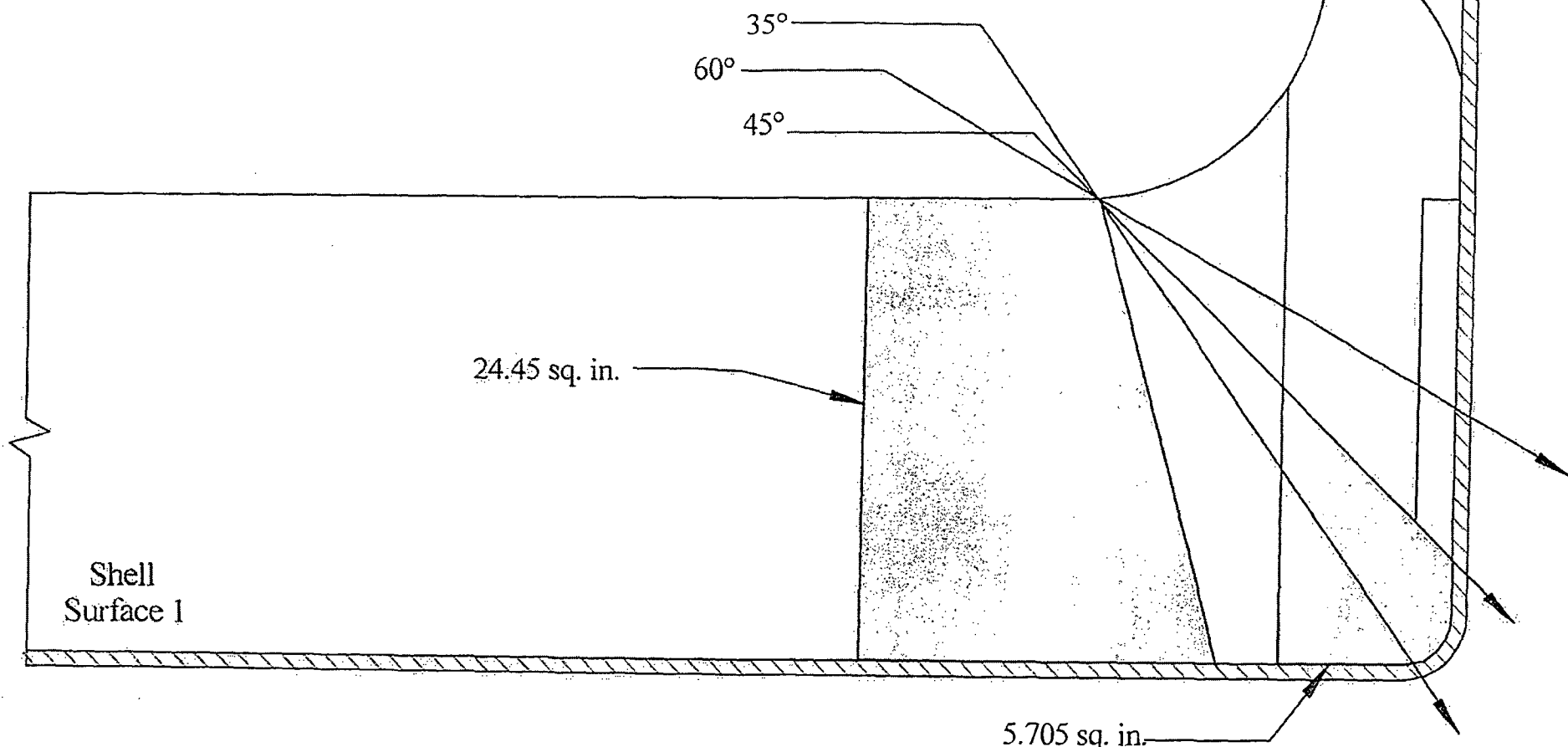
Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-1

Inspector/Date : Steven Dean 10/28/09

 Total Base Metal Examined with at least 2 angles from one direction.
A combination of 35°, 45°, and 60° angles were used to obtain coverage.

$$\% \text{ Examined} = (24.45 + 5.705) / 44.87 \times 100 = 67.2\%$$



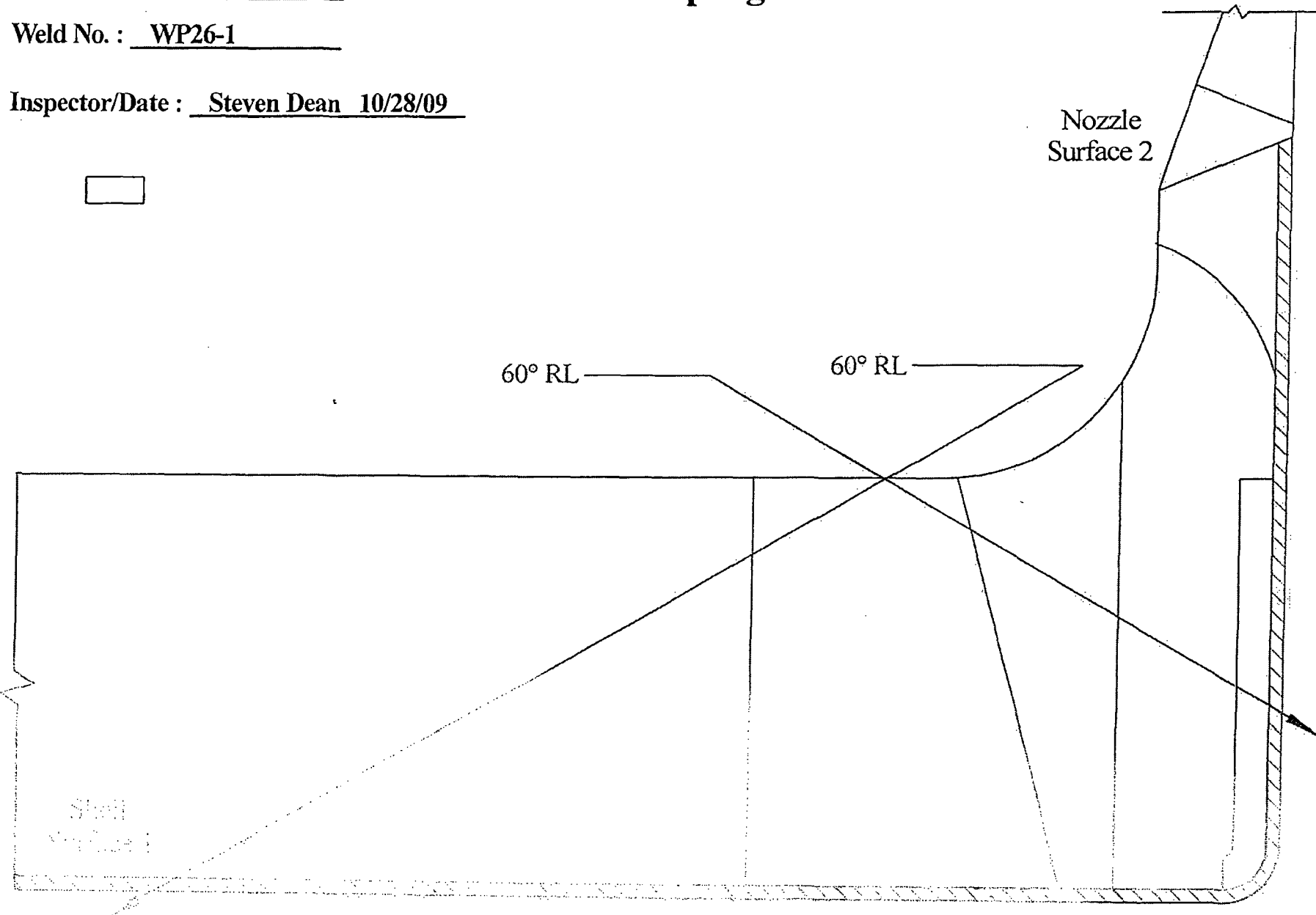
Item No. : 01.B3.110.0009

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
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Weld No. : WP26-1

Inspector/Date : Steven Dean 10/28/09





UT Vessel Examination

Site/Unit: Oconee / 1 Procedure: NDE-820 Outage No.: O1-25
 Summary No.: O1.B3.110.0010 Procedure Rev.: 4 Report No.: UT-09-324
 Workscope: ISI Work Order No.: 01846474 Page: 1 of 2

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN1-002 Description: Nozzle to Shell
 System ID: 50
 Component ID: 1-PZR-WP26-2 Size/Length: N/A Thickness/Diameter: 6.187/5.75/CS
 Limitations: Due to nozzle configuration- see supplemental sheet Start Time: 0835 Finish Time: 1135

Examination Surface: Inside Outside Surface Condition: GROUND SMOOTH
 Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F

Cal. Report No.: CAL-09-411, 412, 413 & 414

Angle Used	0	45	45T	60	60T	60RL
Scanning dB		57.6	57.6	71.8	71.8	72

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments: 35° - 57.8 db; 35T° - 57.8 db
 Additional Examiner - Dave Griebel, Level II, 10/28/09

Results: Accept Reject Info Additional Examiner - John C. Day, Level II, 10/28/09
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Hollis, Jacob			<i>Jacob E. Hollis</i>	10/28/2009	<i>John C. Day</i>		
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Dean, Steven			<i>Steven Dean</i>	10/28/2009	N/A		11-9-09
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		11/9/09

DUKE POWER COMPANY

ISI LIMITATION REPORT

UT-09-324

Component/Weld ID: <u>1-PZR-WP26-2</u> Item No: <u>01.B3.110.0010</u>		Remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>-1"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>*</u> FROM <u>0</u> DEG to <u>360</u> DEG	*35 & 60RL angles nozzle configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob Hollis</u> <u>Jacob P. Hollis</u> Level: <u>II</u> Date: <u>10/28/09</u>	Sheet <u>2</u> of <u>2</u>	
Reviewed By: <u>Ben M</u> Date: <u>11-4-09</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>11/5/09</u>

PZR Sampling Nozzle to Shell % of Coverage

Item No. : 01.B3.110.0010

Weld No. : WP26-2

Weld Coverage

<u>Scan</u>	<u>Angle</u>	<u>% Coverage Obtained</u>	
S1	35°,45° & 60°	61.46	
S2	35°,45° & 60°	0	
CW	35° & 45°	0	
CCW	35° & 45°	<u>0</u>	
	Total	61.46	
	$61.46 \div 4 =$	<u>15.4</u>	% Coverage

Base Material Coverage

S1	35°,45° & 60°	67.2	
CW & CCW	45°&35°	<u>42.4</u>	
	Total	109.6	
	$109.6 \div 2 =$	<u>54.8</u>	% Coverage

0° Scan Coverage = 33.9 % Coverage

Aggregate Coverage = Weld + Base Material + 0° ÷ 3

= 34.7 % Coverage

Inspector / Date : David K. Z 10/29/09

ATTACHMENT TO REPORT
UT-09-324


Page 1 of 6

Item No. : 01.B3.110.0010

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-2

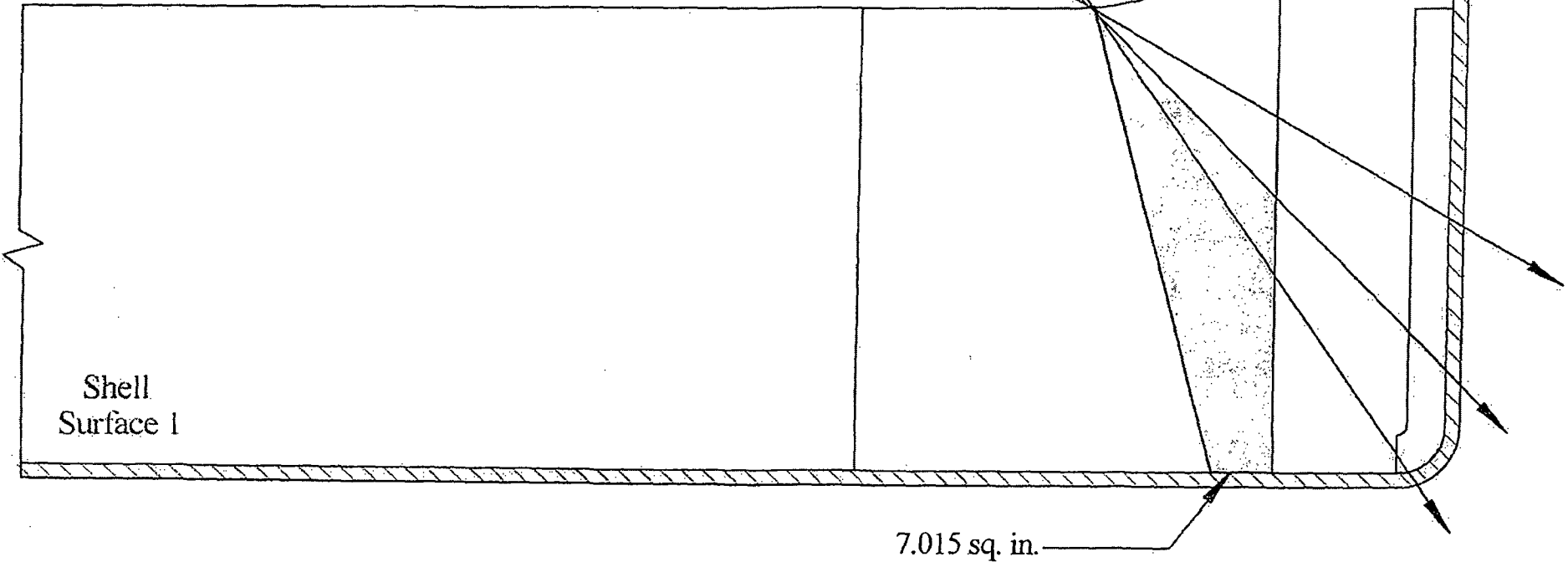
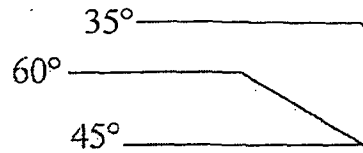
Inspector/Date : Steven Dean 10/28/09

 Total Weld Metal Examined with at least 2 angles from one direction.

A combination of 35°, 45°, and 60° angles were used to obtain coverage.

% Examined from Surface 1 = $7.015 / 11.413 \times 100 = 61.46\%$.

% Examined from Surface 2, CW, and CCW = 0%.




Item No. : 01.B3.110.0010

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
PAGE 37 OF 112

Weld No. : WP26-2

Inspector/Date : Steven Dean 10/28/09

 Base Metal Examined with 35° and 45° angles.

% Examined 35° and 45° = $19.03 / 44.87 \times 100 = 42.4\%$.

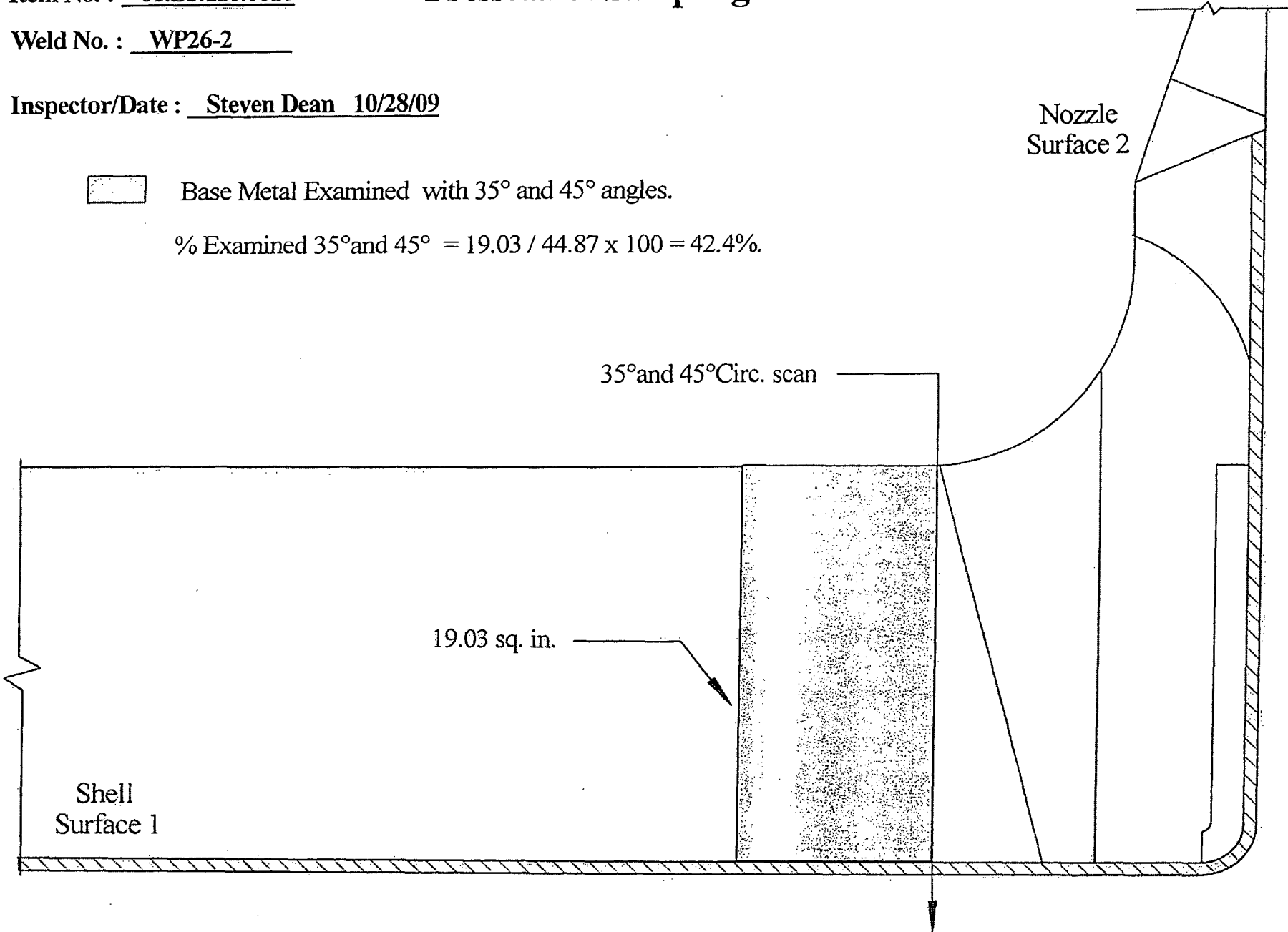
35° and 45° Circ. scan

19.03 sq. in.

Nozzle
Surface 2

Shell
Surface 1

ATTACHMENT TO UT-09-324 PAGE 30 OF 6




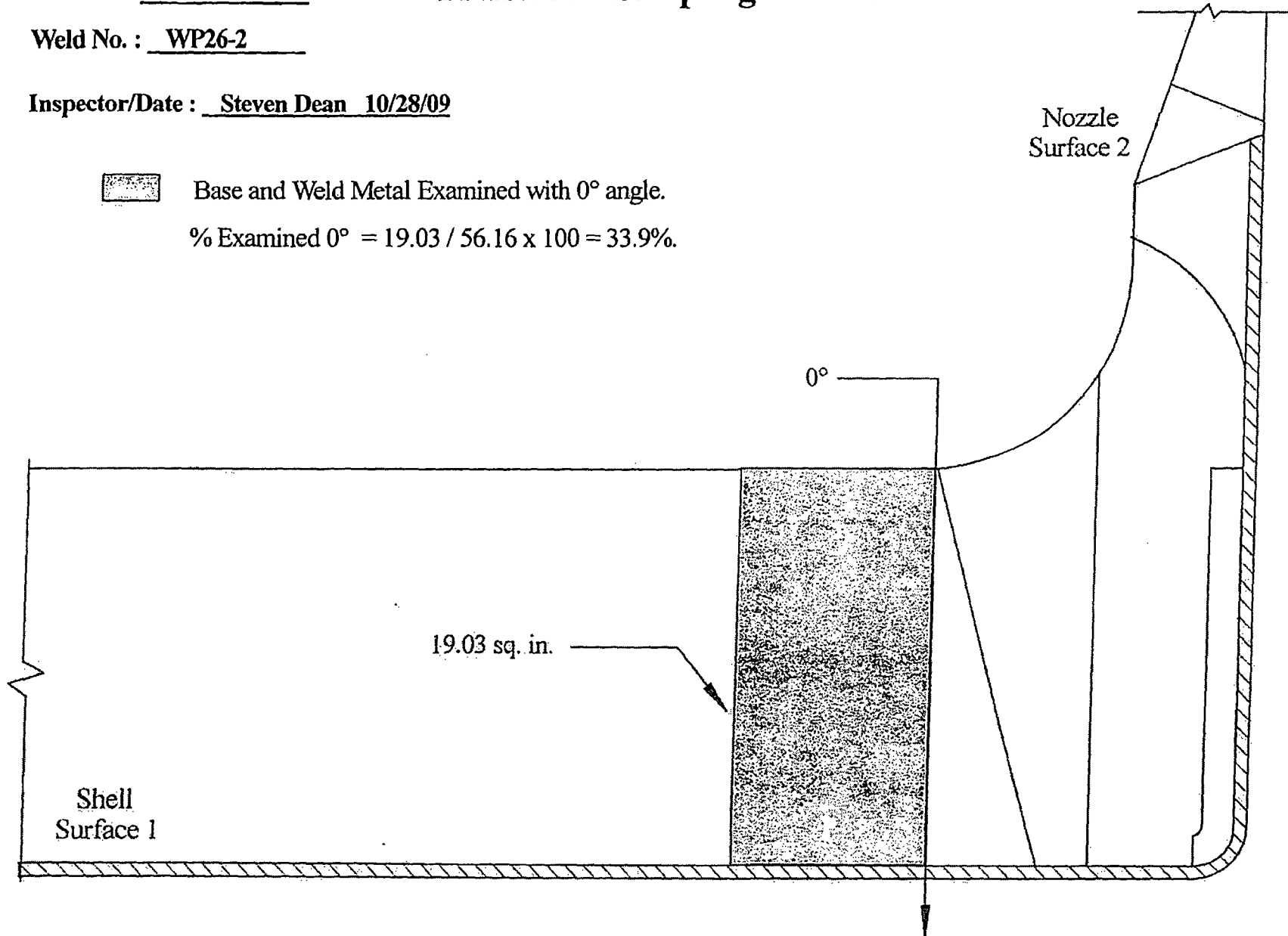
Item No. : 01.B3.110.0010

Pressurizer Sampling Nozzle to Shell

Weld No. : WP26-2

Inspector/Date : Steven Dean 10/28/09

 Base and Weld Metal Examined with 0° angle.
% Examined 0° = $19.03 / 56.16 \times 100 = 33.9\%$.




Item No. : 01.B3.110.0010

Pressurizer Sampling Nozzle to Shell

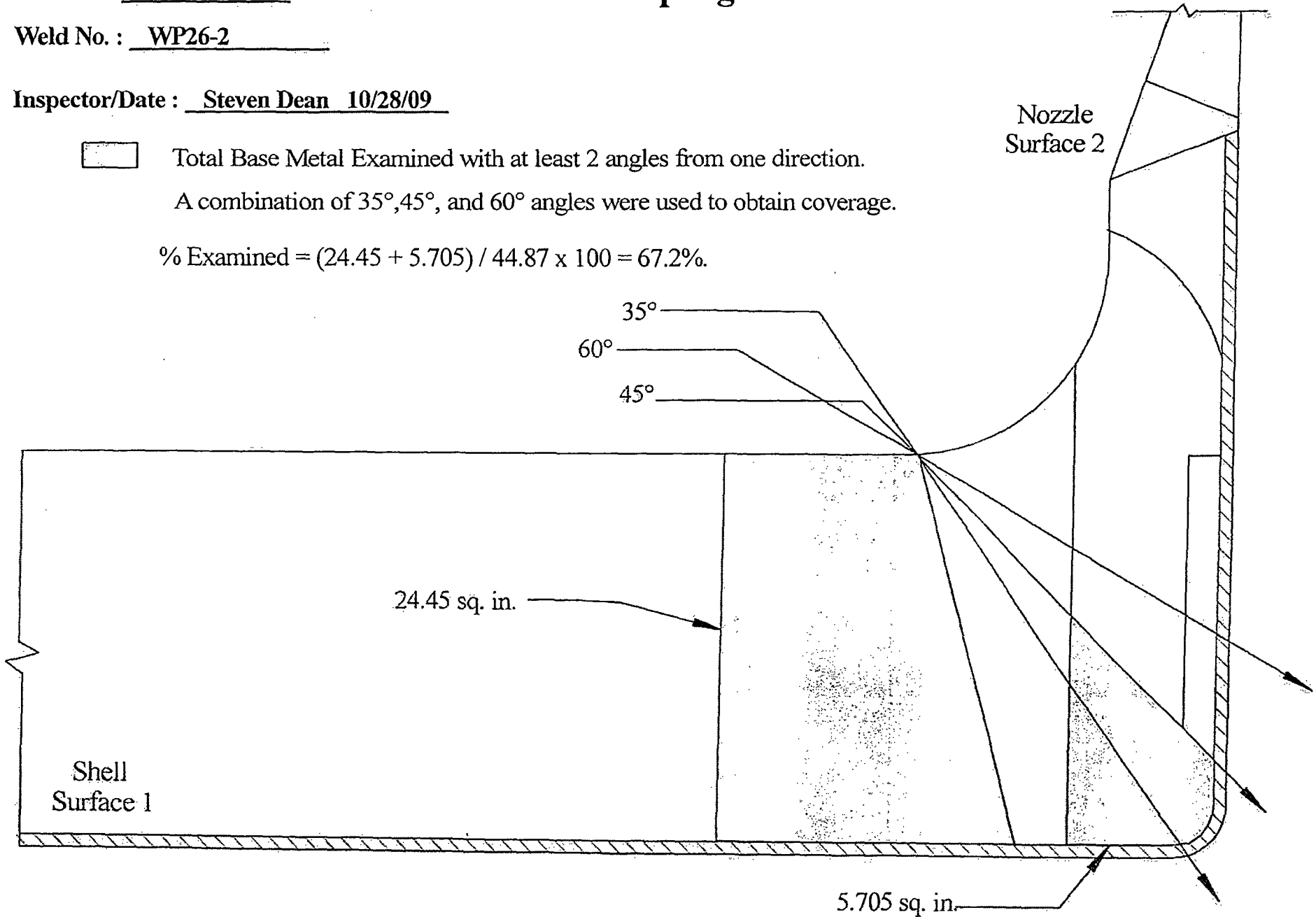
ATTACHMENT A
PAGE 39 OF 112

Weld No. : WP26-2

Inspector/Date : Steven Dean 10/28/09

 Total Base Metal Examined with at least 2 angles from one direction.
A combination of 35°, 45°, and 60° angles were used to obtain coverage.

$$\% \text{ Examined} = (24.45 + 5.705) / 44.87 \times 100 = 67.2\%$$



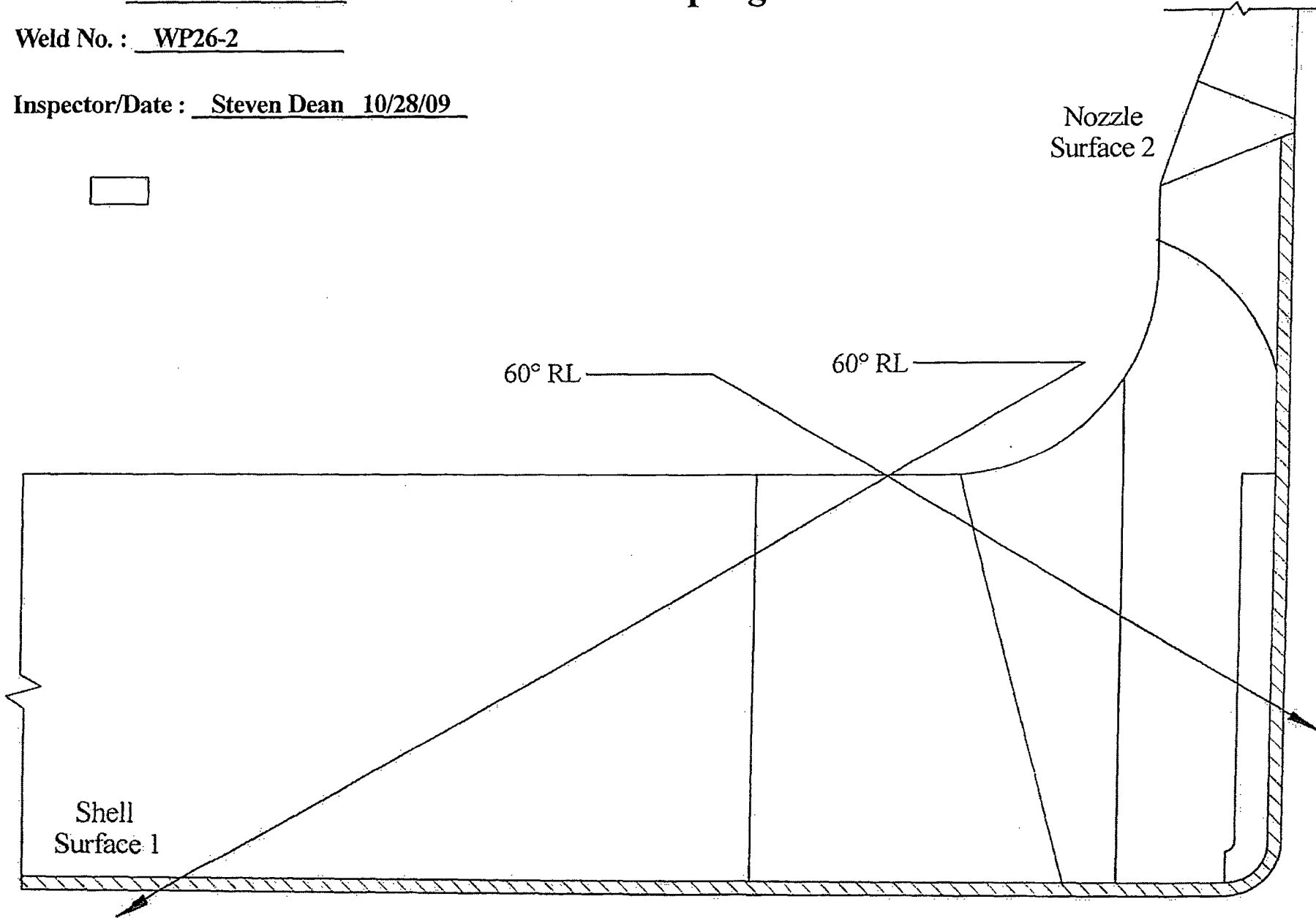
Item No. : 01.B3.110.0010

Pressurizer Sampling Nozzle to Shell

ATTACHMENT A
PAGE 40 OF 112

Weld No. : WP26-2

Inspector/Date : Steven Dean 10/28/09





UT Vessel Examination

ATTACHMENT A
PAGE 41 OF 112

Site/Unit: Oconee / 1
Summary No.: 01.B3.150.0003
Workscope: ISI

Procedure: NDE-3630
Procedure Rev.: 1
Work Order No.: 01838272

Outage No.: 01-25
Report No.: UT-09-335
Page: 1 of 8 SM 11-2-09

Code: 1998/2000A Cat./Item: B-D /B3.150 Location: 525 11-5-09
Drawing No.: 1-53755 Description: Nozzle to Channel Body
System ID: 51A
Component ID: 1-51A-1-53755-V1 Size/Length: N/A Thickness/Diameter: 0.875/3.0/SS
Limitations: Yes - See supplemental sheet Start Time: 1415 Finish Time: 1520

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 71 °F

Cal. Report No.: CAL-09-419, 420, 421, 422 & 423

Angle Used	0	45	45T	60	60T	70L
Scanning dB		43.0	61.7	50.2	61.0	46.0

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
Scanning db lowered from +14db to maintain 2:1 signal to noise ratio

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Griebel, David M.	II-N	<i>[Signature]</i>	10/29/2009	Barry [Signature]	<i>[Signature]</i>	11-2-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Dean, Steven	II-N	<i>[Signature]</i>	10/29/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		11/3/09

Letdown Cooler Nozzle to Channel Body

Weld No. : 1-51A-1-53755-V1

Item No. : 01.B3.150.0003

BASE MATERIAL AREA OF INTEREST

$$ABCD: \frac{875 \text{ in} \left(\frac{45 \text{ in} + 13 \text{ in}}{2} \right)}{2} = 72 \text{ in}^2$$

$$GFH: \frac{\pi (4.5 \text{ in})^2}{4} = 16 \text{ in}^2$$

$$EFHI: 1.8 \text{ in} \times 4.5 \text{ in} = 8.1 \text{ in}^2$$

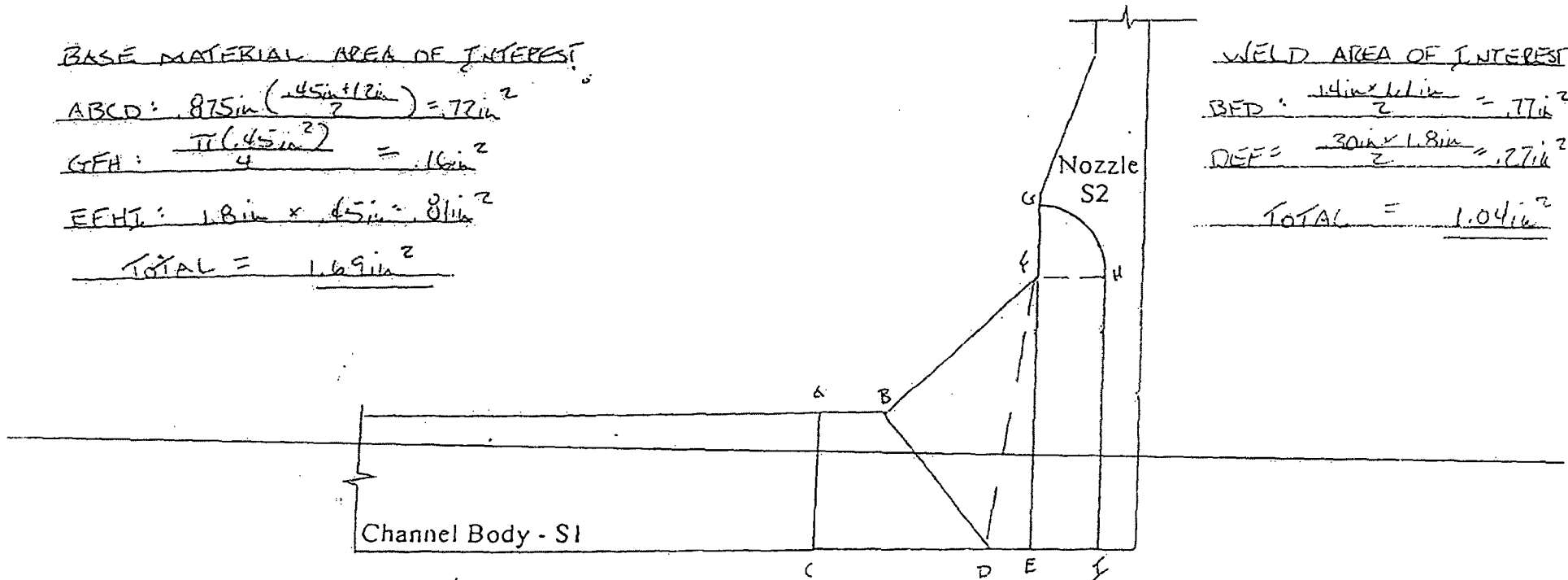
$$\underline{\text{TOTAL} = 1.69 \text{ in}^2}$$

WELD AREA OF INTEREST

$$BED: \frac{14 \text{ in} \times 1.1 \text{ in}}{2} = 7.7 \text{ in}^2$$

$$DEF: \frac{30 \text{ in} \times 1.8 \text{ in}}{2} = 27 \text{ in}^2$$

$$\underline{\text{TOTAL} = 1.04 \text{ in}^2}$$



Scale: 1" = 1"

Dewald R. III 10/29/09
Joseph

Letdown Cooler Nozzle to Channel Body

Weld No. : 1-SIA-1-53755-11

Item No. : 01.B3.150.0003

BASE METAL COVERAGE - AXIAL

$$CDE = \frac{\pi (.45in)^2}{4} = .16in^2$$

$$BCFE = 4.5in \left(\frac{1.5in + 1.35in}{2} \right) = .69in^2$$

$$.64in^2 + .16in^2 = .80in^2$$

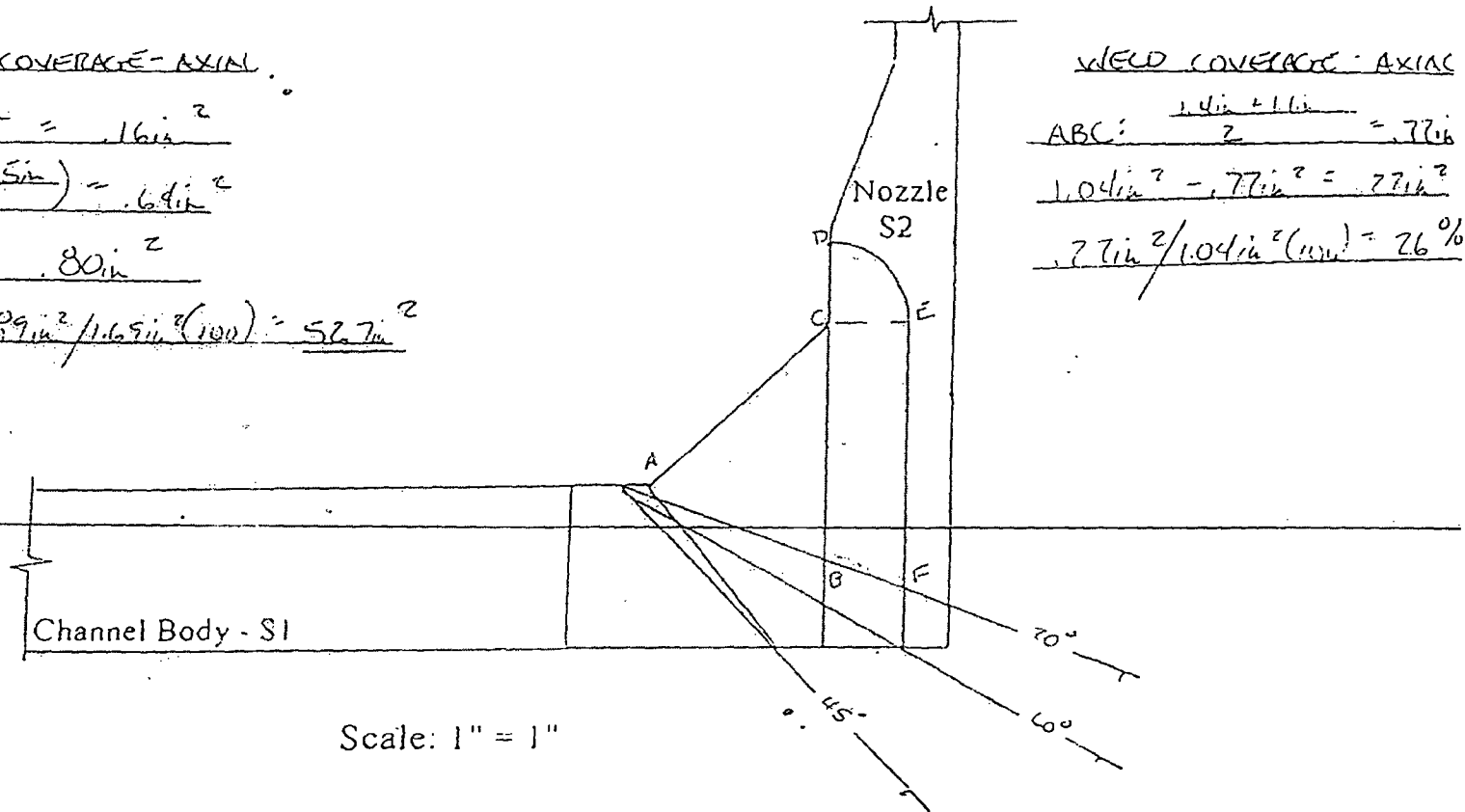
$$\frac{1.69in^2 - .80in^2}{.80in^2} \times 100 = 52.7in^2$$

WELD COVERAGE - AXIAL

$$ABC = \frac{1.4in + 1.1in}{2} = .77in$$

$$1.04in^2 - .77in^2 = .27in^2$$

$$\frac{.27in^2}{1.04in^2} (\text{MIN}) = 26\%$$



Daniel Z III 10/29/08
30FB sch
4 of 9 11.5.09

Letdown Cooler Nozzle o Channel Body

ATTACHMENT A
PAGE 44 OF 112

Weld No. : 1-51A-1-53755-V1

Item No. 01.B3.150.0003

BASE METAL COVERAGE - CIR

ABCD: $\frac{7.5in \times 87.5in}{2} = 22in^2$

IFG: $\frac{.1in \times 1.4in}{2} = .07in^2$

I(TH): $\frac{.35in \times 1.4in}{2} = .25in^2$

HPJ: $\frac{85in \times .30in}{2} = .13in^2$

LMN: $\frac{\pi(.45in)^2}{4} = .16in^2$

IJP: $\frac{.30in \times .60in}{2} = .09in^2$

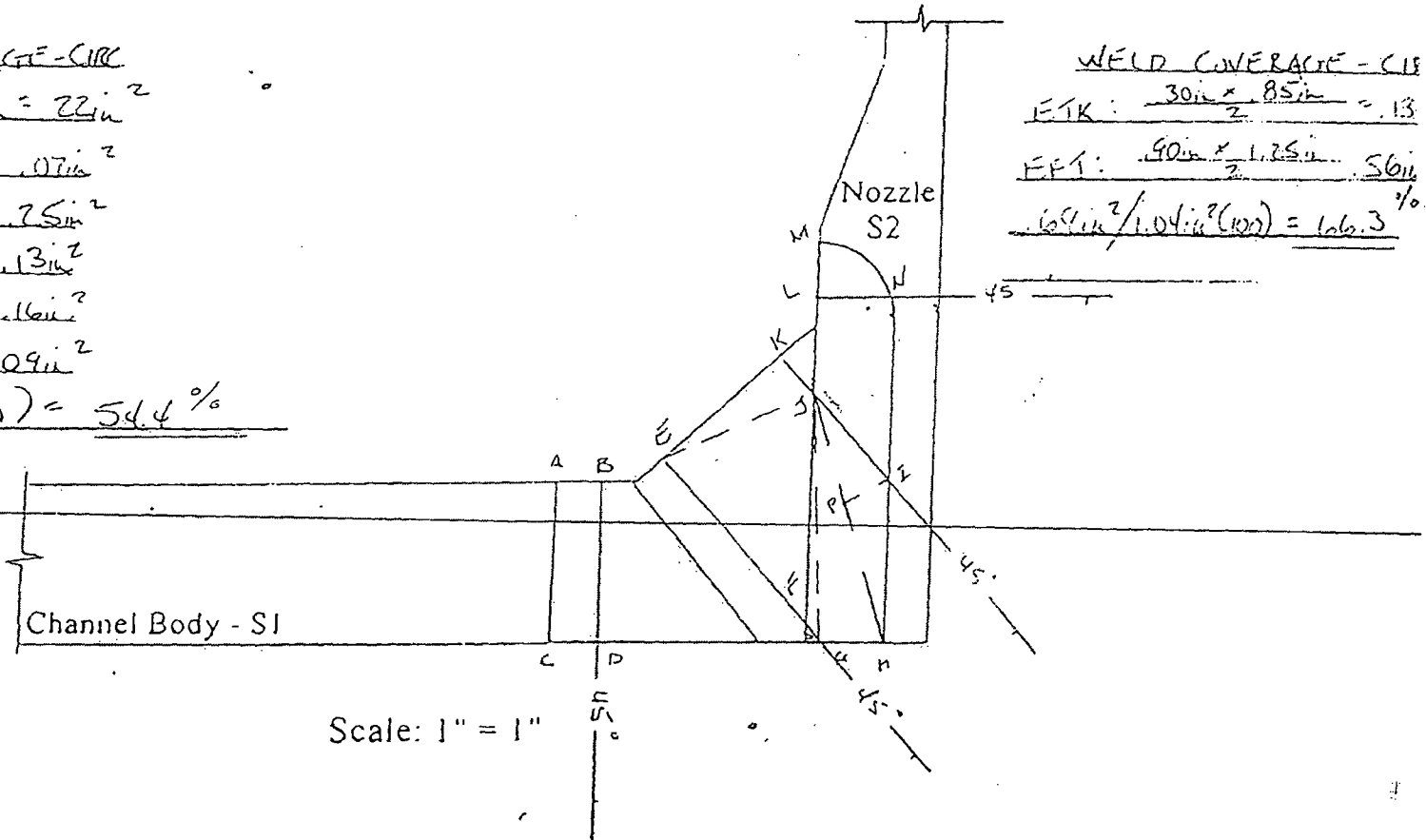
$\frac{.97in^2}{1.69in^2}(100) = 57.4\%$

WELD COVERAGE - CIR

EJK: $\frac{30in \times 85in}{2} = .13$

FFI: $\frac{.90in \times 1.25in}{2} = .56in^2$

$\frac{.69in^2}{1.04in^2}(100) = 66.3\%$



David K. Z III 10/29/09
4 of 8

Letdown Cooler Nozzle to Channel Body (Radius View)

eld No. : 1-SIA-1-53755-VI

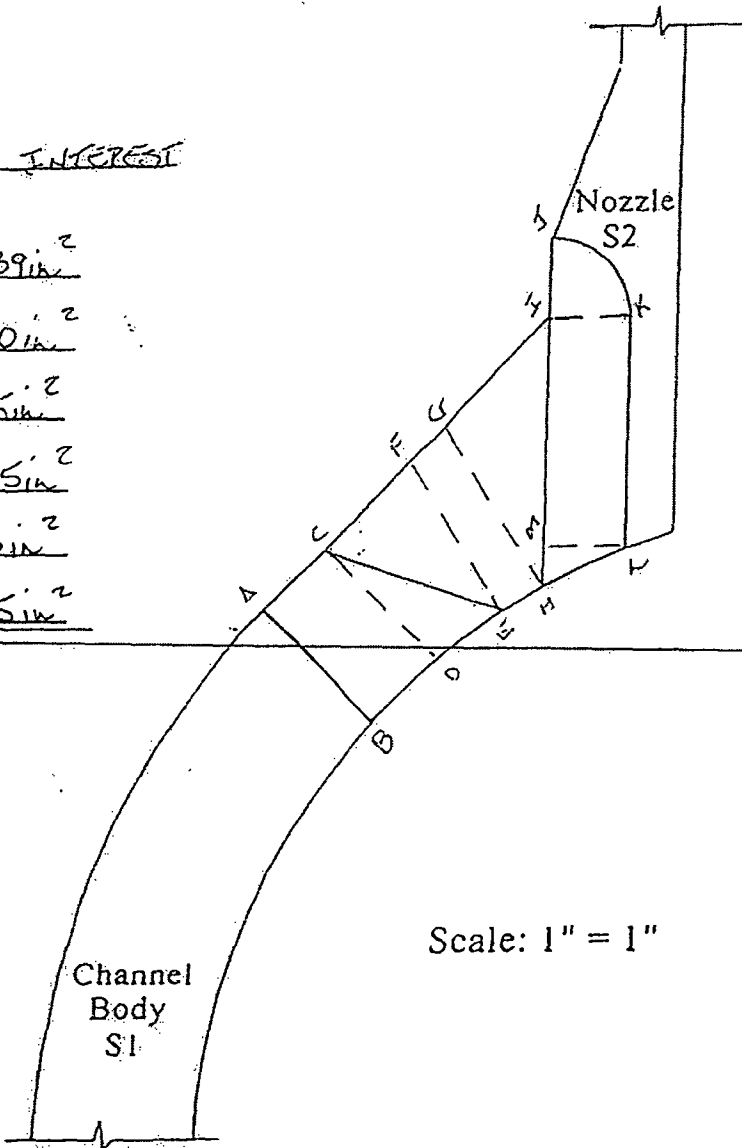
Item No. : 01.B3.150.0003

BASE METAL AREA OF INTEREST

$ABCD : \frac{.875in \times .45in}{2} = .19in^2$
 $CDE : \frac{.875in \times .45in}{2} = .19in^2$
 $HMI : \frac{.50in \times .20in}{2} = .05in^2$
 $MJKL : .44in \times 1.25in = .55in^2$
 $IKK : \frac{\pi(45^2)}{4} = .16in^2$
TOTAL = 1.35in²

WELD AREA OF INTEREST

$CEF : \frac{.65in \times .875in}{2} = .28in^2$
 $EFGH : .25in \times .875in = .22in^2$
 $GHI : \frac{.80in \times .875in}{2} = .35in^2$
TOTAL = 0.85in²



Scale: 1" = 1"

David K. Z III 10/29/09
Sof8
6 OF 90 ch 1.5 mg

Letdown Cooler Nozzle to Channel Body (Radius View)

Id No. : 1-51A-1-53755-V1

Item No. : DLB3.150.0003

BASE MATERIAL COVERAGE - AXIAL

$$ABC: \frac{\pi(45^\circ)}{2} = 16 \text{ in}^2$$

$$ACDF: 45 \sin\left(\frac{50 \text{ in} + 70 \text{ in}}{2}\right) = 77 \text{ in}^2$$

$$77 \text{ in}^2 + 16 \text{ in}^2 = 43 \text{ in}^2$$

$$1.35 \text{ in}^2 - 43 \text{ in}^2 = 0.92 \text{ in}^2$$

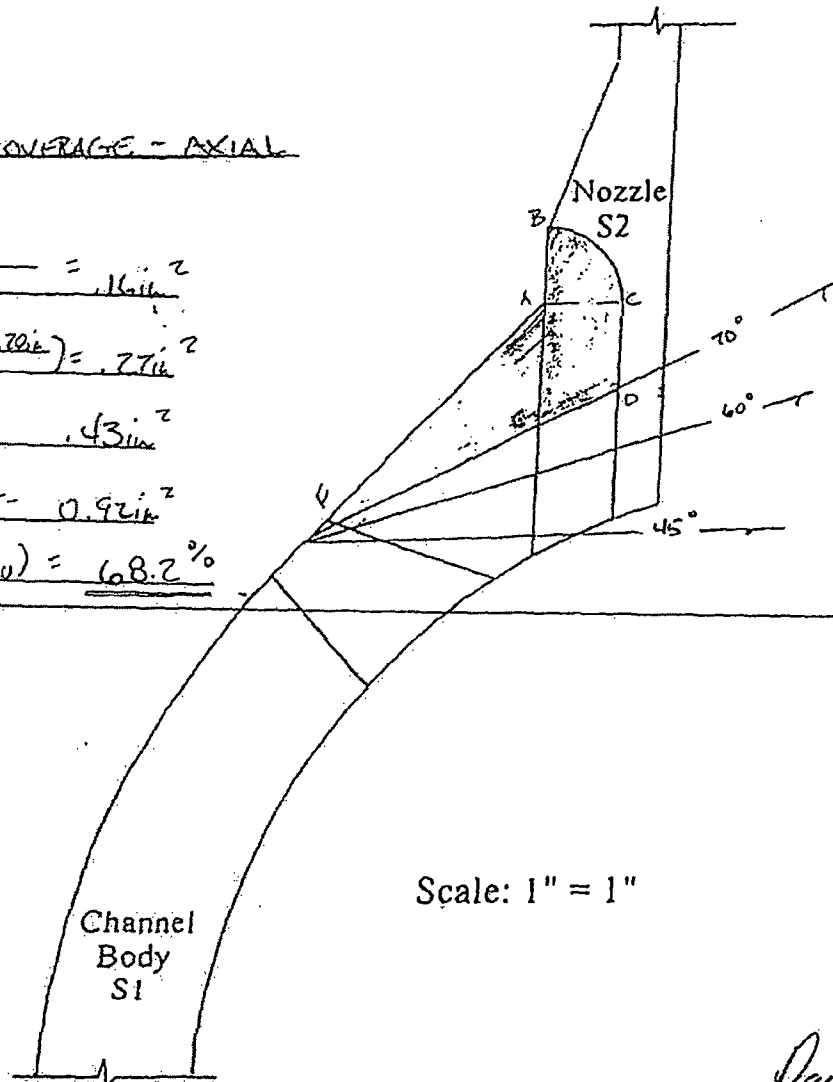
$$0.92 \text{ in}^2 / 1.35 \text{ in}^2 (100) = 68.2\%$$

WELD COVERAGE - AXIAL

$$AEF: \frac{1.3 \text{ in} \times 70 \text{ in}}{2} = 46 \text{ in}^2$$

$$.85 \text{ in}^2 - 46 \text{ in}^2 = 39 \text{ in}^2$$

$$39 \text{ in}^2 / .85 \text{ in}^2 (100) = 45.9\%$$



Scale: 1" = 1"

David K. Z III 10/29/09
6088 ach
7 ME 9 11.4.09

Letdown Cooler Nozzle to Channel Body (Radius View)

Id No.: 1-51A-1-53755-V1

Item No.: 01.B3.150.0003

BASE METAL COVERAGE - CIRC

CDEF: $4.5in \left(\frac{1.0in \times 30in}{2} \right) = .29in^2$

GHIJ: $\frac{3.75in \times 4.5in}{2} = .20in^2$

GHIK: $3.75in \times 4.5in = .39in^2$

TOTAL = $.88in^2$

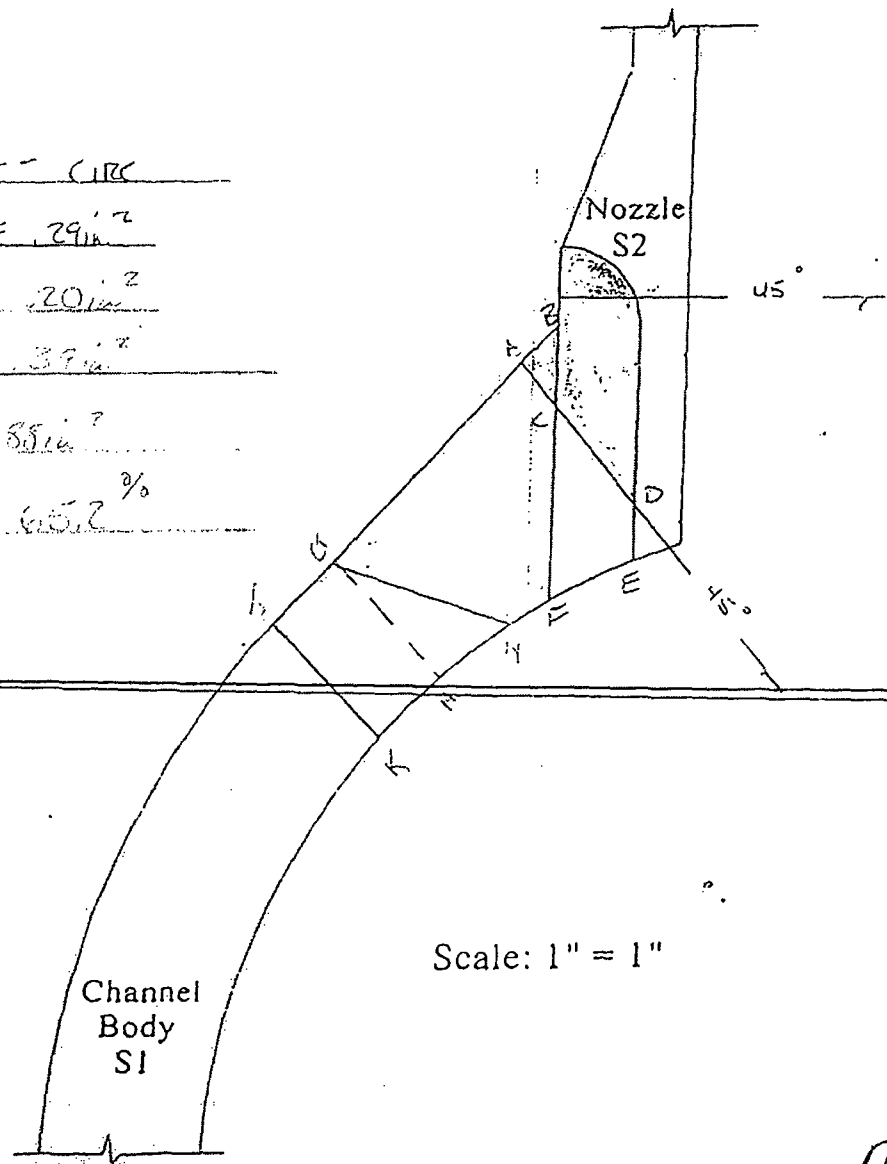
$\frac{.88in^2}{1.35in^2} (100) = 65.2\%$

WELD COVERAGE - CIRC

ABC: $\frac{30in \times 30in}{2} = .05in^2$

$.85in^2 - .05in^2 = .80in^2$

$\frac{.80in^2}{.85in^2} (100) = 94.1\%$



David R. III 10/29/09
7 of 8 ch
11.5.09

Letdown Cooler Nozzle to Channel Body		
Item No. 01.B3.150.0003 / Weld No. 1-51A-1-53755-V1		
Base Material Coverage		
Scan	Radius View	Non-Radius View
Axial	68.2%	52.7%
Circ	65.2%	54.4%
Aggregate @ $68.2 + 52.7 + 65.2 + 54.4 = 240.5/4 = 60.1\%$		
Weld Material Coverage		
Scan	Radius View	Non-Radius View
Axial-S1	45.9%	26.0%
Axial-S2	0.0%	0.0%
Circ-S2	94.1%	66.3%
Circ-S2	94.1%	66.3%
Aggregate @ $45.9 + 26.0 + 0.0 + 0.0 + 94.1 + 66.3 + 94.1 + 66.3 = 392.7/8 = 49.1\%$		
Total Aggregate @ $60.1 + 49.1 = 109.2/2 = 54.6\%$		

Level III David K. Zi
Date 10/29/09

8 of 8 gch
9-01-9 11-5-09



UT Vessel Examination

ATTACHMENT A
PAGE 49 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.B3.150.0004
Workscope: ISI

Procedure: NDE-3630
Procedure Rev.: 1
Work Order No.: 01838272

Outage No.: O1-25
Report No.: UT-09-336
Page: 1 of 18 *see*

Code: 1998/2000A Cat./Item: B-D /B3.150 Location: 11.5.09
Drawing No.: 1-53755 Description: Nozzle to Channel Body
System ID: 51A
Component ID: 1-51A-1-53755-V2 Size/Length: N/A Thickness/Diameter: 0.875/3.0/SS
Limitations: Yes - See supplemental sheet Start Time: 1415 Finish Time: 1520

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 71 °F
Cal. Report No.: CAL-09-419, 420, 421, 422 & 423

Angle Used	0	45	45T	60	60T	70L
Scanning dB		43.0	61.7	50.2	61.0	46.0

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
Scanning db lowered from +14db to maintain 2:1 signal to noise ratio

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Griebel, David M.	II-N	<i>[Signature]</i>	10/29/2009	Barry Mark	<i>[Signature]</i>	11-2-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Dean, Steven	II-N	<i>[Signature]</i>	10/29/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		11/3/09

Letdown Cooler Nozzle to Channel Body

Weld No.: 1-51A-1-53755-V2

Item No.: 01.B3.150.0004

BASE MATERIAL AREA OF INTEREST

$$ABCD: .875 \sin \left(\frac{45 \sin + 1.8 \sin}{2} \right) = .72 \text{ in}^2$$

$$GFH: \frac{\pi (4.5 \sin)^2}{4} = .16 \text{ in}^2$$

$$EFHI: 1.8 \text{ in} \times 4.5 \text{ in} = .81 \text{ in}^2$$

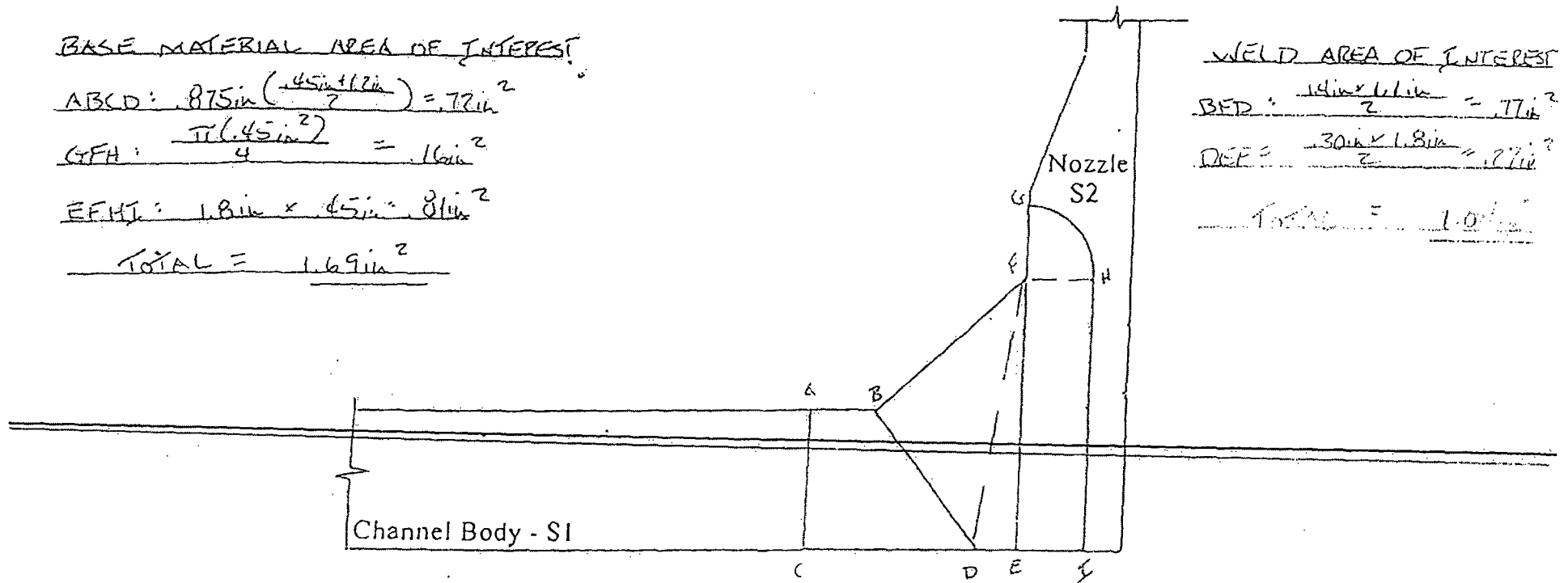
$$\text{TOTAL} = \underline{1.69 \text{ in}^2}$$

WELD AREA OF INTEREST

$$BED: \frac{1.4 \text{ in} \times 1.8 \text{ in}}{2} = .77 \text{ in}^2$$

$$DEF: \frac{30 \text{ in} \times 1.8 \text{ in}}{2} = .27 \text{ in}^2$$

$$\text{TOTAL} = \underline{1.04 \text{ in}^2}$$



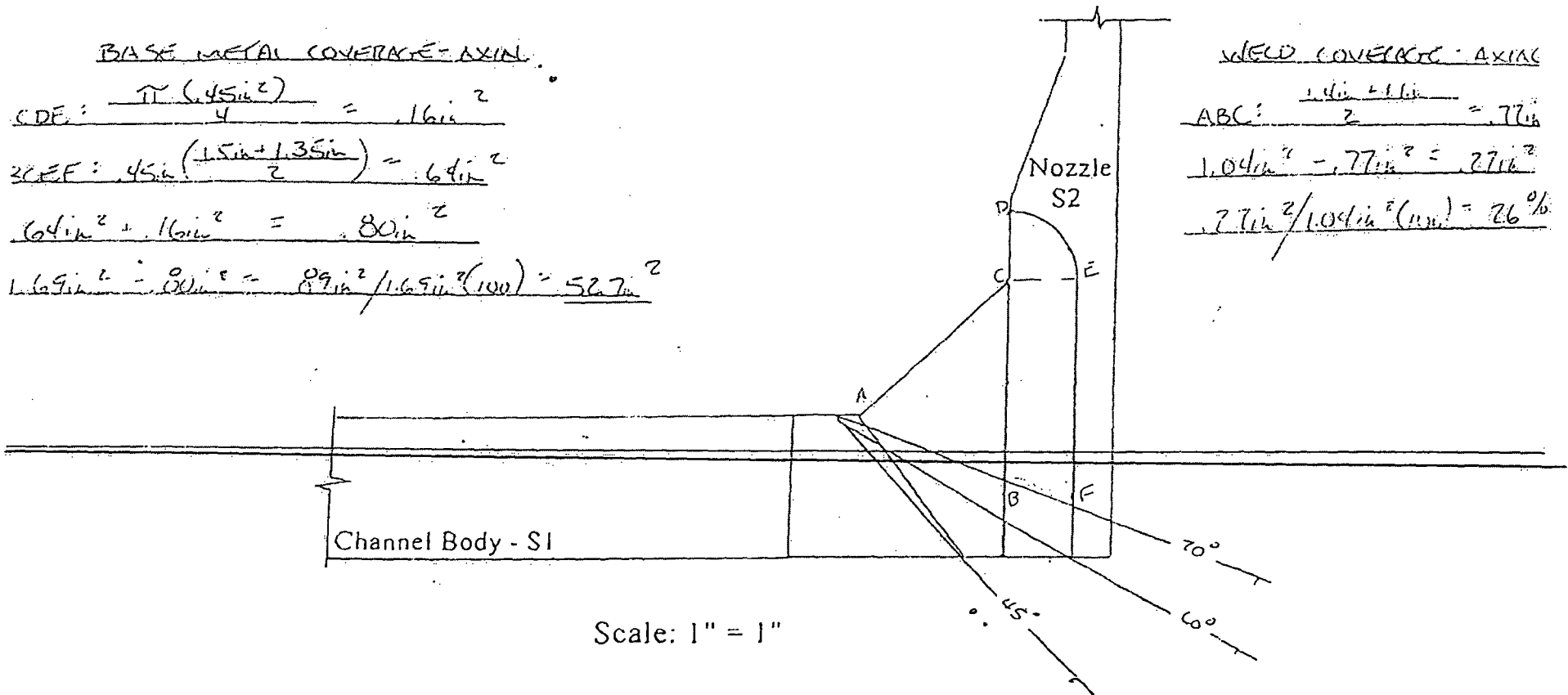
Scale: 1" = 1"

David C. B. III 10/29/09
JOF 8 x 6

Letdown Cooler Nozzle to Channel Body

eld No. : 1-51A-1-53755-V12

Item No. : 01B3.150.0004



David C. Z^{III} 10/29/09
3 of 8 pages

Letdown Cooler Nozzle to Channel Body

Veld No.: 1-51A-1-53755-V2

Item No. 01.B3.150.0004

BASE METAL COVERAGE - CIRC

ABCD: $\frac{75in \times 875in}{2} = 22in^2$

IFG: $\frac{0in \times 14in}{2} = 0in^2$

IFH: $\frac{35in \times 14in}{2} = 25in^2$

HPJ: $\frac{85in \times 30in}{2} = 13in^2$

LMN: $\frac{\pi(45in^2)}{4} = 16in^2$

IJP: $\frac{30in \times 60in}{2} = 09in^2$

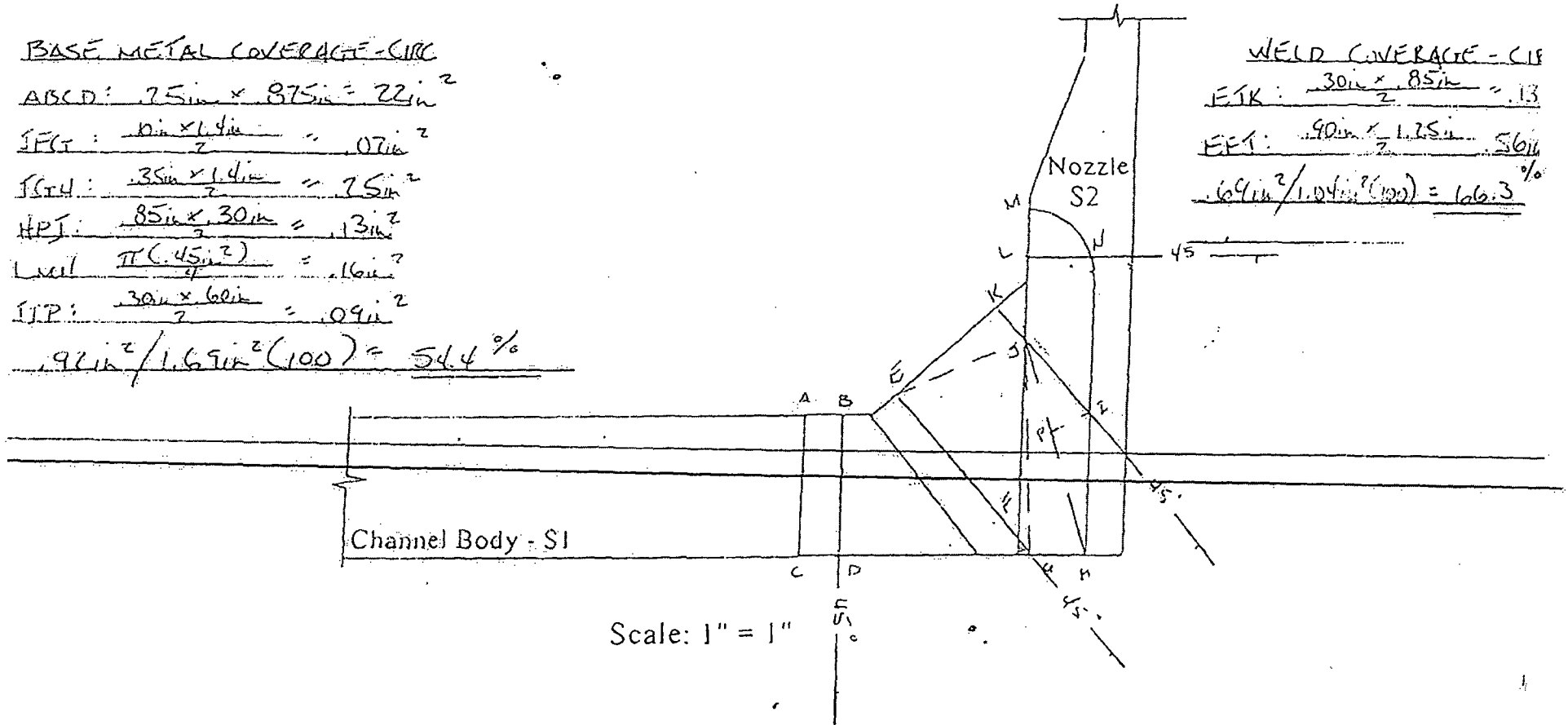
$\frac{92in^2}{1.69in^2(100)} = 54.4\%$

WELD COVERAGE - CIRC

EIK: $\frac{30in \times 85in}{2} = 13$

EFT: $\frac{90in \times 1.25in}{2} = 56in$

$\frac{64in^2}{1.04in^2(100)} = 166.3\%$



David K. Z III 10/29/09
4 of 8

Letdown Cooler Nozzle to Channel Body (Radius View)

d No. : 1-51A-1-53755-V2

Item No. : 01B3.150.0004

BASE MATERIAL COVERAGE - AXIAL

$$ABC = \frac{\pi(45^\circ)}{2} = .16in^2$$

$$ACDF = .45in \left(\frac{.50in + .70in}{2} \right) = .27in^2$$

$$.27in^2 + .16in^2 = .43in^2$$

$$1.35in^2 - .43in^2 = 0.92in^2$$

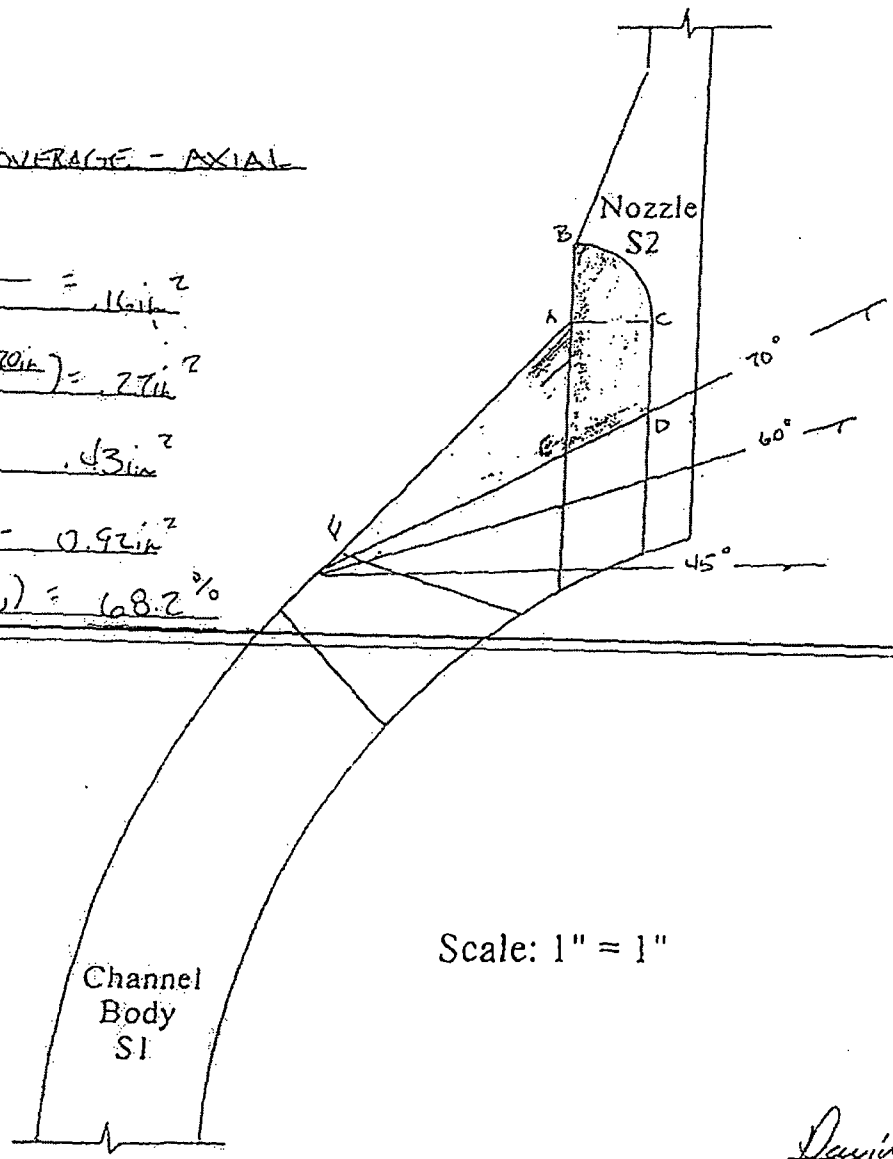
$$0.92in^2 / 1.35in^2 (100) = 68.2\%$$

WELD COVERAGE - AXIAL

$$AEF = \frac{1.3in \times .70in}{2} = .46in^2$$

$$.85in^2 - .46in^2 = .39in^2$$

$$.39in^2 / .85in^2 (100) = 45.9\%$$



Scale: 1" = 1"

David K. Z III 10/29/09
6 of 8 sheets 11.5.09
TAE 0

Leu Jwn Cooler Nozzle to Channel Body (Radius View)

d No. : 1-51A-1-53755-V2

Item No. : 01.B3.150.0004

BASE METAL COVERAGE - CIRCC

CDEF : $4.5in \left(\frac{.10in \times 30in}{2} \right) = .29in^2$

GHJK : $8.7in \times 4.5in = .70in^2$

THJK : $8.7in \times 4.5in = .70in^2$

TOTAL : $.80in^2$

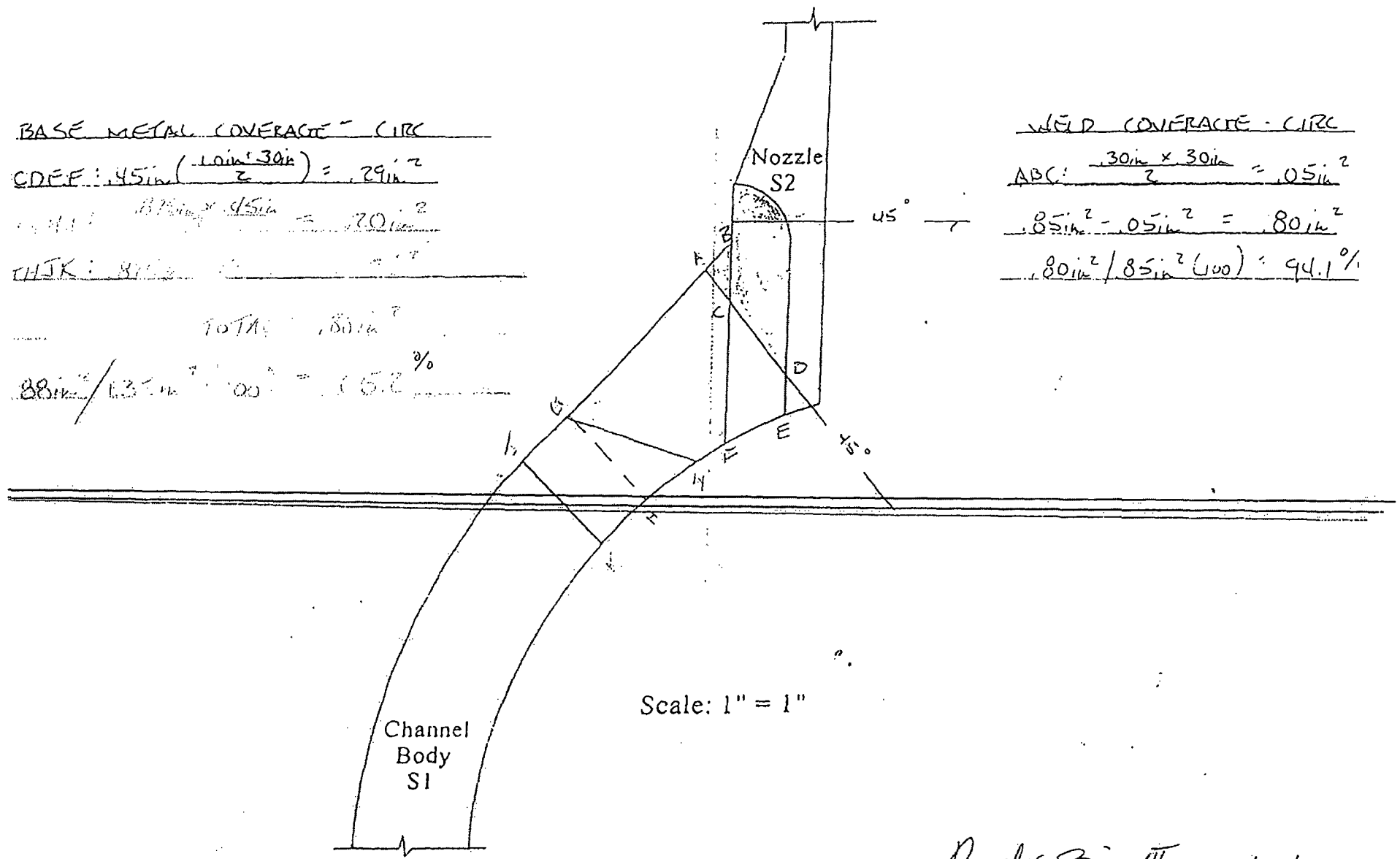
$\frac{.80in^2}{1.37in^2} \times 100 = 58.4\%$

WELD COVERAGE - CIRCC

ABC : $\frac{30in \times 30in}{2} = .05in^2$

$.05in^2 - .05in^2 = .80in^2$

$\frac{.80in^2}{.85in^2} (100) = 94.1\%$



Scale: 1" = 1"

David K. Z III 10/29/09
7 of 8 sheets 1-5-09

Letdown Cooler Nozzle to Channel Body		
Item No. 01.B3.150.0004 / Weld No. 1-51A-1-53755-V2		
Base Material Coverage		
Scan	Radius View	Non-Radius View
Axial	68.2%	52.7%
Circ	65.2%	54.4%
Aggregate @ $68.2 + 52.7 + 65.2 + 54.4 = 240.5/4 = 60.1\%$		
Weld Material Coverage		
Scan	Radius View	Non-Radius View
Axial-S1	45.9%	26.0%
Axial-S2	0.0%	0.0%
Circ-S2	94.1%	66.3%
Circ-S2	94.1%	66.3%
Aggregate @ $45.9 + 26.0 + 0.0 + 0.0 + 94.1 + 66.3 + 94.1 + 66.3 = 392.7/8 = 49.1\%$		
Total Aggregate @ $60.1 + 49.1 = 109.2/2 = 54.6\%$		

Level III David K. [Signature]
Date 10/29/09

8 of 8 gsk
10/29/09



UT Pipe Weld Examination

ATTACHMENT A
PAGE 57 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.B9.11.0003
Workscope: ISI

Procedure: PDI-UT-2
Procedure Rev.: C
Work Order No.: 01841875

Outage No.: O1-25
Report No.: UT-09-315
Page: 1 of 4

Code: 1998/2000A Cat./Item: B-J /B9.11 Location: _____
Drawing No.: 1LP-209 Description: Elbow to Valve 1CF-13 (Cast SS)
System ID: 53A
Component ID: 1LP-209-8L Size/Length: N/A Thickness/Diameter: 1.25/14.0/SS
Limitations: See attached report Start Time: 1449 Finish Time: 1527

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Fluke Serial No.: OCQUA33090 Surface Temp.: 72 °F

Cal. Report No.: CAL-09-390 & CAL-09-391

Angle Used	0	45	45T	60		
Scanning dB		40.3	40.3	58.2		

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

N/A

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Ellis II, Kenneth R.			<i>Kenneth R. Ellis II</i>	10/27/2009	Barry Michael		10-29-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Day, John, C.			<i>John C. Day</i>	10/27/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		10/30/09



Ultrasonic Indication Report

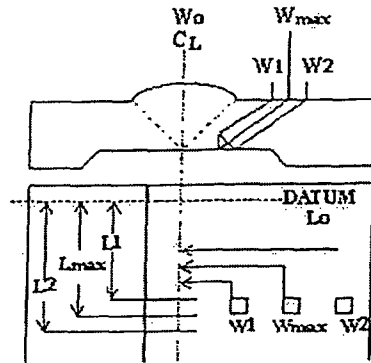
Site/Unit: Oconee / 1 Procedure: PDI-UT-2 Outage No.: Q1-25
 Summary No.: O1.B9.11.0003 Procedure Rev.: C Report No.: UT-09-315
 Workscope: ISI Work Order No.: 01841875 Page: 2 of 4

Search Unit Angle: 45° & 60°RL °
 Wo Location: Weld Centerline
 Lo Location: 9.1.1.1

Piping Welds
 Ferritic Vessels $\geq 2^*T$
 Other _____

MP	Metal Path	Wmax	Distance From Wo To S.U. At Maximum Response
RBR	Remaining Back Reflection	W1	Distance From Wo At Of Max (Forward)
L	Distance From Datum	W2	Distance From Wo At Of Max (Forward)

Comments: N/A



Angle	Indication No.	% Of DAC	W Max		Forward Of Max		Backward Of Max		L1 Of Max	L Max	L2 Of Max	RBR Amp.	Remarks
			W	MP	W1	MP	W2	MP					
NRI													

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Ellis II, Kenneth R.			<i>Kenneth R. Ellis II</i>	10/27/2009	<i>Bang</i>		10-29-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Day, John, C.			<i>John C. Day</i>	10/27/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		10/30/09

UT-09-315

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>1LP-209-8L</u> Item No: <u>O1.B9.11.0003</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other <u>60L</u> FROM <u>0</u> DEG to <u>360</u> DEG		No coverage due to pipe configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Kenneth Ellis</u> <i>Kenneth Ellis</i> Level: <u>II</u> Date: <u>10/27/09</u>	Sheet <u>3</u> of <u>4</u>	
Reviewed By: <u>Barry Mohr</u> <i>Barry Mohr</i> Date: <u>10-29-09</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>10/31/09</u>	

ATTACHMENT A
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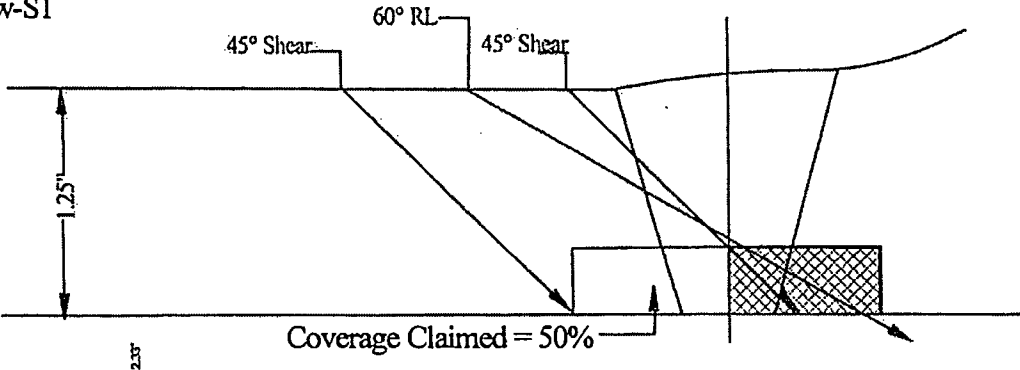
Axial Scan Coverage

Item No. 01.B9.11.0003

Weld No. 1LP-209-8L

Elbow-S1

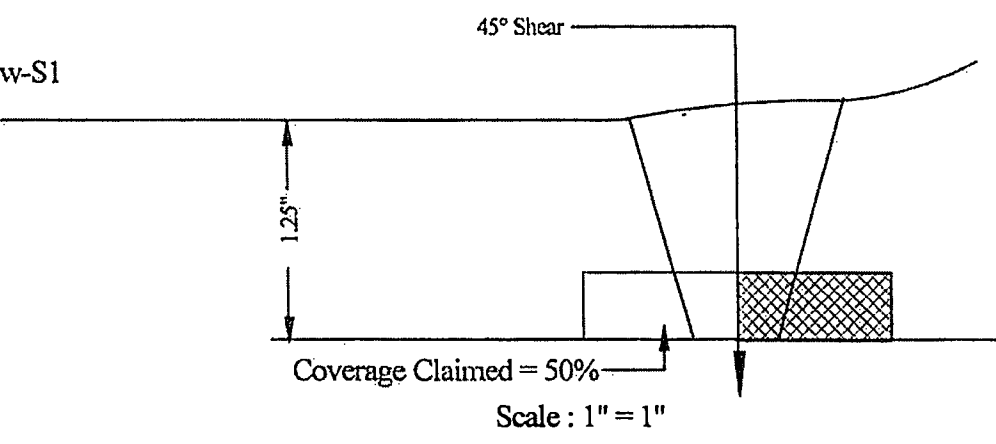
Valve-S2



Circ. Scan Coverage

Elbow-S1

Valve-S2



% Coverage Calculations

- S1 = Elbow = 50% (100% of the length x 50% of the volume)
- S2 = Valve = 0% (0% of the length x 0% of the volume)
- S3 = CW = 50% (100% of the length x 50% of the volume)
- S4 = CCW = 50% (100% of the length x 50% of the volume)
- Total = 150 / 4 = 37.5 % Aggregate Coverage**

Inspector / Date: *Kenneth H. [Signature]* 10-29-09

David L. [Signature] 10/29/09

UT-09-315
Page 4 of 4



UT Pipe Weld Examination

Site/Unit: Oconee / 1 Procedure: PDI-UT-2 Outage No.: O1-25
 Summary No.: O1.B9.11.0050 Procedure Rev.: C Report No.: UT-09-261
 Workscope: ISI Work Order No.: 01841933 Page: 1 of 5

Code: 1998/2000A Cat./Item: B-J /B9.11 Location: _____
 Drawing No.: ISI-OCN1-008 Description: Safe end to RC Pump 1A2
 System ID: 50
 Component ID: 1-PIA2-9 Size/Length: N/A Thickness/Diameter: 2.330/36.5/SS
 Limitations: Yes Start Time: 0958 Finish Time: 1043

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: RT stamp #1 Wo Location: WELD CENTERLINE Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F

Cal. Report No.: CAL-09-327, CAL-09-328, CAL-09-329

Angle Used	0	45	45T	60	60L	
Scanning dB		52.5	52.5	62.5	63.8	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-01, 08-04, 09-02

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Tucker, David K.	II-N	<i>David K. Tucker</i>	10/18/2009	<i>Barry White</i>		10-28-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Hollis, Jacob	II-N	<i>Jacob R. Hollis</i>	10/18/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		10/30/09

DUKE POWER COMPANY

ISI LIMITATION REPORT

UT-09-261

Component/Weld ID: <u>1PIA2-9</u> Item No: <u>O1.B9.11.0050</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>60L</u> FROM <u>0</u> DEG to <u>360</u> DEG		Pipe to pump configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>David Tucker</u> Level: <u>II</u> Date: <u>10/18/09</u>	Sheet <u>2</u> of <u>5</u>	
Reviewed By: <u>Barry [Signature]</u> Date: <u>10-28-09</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>10/30/09</u>	

Determination of Percent Coverage for UT Examinations - Pipe

	Site/Unit: <u>Oconee / 1</u>	Procedure: <u>PDI-UT-2</u>	Outage No.: <u>O1-25</u>
	Summary No.: <u>O1.B9.11.0050</u>	Procedure Rev.: <u>C</u>	Report No.: <u>UT-09-261</u>
	Workscope: <u>ISI</u>	Work Order No.: <u>01841933</u>	Page: <u>3</u> of <u>5</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - _____ (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>45.100</u>	% volume of length / 100 =	<u>45.100</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

36.275 % Total for complete exam

Site Field Supervisor: Rodney Sheffield *Rodney Sheffield*

Date: 10-28-09



Supplemental Report

ATTACHMENT A
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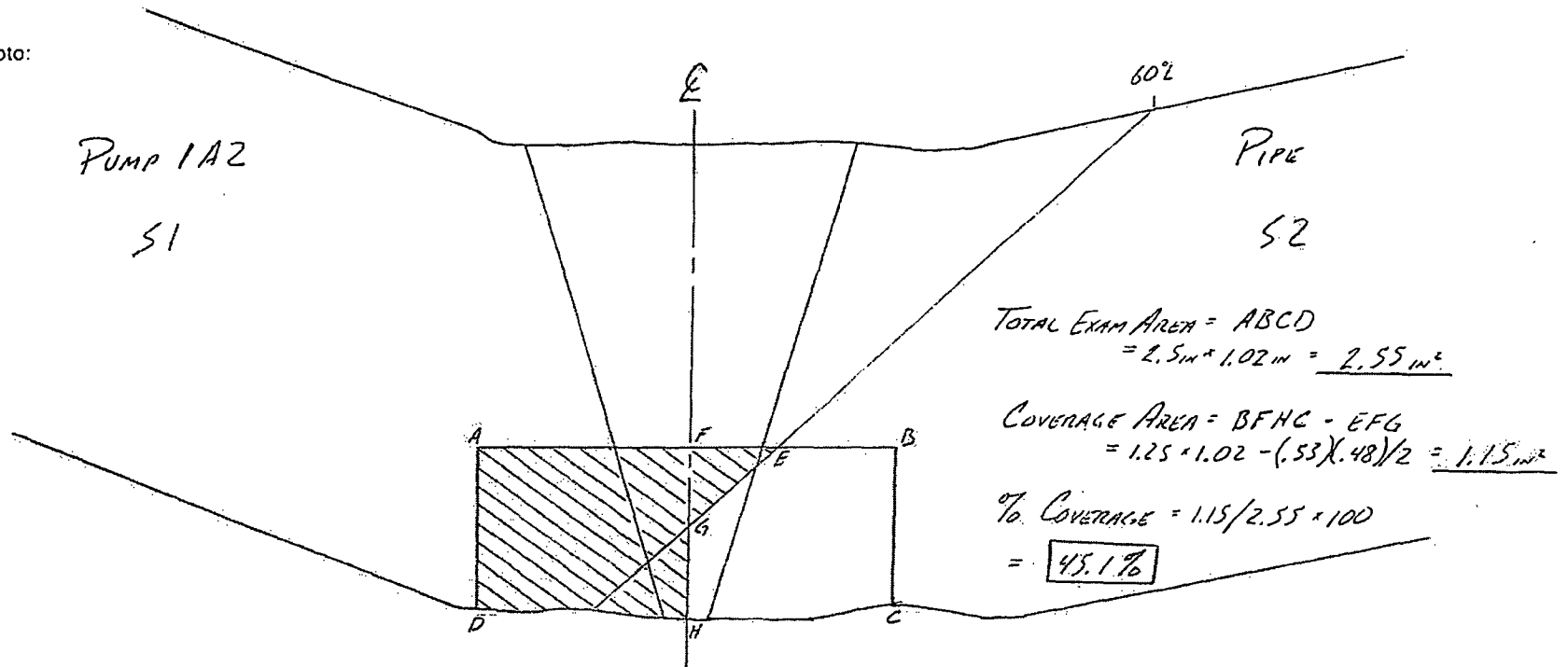
Report No.: UT-09-261
Page: 4 of 5

Summary No.: O1.B9.11.0050

Examiner: <u>Tucker, David K.</u> <i>[Signature]</i>	Level: <u>II-N</u>	Reviewer: <u>Barry Mahal</u>	Date: <u>10-28-09</u>
Examiner: <u>Hollis, Jacob</u> <i>[Signature]</i>	Level: <u>II-N</u>	Site Review: _____	Date: _____
Other: <u>N/A</u>	Level: <u>N/A</u>	ANII Review: <u>[Signature]</u>	Date: <u>10/30/09</u>

Comments: Axial exam 45° shear, 60° shear & 60°L

Sketch or Photo:





Supplemental Report

Report No.: UT-09-261

Page: 5 of 5

Summary No.: O1.B9.11.0050

Examiner: Tucker, David K.

Level: II-N

Reviewer: Barry M. M. A.

Date: 10-28-09

Examiner: Hollis, Jacob

Level: II-N

Site Review: _____

Date: _____

Other: N/A

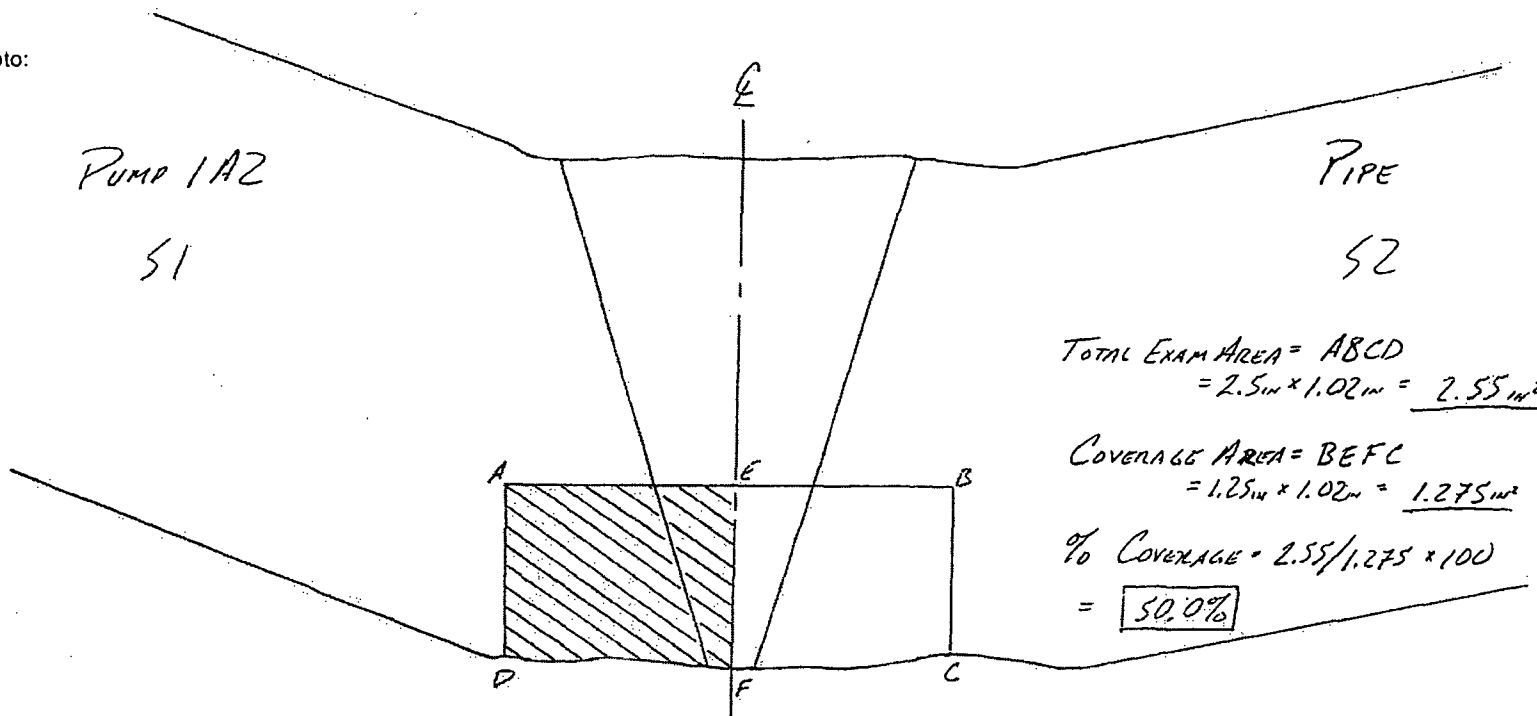
Level: N/A

ANII Review:

Date: 10/30/09

Comments: CW & CCW Circ 45° shear exam

Sketch or Photo:





UT Pipe Weld Examination

ATTACHMENT A
PAGE 66 OF 112

Site/Unit: Oconee / 1
Summary No.: 01.B9.11.0050
Workscope: ISI

Procedure: NDE-830
Procedure Rev.: 1
Work Order No.: 01841933

Outage No.: 01-25
Report No.: UT-09-260
Page: 1 of 3

Code: 1998/2000A Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI-OCN1-008 Description: Safe end to RC Pump 1A2
System ID: 50
Component ID: 1-PIA2-9 Size/Length: N/A Thickness/Diameter: 330/36.5/SS cas
Limitations: Single side exam - see attached limitations sheet Start Time: 1001 Finish Time: 1028

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: N/A Wo Location: N/A Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 67 °F

Cal. Report No.: CAL-09-325 & CAL-09-326

Angle Used	0	45	45T	60	70	
Scanning dB				72.0	73.0	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
Non-code exam

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.			<i>[Signature]</i>	10/18/2009	DE Housen		10-20-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Leeper, Winfred C.			<i>[Signature]</i>	10/18/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		10/22/09

DUKE POWER COMPANY
ISI LIMITATION REPORT

UT-09-360
2
9/11/09

9/11/09

Component/Weld ID: 1-PIA-2 Item No: O1.B9.11.0050

remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 CL to Beyond
 ANGLE: 0 45 60 other 70 FROM 0 DEG to 360 DEG

Procedure allows scanning
 from cast side only

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 CL to Beyond
 ANGLE: 0 45 60 other 70 FROM 0 DEG to 360 DEG

Procedure allows scanning
 from cast side only

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM W0 _____ 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 W0 _____ to _____
 ANGLE: 0 5 60 other _____ FROM _____ DEG to _____ DEG

Sketch(s) attached
 yes No

Prepared By: Gayle Houser *DE Houser* Level: II Date: 10/19/09

Sheet 3 of 3

Reviewed By: Sandy Moss Date: 10-19-09

Authorized Inspector: [Signature] Date: 10/22/09



UT Pipe Weld Examination

Site/Unit: Oconee / 1 Procedure: PDI-UT-2 Outage No.: 01-25
 Summary No.: 01.B9.11.0062 Procedure Rev.: C Report No.: UT-09-349
 Workscope: ISI Work Order No.: 01841924 Page: 1 of 5

Code: 1998/2000A Cat./Item: B-J /B9.11 Location: _____
 Drawing No.: ISI-OCN1-012 Description: RC Pump 1A2 to Safe end
 System ID: 50
 Component ID: 1-PDA2-1 Size/Length: N/A Thickness/Diameter: 2.33/33.5/SS
 Limitations: Yes - See attached limitation report Start Time: 1100 Finish Time: 1230

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: Fluke Serial No.: OCQUA33090 Surface Temp.: 72 °F

Cal. Report No.: CAL-09-443, 444 & 445

Angle Used	0	45	45T	60	60RL	
Scanning dB		42.2	42.2	60	64	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Koster, Rickey	II-N		10/30/2009	Benny M...		11-3-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Day, John, C.	II-N		10/30/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					11/4/09

UT-09-349

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>1PDA2-1</u> Item No: <u>O1.B9.11.0062</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	Due to component configuration	
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CI</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	Sketch(s) attached	
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		<input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>John Day</u> Level: <u>II</u> Date: <u>10/30/09</u>		Sheet <u>2</u> of <u>43</u>
Reviewed By: <u>Barry Mitchell</u> Date: <u>11-3-09</u>		Authorized Inspector: <u>[Signature]</u> Date: <u>11/4/09</u>



Supplemental Report

ATTACHMENT A

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Report No.: UT-09-349

Page: 3 of 5

Summary No.: O1.B9.11.0062

Examiner: Koster, Rickey

Examiner: Day, John, C.

Other: N/A

Level: II-N

Level: II-N

Level: N/A

Reviewer: Barry MHA

Site Review: _____

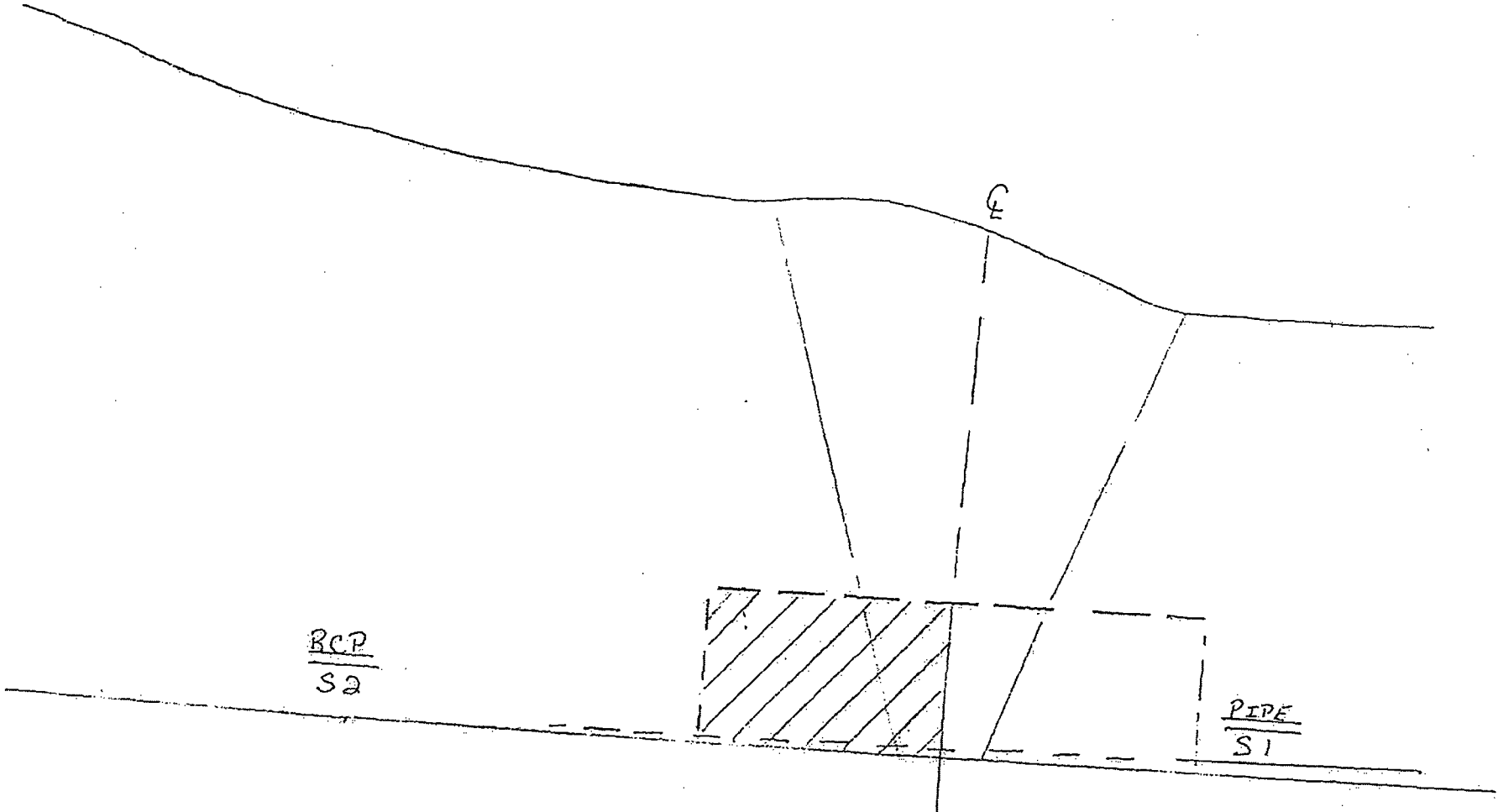
ANII Review: Chapman

Date: 11-3-09

Date: _____

Date: 11/4/09

Comments: CW & CCW circ. Exam limitation





Supplemental Report

ATTACHMENT A

PAGE 72 OF 112

Report No.: UT-09-349

Page: 4 of 5

Summary No.: O1.B9.11.0062

Examiner: Koster, Rickey

Examiner: Day, John, C.

Other: N/A

Level: II-N

Level: II-N

Level: N/A

Reviewer: Barry M. ...

Site Review: ...

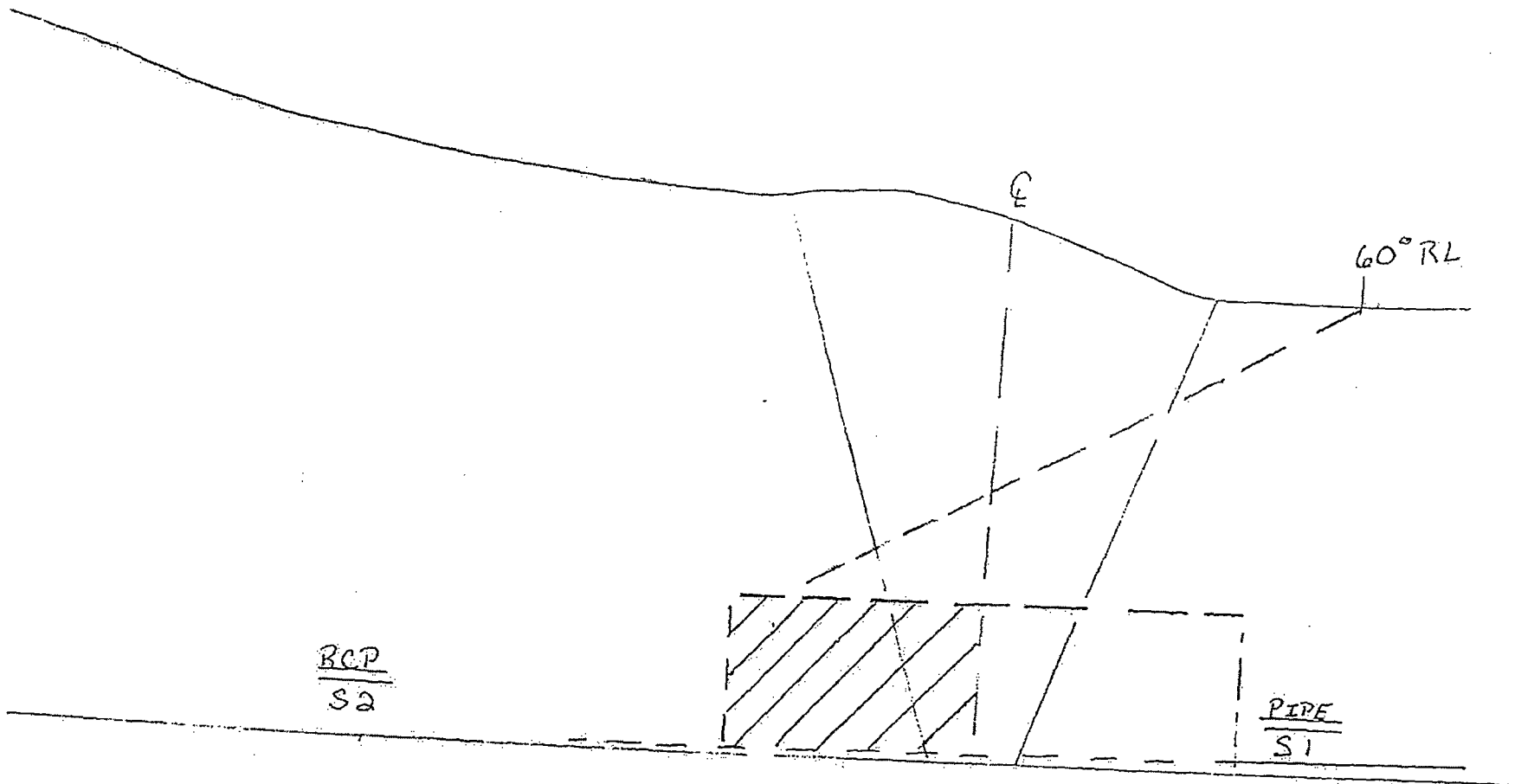
ANII Review: ...

Date: 11-3-09

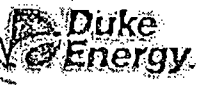
Date: ...

Date: 11/4/09

Comments: Axial exam limitation



ATTACHMENT A
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Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 1</u>	Procedure: <u>PDI-UT-2</u>	Outage No.: <u>01-25</u>
Summary No.: <u>01.B9.11.0062</u>	Procedure Rev.: <u>C</u>	Report No.: <u>UT-09-349</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01841924</u>	Page: <u>5</u> of <u>5</u>

45 deg

Scan 1	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 37.500 % total for 45 deg

Other deg - _____ (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 1
Scan 2	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 2
Scan 3	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 3
Scan 4	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: Rodney Sheffield *Rodney Sheffield*

Date: 11-3-09



UT Pipe Weld Examination

ATTACHMENT A
PAGE 74 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.B9.11.0062
Workscope: ISI

Procedure: NDE-830
Procedure Rev.: 1
Work Order No.: 01841924

Outage No.: O1-25
Report No.: UT-09-337
Page: 1 of 3

Code: 1998/2000A Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI-OCN1-012 Description: RC Pump 1A2 to Safe end
System ID: 50
Component ID: 1-PDA2-1 Size/Length: N/A Thickness/Diameter: 2.33/33.5/SS
Limitations: Single side exam - see attached limitations sheet Start Time: 0910 Finish Time: 0942

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: N/A Wo Location: N/A Couplant: ULTRAGEL II Batch No.: 09125

Temp. Tool Mfg.: FISHER Serial No.: MCNDE32768 Surface Temp.: 77 °F

Cal. Report No.: Of 11/6/09 ~~CAL-09-325 & CAL-09-326~~ CAL-09-427 & 428

Angle Used	0	45	45T	60	70	
Scanning dB				72.0	73.0	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Non-code exam

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No

Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.			<i>Winfred C. Leeper</i>	10/31/2009	<i>Barry</i>		11-2-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Foss, Steven			<i>Steven Foss</i>	10/31/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		11/3/09

DUKE POWER COMPANY ISI LIMITATION REPORT

UT-09-

Component/Weld ID: 1-PIA-2 Item No: O1.B9.11.0062

remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 CL to Beyond
 ANGLE: 0 45 60 other 70 FROM 0 DEG to 360 DEG

Procedure allows scanning

from cast side only

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM W0 _____ 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 W0 _____ 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 W0 _____ to _____
 ANGLE: 0 5 60 other _____ FROM _____ DEG to _____ DEG

Sketch(s) attached

yes No

Prepared By: Winfred Leeper Level: II Date: 10/31/09

Sheet 2 of 3

Reviewed By: Barry [Signature] Date: 11-2-09

Authorized Inspector: [Signature] Date: 11/3/09



Supplemental Report

ATTACHMENT A
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Report No.: UT-09-337

Page: 3 of 3

Summary No.: 01.B9.11.0062

Examiner: Leeper, Winfred C. *Winfred C. Leeper*

Level: II-N

Reviewer: *Barry M...*

Date: 11-2-09

Examiner: Foss, Steven *Steven A. Foss*

Level: II-N

Site Review: _____

Date: _____

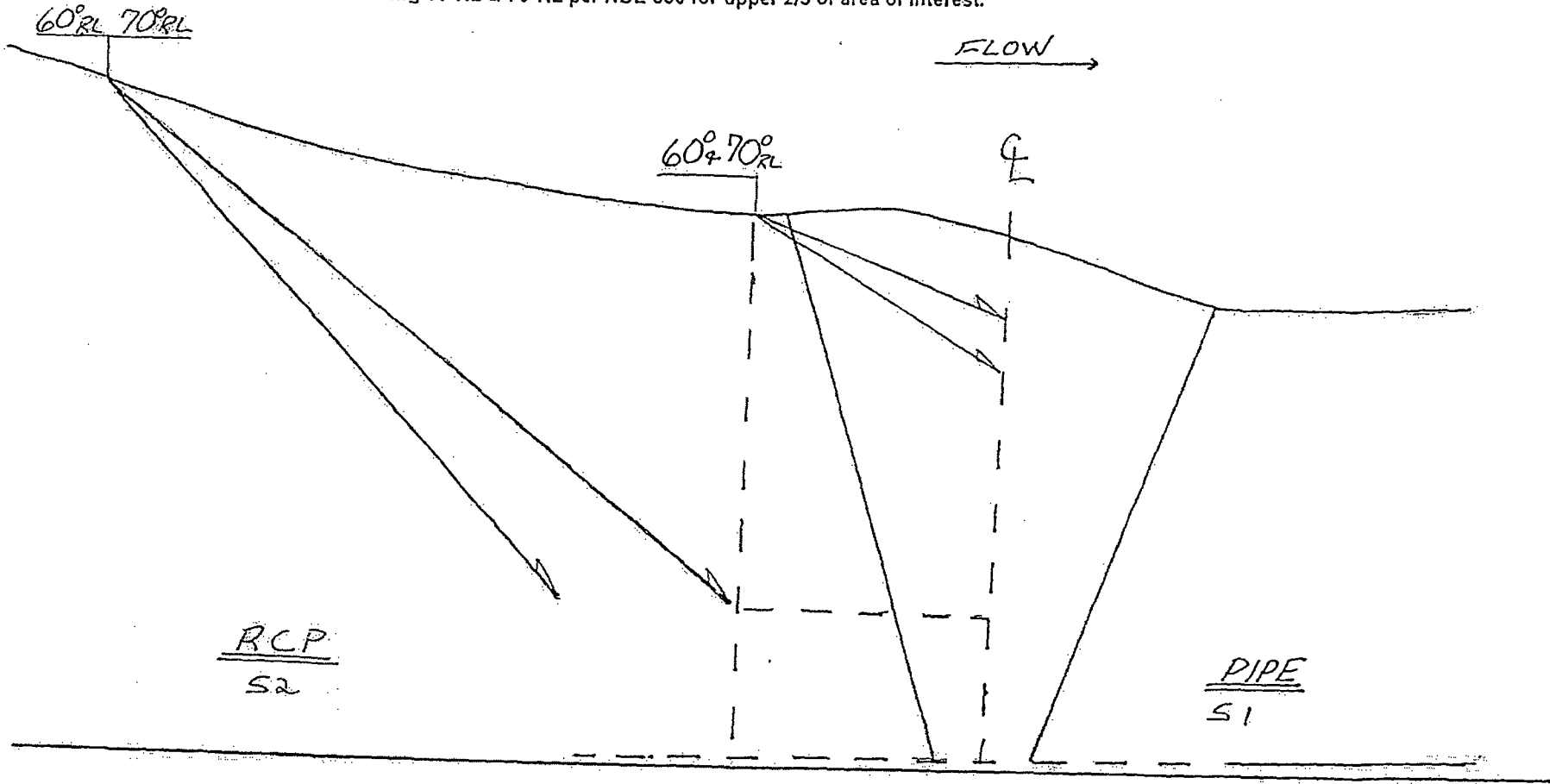
Other: N/A

Level: N/A

ANII Review: *C. Bennett*

Date: 11/3/09

Comments: Best effort exam using 60°RL & 70°RL per NDE 830 for upper 2/3 of area of interest.





UT Pipe Weld Examination

ATTACHMENT A
PAGE 77 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.C5.11.0028
Workscope: ISI

Procedure: PDI-UT-2
Procedure Rev.: C
Work Order No.: 01845470

Outage No.: O1-25
Report No.: UT-09-267
Page: 1 of 5

Code: 1998/2000A Cat./Item: C-F-1/C5.11 Location: _____
Drawing No.: 1-53A-02(1) Description: Valve 1LP-47 (Cast SS) to Pipe
System ID: 53A
Component ID: 1-53A-02-65L Size/Length: N/A Thickness/Diameter: 1.125/10.0/SS
Limitations: Yes - Single sided exam, see coverage sheet Start Time: 1551 Finish Time: 1607

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 69 °F
Cal. Report No.: CAL-09-336 & CAL-09-337

Angle Used	0	45	45T	60		
Scanning dB		37.8	37.8	48.5		

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Hollis, Jacob			<i>Jacob Hollis</i>	10/20/2009	<i>Bang M...</i>		10-23-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Griebel, David M.			<i>David M. Griebel</i>	10/20/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		10/28/09

ATTACHMENT A
PAGE 78 OF 112



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit:	<u>Oconee / 1</u>	Procedure:	<u>PDI-UT-2</u>	Outage No.:	<u>O1-25</u>
Summary No.:	<u>O1.C5.11.0028</u>	Procedure Rev.:	<u>C</u>	Report No.:	<u>UT-09-267</u>
Workscope:	<u>ISI</u>	Work Order No.:	<u>01845470</u>	Page:	<u>2</u> of <u>5</u>

45 deg

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 37.500 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor:

Rodney Sheffield
Barney Mitchell

Date:

10-23-09
10-23-09

DUKE POWER COMPANY ISI LIMITATION REPORT

UT-09-267

DUKE POWER COMPANY		
ISI LIMITATION REPORT		UT-09-267
Component/Weld ID: <u>1-53A-02-65L</u> Item No: <u>O1.C5.11.0028</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>0</u> to L <u>33.75</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		No scan due to valve configuration. No landing on value side and it's cast material.
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>0</u> to L <u>33.75</u> INCHES FROM W0 <u>.45</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		Limited scan due to valve configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		UT-09-266
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Jacob R. Hollis</u> <i>Jacob R. Hollis</i>	Level: <u>II</u>	Date: <u>10/20/09</u>
Reviewed By: <u>Benny Miller</u> <i>Benny Miller</i>	Date: <u>10-27-09</u>	Authorized Inspector: <i>[Signature]</i> Date: <u>10/25/09</u>
		Sheet <u>3</u> of <u>5</u>



Supplemental Report

Report No.: UT-09-267

Page: 4 of 5

Summary No.: O1.C5.11.0028

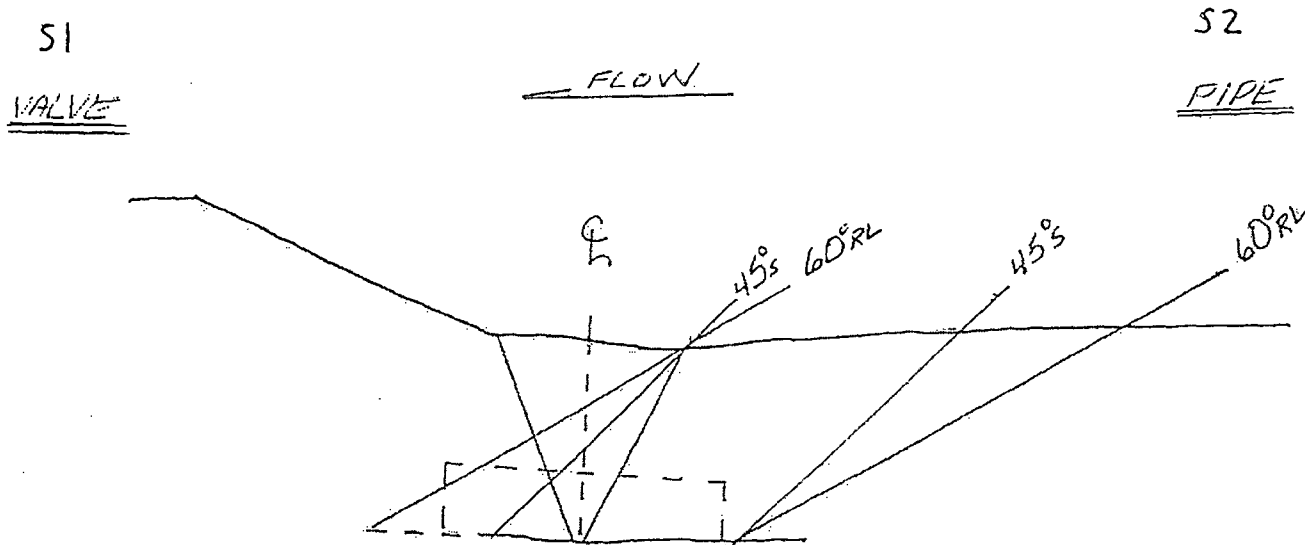
Examiner: Hollis, Jacob *Jacob C. Hollis*
Examiner: Griebel, David M. *D.M. Griebel*
Other: N/A

Level: II-N
Level: II-N
Level: N/A

Reviewer: Barry Mehl
Site Review: _____
ANII Review: _____

Date: 10-23-09
Date: _____
Date: 10/23/09

Comments: Axial exam 45° shear & 60°RL





Supplemental Report

ATTACHMENT A
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Report No.: UT-09-267
Page: 5 of 5

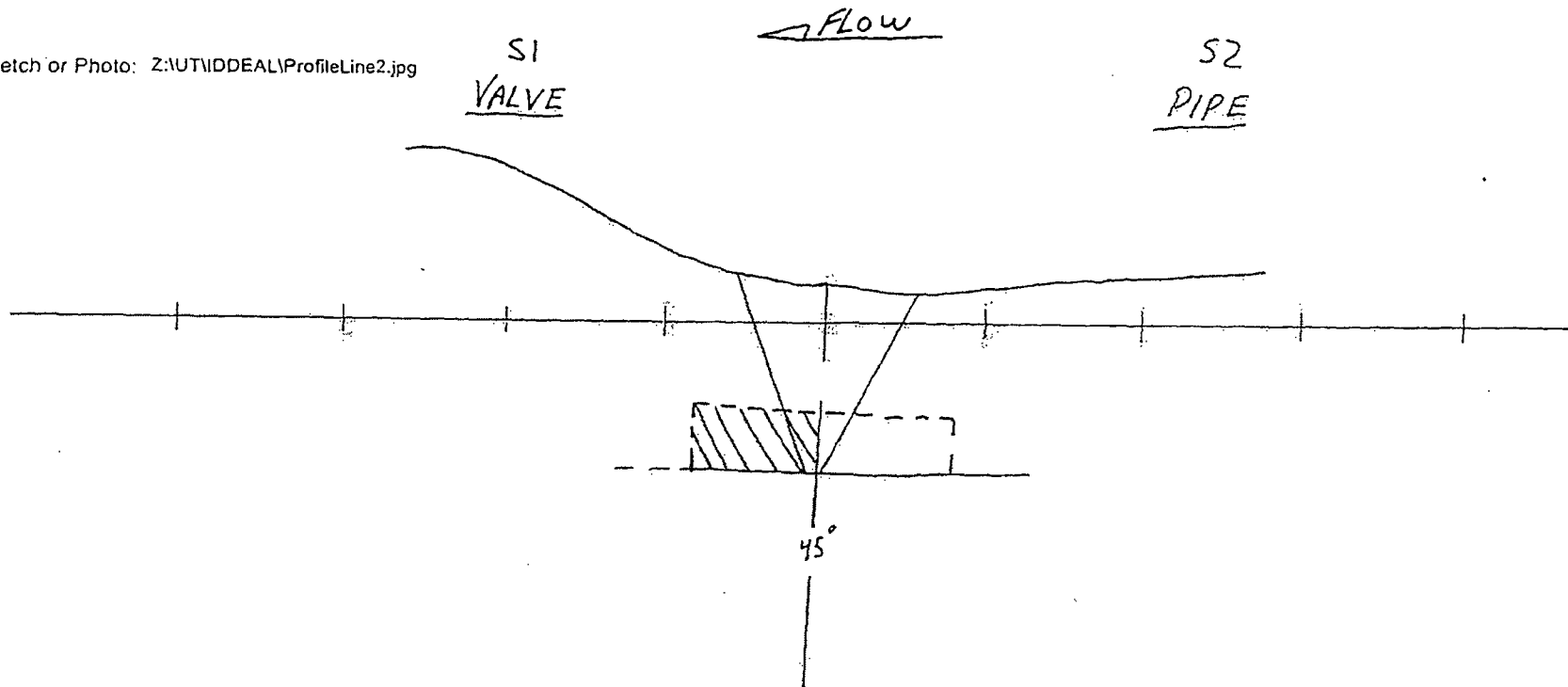
Summary No.: 01.C5.11.0028

Examiner: Hollis, Jacob *Jacob C. Hollis*
Examiner: Griebel, David M. *David M. Griebel*
Other: N/A

Level: II-N Reviewer: Barry M. ... Date: 10-23-09
Level: II-N Site Review: _____ Date: _____
Level: N/A ANII Review: Adrian ... Date: 10/23/09

Comments: CW & CCW Circ. exam 45° shear; Scan 1 Ax.

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg





UT Pipe Weld Examination

ATTACHMENT A
PAGE 82 OF 112

Site/Unit: Oconee / 1
Summary No.: 01.C5.21.0004
Workscope: ISI

Procedure: PDI-UT-2
Procedure Rev.: C
Work Order No.: 01846023

Outage No.: 01-25
Report No.: UT-09-296
Page: 1 of 7

Code: 1998/2000A Cat./Item: C-F-1/C5.21 Location: _____
Drawing No.: 1-51A-04 Description: Pipe to Valve 1HP-194 (Forged SS)
System ID: 51A
Component ID: 1-51A-04-1C Size/Length: N/A Thickness/Diameter: 0.674/4.0/SS
Limitations: Yes - See attached Limitation Report Start Time: 1208 Finish Time: 1240

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 69 °F

Cal. Report No.: CAL-09-355, 356, 357

Angle Used	0	45	45T	60	38	
Scanning dB		48.2	51.0	63.3	44	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Koster, Rickey				10/26/2009	Benny Michael		10-29-09
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Bowne, Lowell V.				10/26/2009			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A							10/30/09



Ultrasonic Indication Report

ATTACHMENT A
PAGE 83 OF 112

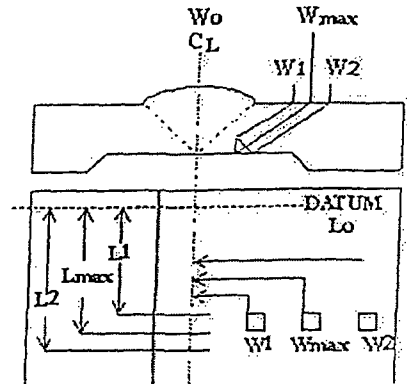
Site/Unit: Oconee / 1 Procedure: PDI-UT-2 Outage No.: 01-25
 Summary No.: 01.C5.21.0004 Procedure Rev.: C Report No.: UT-09-296
 Workscope: ISI Work Order No.: 01846023 Page: 2 of 7

Search Unit Angle: 45°s & 60°RL
 Wo Location: Weld Centerline
 Lo Location: 9.1.1.1

- Piping Welds
- Ferritic Vessels $\geq 2''T$
- Other _____

MP	Metal Path	Wmax	Distance From Wo To S.U. At Maximum Response
RBR	Remaining Back Reflection	W1	Distance From Wo At Of Max (Forward)
L	Distance From Datum	W2	Distance From Wo At Of Max (Forward)

Comments: N/A



Angle	Indication No.	% Of DAC	W Max		Forward Of Max		Backward Of Max		L1 Of Max	L Max	L2 Of Max	RBR Amp.	Remarks
			W	MP	W1	MP	W2	MP					
45°	1	125	.75	1.05	N/A	N/A	N/A	N/A	N/A	13"	N/A	N/A	Int ID Geometry - 360°
60°RL	2	125	1.2	1.50	N/A	N/A	N/A	N/A	N/A	1.50"	N/A	N/A	Int ID Geometry - 360°

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Koster, Rickey	II-N	<i>[Signature]</i>	10/26/2009	<i>[Signature]</i>	<i>[Signature]</i>	10-29-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Bowne, Lowell V.	II-N	<i>[Signature]</i>	10/26/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		10/30/09

DUKE POWER COMPANY ISI LIMITATION REPORT

UT-09-296

Component/Weld ID: <u>1-51A-04-1C</u> Item No: <u>O1.C5.21.0004</u>	remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>0</u> to L <u>14.13</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>38°</u> FROM <u>0</u> DEG to <u>360</u> DEG	No scan due to valve configuration
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Rickey L. Koster</u> Level: <u>II</u> Date: <u>10/26/09</u>	Sheet <u>3</u> of <u>7</u>
Reviewed By: <u>Bang [Signature]</u> Date: <u>10-29-09</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>10/30/09</u>



Supplemental Report

ATTACHMENT A
PAGE 85 OF 112

Report No.: UT-09-296

Page: 4 of 7

Summary No.: 01.C5.21.0004

Examiner: Koster, Rickey

Level: II-N

Reviewer: Bang M

Date: 10-29-09

Examiner: Bowne, Lowell V.

Level: II-N

Site Review: _____

Date: _____

Other: N/A

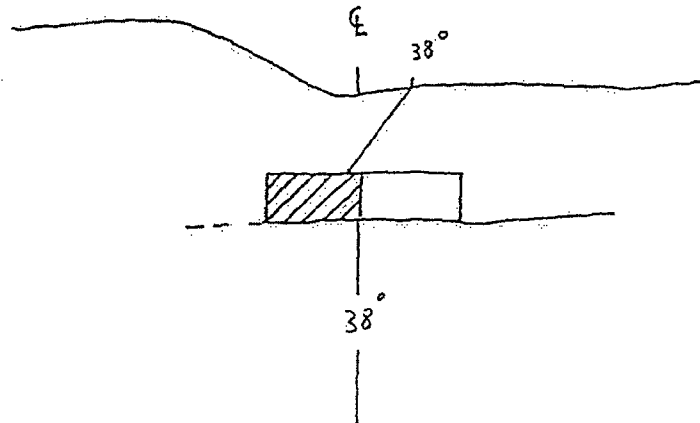
Level: N/A

ANII Review: [Signature]

Date: 10/30/09

Comments: CW & CCW Circ. Exam limitation

Sketch or Photo:





Supplemental Report

ATTACHMENT A
PAGE 86 OF 112

Report No.: UT-09-296

Page: 5 of 7

Summary No.: 01.C5.21.0004

Examiner: Koster, Rickey *[Signature]*

Level: II-N

Reviewer: *[Signature]*

Date: 10-29-09

Examiner: Bowne, Lowell V. *[Signature]*

Level: II-N

Site Review: *[Signature]*

Date:

Other: N/A

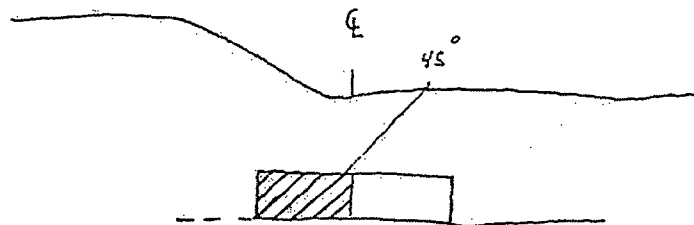
Level: N/A

ANII Review: *[Signature]*

Date: 10/30/09

Comments: Axial exam limitation

Sketch or Photo:





Supplemental Report

ATTACHMENT A
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Report No.: UT-09-296
Page: 6 of 7

Summary No.: 01.C5.21.0004
Examiner: Koster, Rickey
Examiner: Bowne, Lowell V
Other: N/A

Level: II-N
Level: II-N
Level: N/A

Reviewer: [Signature]
Site Review: [Signature]
ANII Review: [Signature]

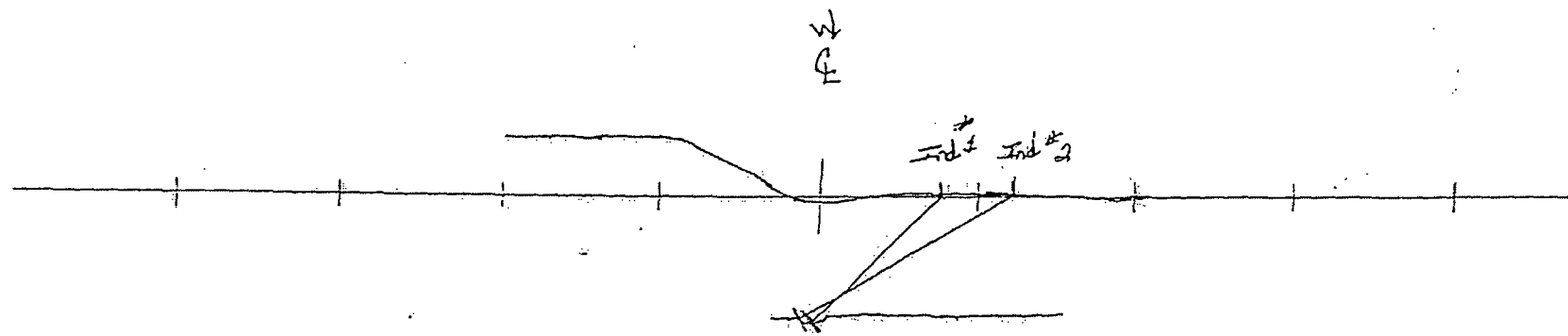
Date: 10-29-09
Date: [Blank]
Date: 10/30/09

Comments: Ind. # 1 - 45° & Ind. # 2 60°RL are geometric reflectors from weld root configuration. These reflectors are intermittent 360°. This was verified by reviewing previous data.

Sketch or Photo: Z:\UTIDDEAL\ProfileLine2.jpg

S2

S1



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 1</u>	Procedure: <u>PDI-UT-2</u>	Outage No.: <u>01-25</u>
Summary No.: <u>01.C5.21.0004</u>	Procedure Rev.: <u>C</u>	Report No.: <u>UT-09-296</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01846023</u>	Page: <u>7</u> of <u>7</u>

45 deg / 38 deg

Scan 1	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 37.500 % total for 45 deg

Other deg - _____ (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 1
Scan 2	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 2
Scan 3	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 3
Scan 4	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: Rod Syfule

Date: 10-28-09



UT Pipe Weld Examination

ATTACHMENT A
PAGE 89 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.C5.21.0027
Workscope: ISI

Procedure: NDE-600
Procedure Rev.: 17
Work Order No.: 01850931

Outage No.: O1-25
Report No.: UT-09-234
Page: 1 of 5

Code: 1998/2000A Cat./Item: C-F-1/C5.21 Location: _____
Drawing No.: 1HP-387 Description: Valve 1HP-118 (Forged SS) to Elbow
System ID: 51A
Component ID: 1HP-387-118A Size/Length: N/A Thickness/Diameter: 0.531 / 4.000
Limitations: Yes, see attached limitation Start Time: 1356 Finish Time: 1409

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 07225
Temp. Tool Mfg.: Fluke Serial No.: OCQUA33090 Surface Temp.: 82 °F

Cal. Report No.: CAL-09-301, CAL-09-302, CAL-09-303

Angle Used	0	45	45T	60	60L	
Scanning dB			40	45	60	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-03

Results: Accept Reject Info
Percent Of Coverage Obtained > 90%: 100% 10-23-09 No

Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II-N	<i>Winfred C. Leeper</i>	7/28/2009	<i>Gary A. Moore</i>		10-23-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
N/A	N/A					
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		10/23/09

UT-09-234

DUKE POWER COMPANY

ISI LIMITATION REPORT

DUKE POWER COMPANY ISI LIMITATION REPORT		
Component/Weld ID: <u>1-51A-01-118A</u> Item No: <u>O1.C5.21.0027</u>		remarks:
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	Due to valve configuration	
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	Valve configuration	
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>0.9</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	Sketch(s) attached <input type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>Winfred Leeper</u> Level: <u>II</u> Date: <u>7/28/09</u>	Sheet <u>2</u> of <u>5</u>	
Reviewed By: <u>Gary Mon</u> Date: <u>10-23-09</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>10/23/09</u>



Supplemental Report

ATTACHMENT A
PAGE 91 OF 112

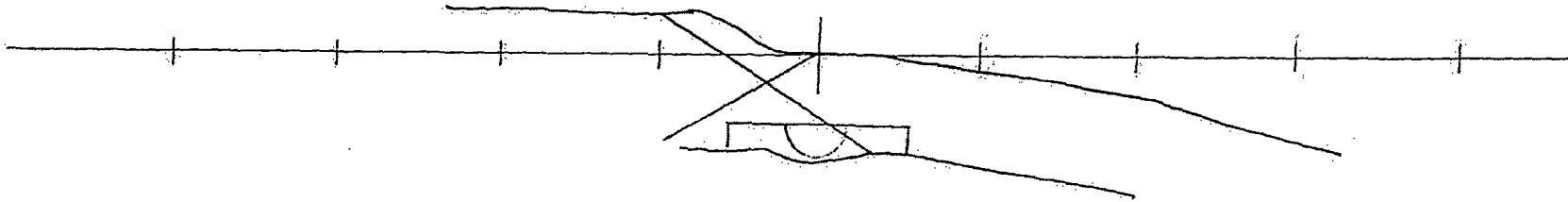
Report No.: UT-09-234
Page: 3 of 5

Summary No.: 01.C5.21.0027

Examiner: <u>Leeper, Winfred C. <i>Winfred C. Leeper</i></u>	Level: <u>II-N</u>	Reviewer: <u><i>Dan A. Moss</i></u>	Date: <u>10-23-09</u>
Examiner: <u>N/A</u>	Level: <u>N/A</u>	Site Review: _____	Date: _____
Other: <u>N/A</u>	Level: <u>N/A</u>	ANII Review: <u><i>[Signature]</i></u>	Date: <u>0/23/09</u>

Comments:

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg





Supplemental Report

ATTACHMENT A
PAGE 92 OF 112

Report No.: UT-09-234

Page: 4 of 5

Summary No.: O1.C5.21.0027

Examiner: Leeper, Winfred C. *Winfred C. Leeper*

Level: II-N

Reviewer: *Gary A. Mars*

Date: 10-23-09

Examiner: N/A

Level: N/A

Site Review: _____

Date: _____

Other: N/A

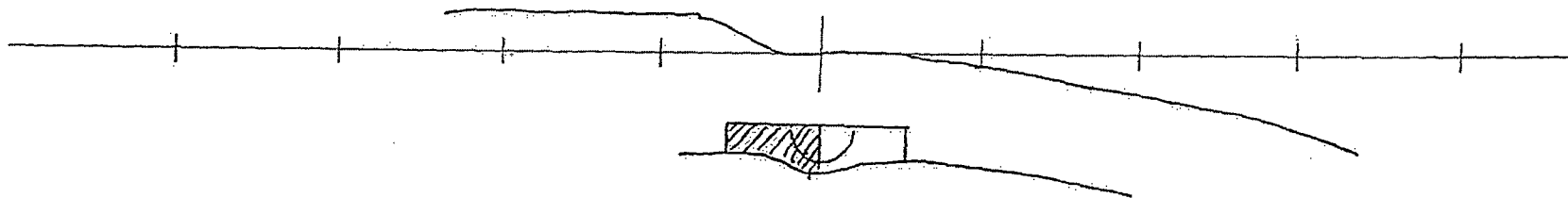
Level: N/A

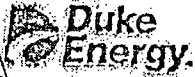
ANII Review: *Alberto*

Date: 11/29/09

Comments: CW & CCW

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg





Determination of Percent Coverage for UT Examinations - Pipe

ATTACHMENT A
PAGE 93 OF 112

Site/Unit: <u>Oconee / 1</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>01-25</u>
Summary No.: <u>01.C5.21.0027</u>	Procedure Rev.: <u>17</u>	Report No.: <u>UT-09-234</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01850931</u>	Page: <u>5</u> of <u>5</u>

45 deg | 60 deg

Scan 1	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 75.000 % total for 45 deg

Other deg - _____ (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 1
Scan 2	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 2
Scan 3	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 3
Scan 4	_____	% Length X	_____	% volume of length / 100 =	_____	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

75.000 % Total for complete exam

Site Field Supervisor: Rodney McFadden

Date: 10-23-09



UT Pipe Weld Examination

ATTACHMENT A
PAGE 94 OF 112

Site/Unit: Oconee / 1
Summary No.: O1.C5.21.0040
Workscope: ISI

Procedure: NDE-600
Procedure Rev.: 17
Work Order No.: _____

Outage No.: O1-25
Report No.: UT-09-235
Page: 1 of 4

Code: 1998/2000A Cat./Item: C-F-1/C5.21 Location: _____
Drawing No.: 1HP-193 Description: Tee to Pipe
System ID: 51A
Component ID: 1HP-193-17 Size/Length: N/A Thickness/Diameter: 0.375 / 2.500
Limitations: Yes Start Time: 0916 Finish Time: 0927

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 07225
Temp. Tool Mfg.: Fluke Serial No.: OCQUA33090 Surface Temp.: 90 °F

Cal. Report No.: CAL-09-304, CAL-09-305, CAL-09-306

Angle Used	0	45	45T	60	70	
Scanning dB			47	47	47	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-03

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II-N	<i>Winfred C. Leeper</i>	7/22/2009	<i>Mary A. Moss</i>		9-23-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
N/A	N/A					
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		10/6/09

UT-09-235

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: 1HP-193-17 Item No: C-05-021.064 ⁰⁰⁴⁰ ~~21~~ _{9.23.09}

remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 .05" to Beyond
 ANGLE: 0 45 60 other _____ FROM 0 DEG to 360 DEG

Due to tee configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM W0 _____ 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 W0 _____ 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 W0 _____ to _____
 ANGLE: 0 5 60 other _____ FROM _____ DEG to _____ DEG

Sketch(s) attached
 yes No

Prepared By: Winfred Leeper *Winfred P. Leeper* Level: II Date: 07/22/2009

Sheet 2 of 4

Reviewed By: Raymond *Raymond* Date: 9.23.09

Authorized Inspector: [Signature] Date: 10/6/09



Supplemental Report

ATTACHMENT A
PAGE 96 OF 112

Report No.: U7-09-235

Page: 3 of 4

Summary No.: 01.C5.21.0040

Examiner: Leeper, Winfred C. *Winfred C. Leeper*

Level: II-N

Reviewer: *Gary Moss*

Date: 9-23-09

Examiner: N/A

Level: N/A

Site Review:

Date:

Other: N/A

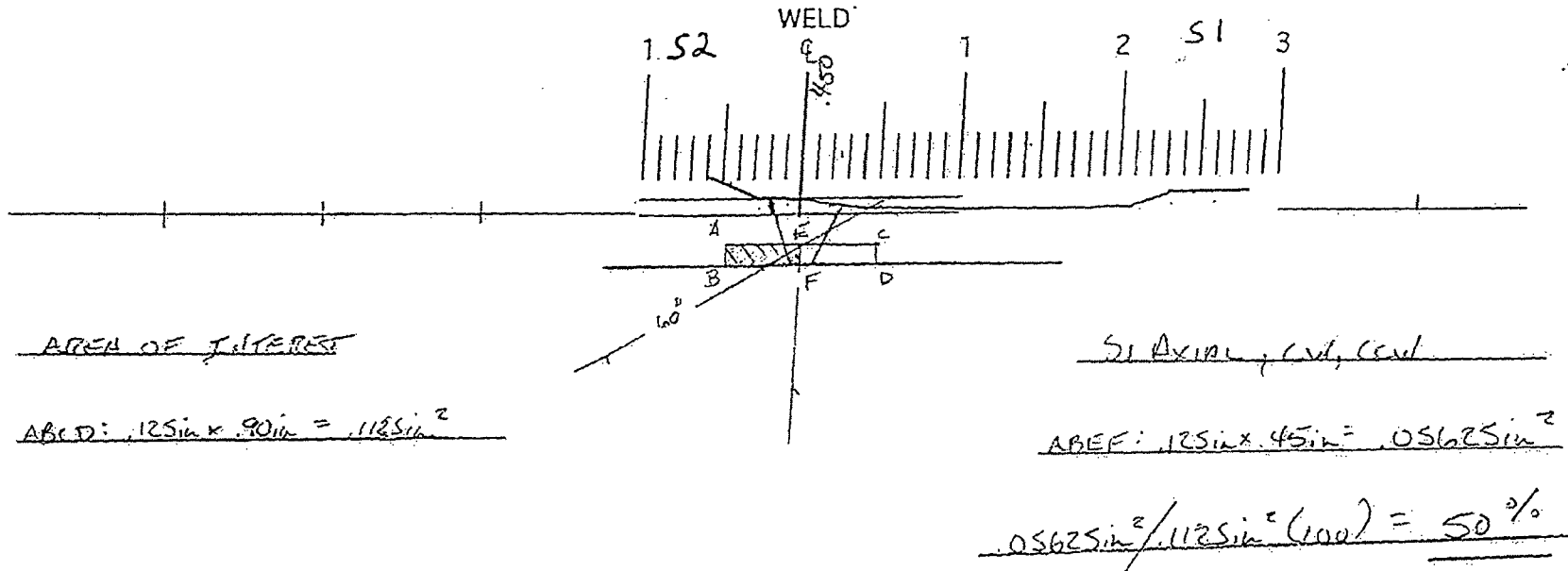
Level: N/A

ANII Review: *Chad Smith*

Date: 10/6/09

Comments:

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg



ATTACHMENT A
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Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 1</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>O1-25</u>
Summary No.: <u>O1.C5.21.0040</u>	Procedure Rev.: <u>17</u>	Report No.: <u>UT-09-235</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01850941</u>	Page: <u>4</u> of <u>4</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 1
Scan 2	<u>0.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: James J. McCallister

Date: 9-22-09



UT Pipe Weld Examination

Site/Unit: Oconee / 1
 Summary No.: O1.C5.21.0051
 Workscope: ISI

Procedure: PDI-UT-2
 Procedure Rev.: C
 Work Order No.: 01848378

Outage No.: O1-25
 Report No.: UT-09-322
 Page: 1 of 5

Code: 1998/2000A Cat./Item: C-F-1/C5.21 Location: _____
 Drawing No.: 1-51A-02 Description: Pipe to Flange
 System ID: 51A
 Component ID: 1-51A-02-16BH Size/Length: N/A Thickness/Diameter: 0.531/4.0/SS
 Limitations: Yes - See attached limitation report Start Time: 0955 Finish Time: 1028

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 72 °F

Cal. Report No.: CAL-09-400, 401 & 402

Angle Used	0	45	45T	60	70L	
Scanning dB		26.7	26.7	54.5	36.7	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Hendrickson, Matthew	II-N		10/29/2009	Barry Mohr		11-2-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
Day, John, C.	II-N		10/29/2009			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					11/3/09

DUKE POWER COMPANY ISI LIMITATION REPORT

UT-09-522

Component/Weld ID: 1-51A-02-16BH Item No: O1.C5.21.0051

remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 CL to Beyond
 ANGLE: 0 45 60 other 70L FROM 0 DEG to 360 DEG

Due to flange

configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM W0 _____ 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 W0 _____ 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 W0 _____ to _____
 ANGLE: 0 5 60 other _____ FROM _____ DEG to _____ DEG

Sketch(s) attached

yes No

Prepared By: John Day *[Signature]* Level: II Date: 10/29/09

Sheet 2 of 5

Reviewed By: *[Signature]* Date: 11-2-09

Authorized Inspector: *[Signature]* Date: 11/3/09



Supplemental Report

ATTACHMENT A
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Report No.: UT-09-322

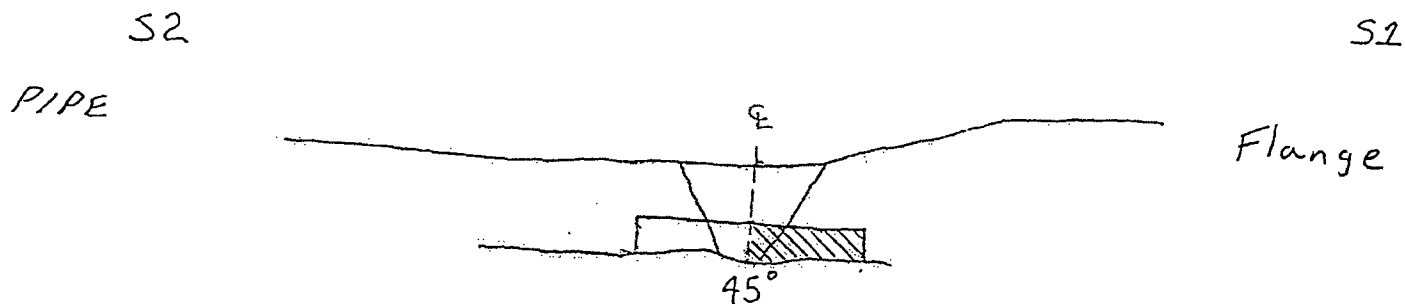
Page: 3 of 5

Summary No.: 01.C5.21.0051

Examiner: <u>Hendrickson, Matthew</u>	Level: <u>II-N</u>	Reviewer: <u>Barry Miller</u>	Date: <u>11-2-09</u>
Examiner: <u>Day, John, C.</u>	Level: <u>II-N</u>	Site Review: _____	Date: _____
Other: <u>N/A</u>	Level: <u>N/A</u>	ANII Review: <u>[Signature]</u>	Date: <u>11/3/09</u>

Comments: CW & CCW Circ. exam limitation

Sketch or Photo:





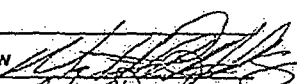
Supplemental Report

ATTACHMENT A
PAGE 101 OF 112

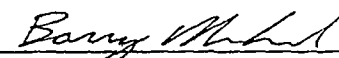
Report No.: UT-09-322

Page: 4 of 5

Summary No.: O1.C5.21.0051

Examiner: Hendrickson, Matthew 

Level: II-N

Reviewer: Barry Whit 

Date: 11-2-09

Examiner: Day, John, C. 

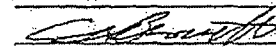
Level: II-N

Site Review: _____

Date: _____

Other: N/A

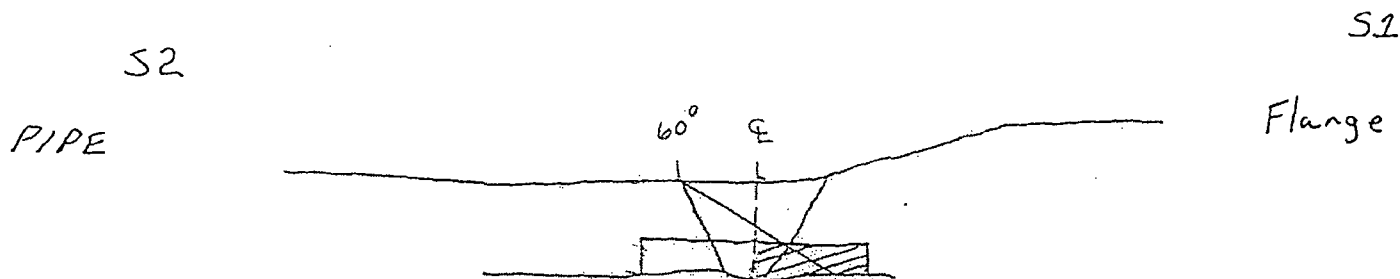
Level: N/A

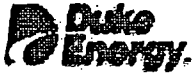
ANII Review: 

Date: 11/3/09

Comments: Axial exam limitation

Sketch or Photo:





Determination of Percent Coverage for UT Examinations - Pipe

ATTACHMENT A
PAGE 102-05 112

Site/Unit:	<u>Oconee / 1</u>	Procedure:	<u>PDI-UT-2</u>	Outage No.:	<u>O1-25</u>
Summary No.:	<u>01.C5.21.0051</u>	Procedure Rev.:	<u>C</u>	Report No.:	<u>UT-09-322</u>
Workscope:	<u>ISI</u>	Work Order No.:	<u>01848378</u>	Page:	<u>5</u> of <u>5</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine:

37.500 % Total for complete exam

Site Field Supervisor: Rodney Sniffels

Date: 11-3-09



UT Pipe Weld Examination

Site/Unit: Oconee / 1 Procedure: NDE-600 Outage No.: N/A
 Summary No.: 1-HP-0187-184 Procedure Rev.: 17 Report No.: BOP-UT-09-082
 Workscope: BOP Work Order No.: 01859555 Page: 1 of 5

Code: N/A Cat./Item: N/A Location: N/A
 Drawing No.: N/A Description: N/A
 System ID: N/A
 Component ID: N/A Size/Length: N/A Thickness/Diameter: .531"/4.0"
 Limitations: Yes Start Time: 1314 Finish Time: 1328

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE32770 Surface Temp.: 72 °F

Cal. Report No.: CAL-09-331, CAL-09-332, CAL-09-333

Angle Used	0	45	45T	60	60L	
Scanning dB			49	49	57	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-03

Results: Accept Reject Info Initial PSI Exam
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II-N	<i>Winfred C. Leeper</i>	10/19/2009	<i>Benny M. ...</i>		10-22-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
N/A	N/A					
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>...</i>		10/23/09



Determination of Percent Coverage for UT Examinations - Pipe

ATTACHMENT A
OF 112
PAGE 1 OF 1

Site/Unit: Oconee / 1
Summary No.: 1-HP-0187-184
Workscope: BOP

Procedure: NDE-600
Procedure Rev.: 17
Work Order No.: 01859555

Outage No.: N/A
Report No.: BOP-UT-09-082
Page: 2 of 5

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: *Rod Sheffield*

Date: 10-28-09

DUKE POWER COMPANY			
ISI LIMITATION REPORT			
Component/Weld ID: 1HD101872184		Item No: N/A	
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw <i>10/27/09</i>	
FROM L <u>N/A</u> to L <u>N/A</u>		INCHES FROM W0 <u>.4"</u> to <u>Beyond</u>	
ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____		FROM <u>N/A</u> DEG to <u>N/A</u> DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____		FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____		FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN		SURFACE BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to L _____		INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____		FROM _____ DEG to _____ DEG	
Prepared By: Winfred Leeper <i>Winfred Leeper</i>		Level: II	Date: 10/19/09
Reviewed By: <i>Barry Whit</i>		Date: 10-22-09	Authorized Inspector: <i>[Signature]</i>
Sheet 3		of 45 <i>DEC 10/27/09</i>	
BOP-UT-09-062		Sketch(s) attached	
		<input checked="" type="checkbox"/> yes <input type="checkbox"/> No	



Supplemental Report

ATTACHMENT A
PAGE 106 OF 112

Report No.: BOP-UT-09-082

Page: 4 of 5

Summary No.: 1-HP-0187-184

Examiner: Leeper, Winfred C. *Winfred C. Leeper*

Level: II-N

Reviewer: *Barry M. Hill*

Date: 10-22-09

Examiner: N/A

Level: N/A

Site Review:

Date:

Other: N/A

Level: N/A

ANII Review: *[Signature]*

Date: 10/23/09

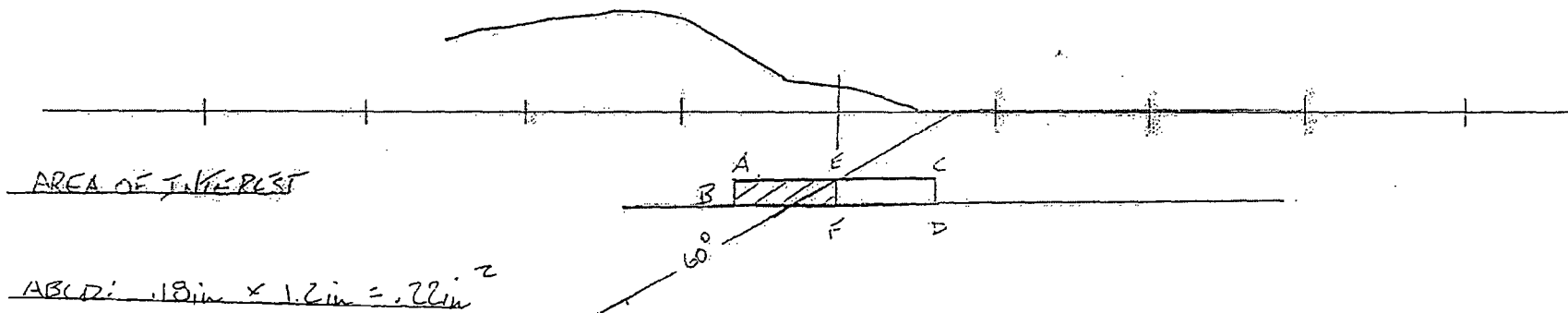
Comments: Area of Interest and Axial Coverage

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg

AXIAL COVERAGE

$$CDEF: .18in \times .60in = .11in^2$$

$$.11in^2 / .22in^2 (100) = 50\%$$





Supplemental Report

ATTACHMENT A
PAGE 107 OF 112

Report No.: BOP-UT-09-082

Page: 5 of 5

Summary No.: 1-HP-0187-184

Examiner: Leeper, Winfred C. *Winfred C. Leeper*

Level: II-N

Reviewer: *Bassam M. H. A.*

Date: 10-22-09

Examiner: N/A

Level: N/A

Site Review: _____

Date: _____

Other: N/A

Level: N/A

ANII Review: *[Signature]*

Date: 10/25/09

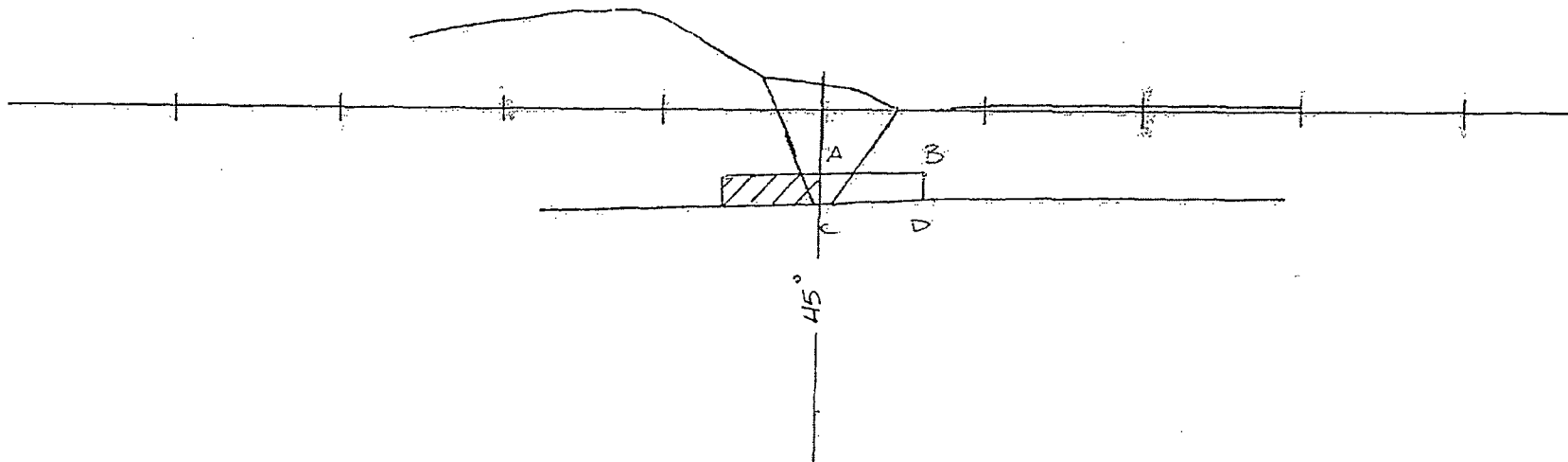
Comments: Circ. Coverage

CIRC. COVERAGE

Sketch or Photo: Z:\UT\IDEAL\ProfileLine2.jpg

$ABCD: .18in \times .60in = .11in^2$

$.11in^2 / .22in^2 (100) = 50\%$





UT Pipe Weld Examination

ATTACHMENT A
PAGE 108 OF 112

Site/Unit: Oconee / 1 Procedure: NDE-600 Outage No.: N/A
 Summary No.: 1-HP-0187-185 Procedure Rev.: 17 Report No.: BOP-UT-09-089
 Workscope: PSI Work Order No.: 01635555 Page: 1 of 5

Code: Section XI - ASME 3 NC on 10-29-09 Cat./Item: N/A Locallon: N/A
 Drawing No.: N/A Description: Pipe to valve
 System ID: HP
 Component ID: 1-HP-0187-185 Size/Length: N/A Thickness/Diameter: .531/4"SS
 Limitatons: Yes Start Time: 1351 Finish Time: 1507

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: RT - 0 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: FISHER Serial No.: MCNDE 27228 Surface Temp.: 72 °F
 Cal. Report No.: CAL-09-376, 377 & 378

Angle Used	0	45	45T	60	60L	
Scanning dB			42	42	52	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW
 Comments:
FC 08-03

Results: Accept Reject Info Initial PSI Exam
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Jolly, B. Dale	II-N	<i>B. Dale Jolly</i>	10/27/2009	<i>M.E. Lewis</i>		10-29-09
Examiner	Level	Signature	Date	Site Review	Signature	Date
N/A	N/A					
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		10/30/09



Determination of Percent Coverage for UT Examinations - Pipe

ATTACHMENT A
PAGE 1 OF 112

Site/Unit: <u>Oconee / 1</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>N/A</u>
Summary No.: <u>1-HP-0187-185</u>	Procedure Rev.: <u>17</u>	Report No.: <u>BOP-UT-09-089</u>
Workscope: <u>PSI</u>	Work Order No.: <u>01859555</u>	Page: <u>2</u> of <u>5</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: Rodney Sheffield

Date: 10/29/2009

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>1-HP-0187-185</u> Item No: <u>N/A</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>N/A</u> to <u>N/A</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	Valve configuration 	
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	Valve configuration 	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Valve configuration 	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>B. Dale Jolly</u> Level: <u>II</u> Date: <u>10/27/09</u>		Sheet <u>3</u> of <u>5</u>
Reviewed By: <u>[Signature]</u>	Date: <u>10-29-09</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>10/30/09</u>



Supplemental Report

Report No.: BOP-UT-09-089

Page: 4 of 5

Summary No.: 1-HP-0187-185

Examiner: Jolly, B. Dale B. Dale Jolly

Level: II-N

Reviewer: ME Houser

Date: 10.29.09

Examiner: N/A

Level: N/A

Site Review: _____

Date: _____

Other: N/A

Level: N/A

ANII Review: [Signature]

Date: 10/30/09

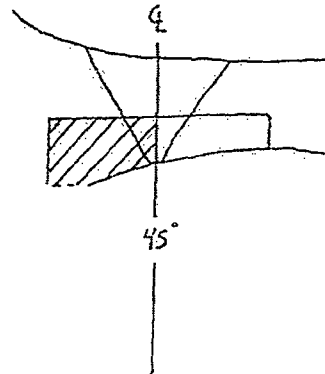
Comments: CW & CCW Circ. Exam limitation

Sketch or Photo:

S1

S2

valve





Supplemental Report

Report No.: BOP-UT-09-089

Page: 5 of 5

Summary No.: 1-HP-0187-185

Examiner: Jolly, B. Date B. Dale Jolly

Examiner: N/A

Other: N/A

Level: II-N

Level: N/A

Level: N/A

Reviewer: ME Houser

Site Review: _____

ANII Review: [Signature]

Date: 10-29-09

Date: _____

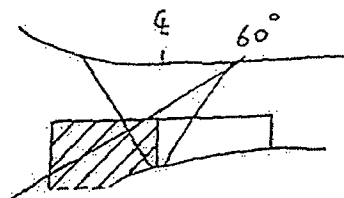
Date: 10/29/09

Comments: Axial exam limitation

Sketch or Photo:

51

Valve



52



UT Vessel Examination

Site/Unit: Oconee / 2
Summary No.: O2.B3.110.0002
Workscope: ISI

Procedure: NDE-640
Procedure Rev.: 5
Work Order No.: 01869776

Outage No.: O2-24
Report No.: UT-10-444
Page: 1 of 1

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
System ID: 50
Component ID: 2-PZR-WP34 Size/Length: N/A Thickness/Diameter: 4.750/7.750/CS
Limitations: Yes - See Attached UT Report UT-10-452 Start Time: 1029 Finish Time: 1051

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F

Cal. Report No.: CAL-10-550

Angle Used	0	45	45T	60	60T	
Scanning dB	42.7					

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info Winston Bull Level II 5/3/10
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.			<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Tucker, David K.			<i>[Signature]</i>	5/3/2010			
Other	Level	II-N	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.			<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		5/17/10



UT Vessel Examination

Site/Unit: Oconee / 2
Summary No.: O2.B3.110.0002
Workscope: ISI

Procedure: NDE-820
Procedure Rev.: 5
Work Order No.: 01869776

Outage No.: 02-24
Report No.: UT-10-452
Page: 1 of 9

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
System ID: 50
Component ID: 2-PZR-WP34 Size/Length: N/A Thickness/Diameter: 4.750/7.750/CS
Limitations: Yes - See Attached Limitation Sheet Start Time: 1052 Finish Time: 1233

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F
Cal. Report No.: CAL-10-547, 548, 549

Angle Used	0	45	45T	60	60T	*
Scanning dB		63.0	63.0	70.0	70.0	71.7

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
***60° near surface examination**

Results: Accept Reject Info Winston Bull Level II 5/3/10
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.			<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		5-15-10
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Tucker, David K.			<i>[Signature]</i>	5/3/2010			
Other	Level	II-N	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.			<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		5/19/10

DUKE POWER COMPANY		
ISI LIMITATION REPORT		
Component/Weld ID: <u>2-PRZ-WP34</u> Item No: <u>O2.B3.110.0002</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>1.75"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	Limitation due to nozzle configuration.	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>David Griebel</u> Level: <u>II</u> Date: <u>05/03/10</u>	Sheet <u>2</u> of <u>9</u>	
Reviewed By: <u>McH...</u> Date: <u>5-15-10</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>5/19/10</u>



Supplemental Report

ATTACHMENT B
PAGE 4 OF 63

Report No.: UT-10-452

Page: 3 of 49

Gen
5-15-10

Summary No.: O2.B3.110.0002

Examiner: Griebel, David M.

Level: II-N

Reviewer: David K. Z...

Date: 5/13/10

Examiner: Tucker, David K.

Level: II-N

Site Review: ...

Date: ...

Other: Mauldin, Larry E.

Level: II-N

ANII Review: ...

Date: 5/19/10

Comments: See attachments 1-5 for graphic plotting of coverage.

Sketch or Photo:

Pressurizer Spray Nozzle	
Item No. 02.B3.110.0002 / Weld No. 2-PZR-WP34	
Base Material Coverage	
Scan	Coverage
0°	74.9%
45° Axial	79.6%
60° Axial	82.5%
45° CW/CCW	74.2%
60° CW/CCW	74.2%
Aggregate @ $74.9 + 79.6 + 82.5 + 74.2 + 74.2 = 385.4/5 = 77.1\%$	
Weld Material Coverage	
Scan	Coverage
0°	98.7%
45° S1 Axial	95.1%
45° S2 Axial	0.0%
45° CW	96.3%
45° CCW	96.3%
60° S1 Axial	96.3%
60° S2 Axial	0.0%
60° CW	96.3%
60° CCW	96.3%
Aggregate @ $98.7 + 95.1 + 0.0 + 96.3 + 96.3 + 96.3 + 0.0 + 96.3 + 96.3 = 675.3/9 = 75.0\%$	
Total Aggregate @ $77.1 + 75.0 = 152.1/2 = 76.1\%$	

Level III David K. Z...
Date 5/13/10

INSPECTION AREAS

BASE MATERIAL:

$$ABCD + ADE + GIKM + IJK - LMN =$$

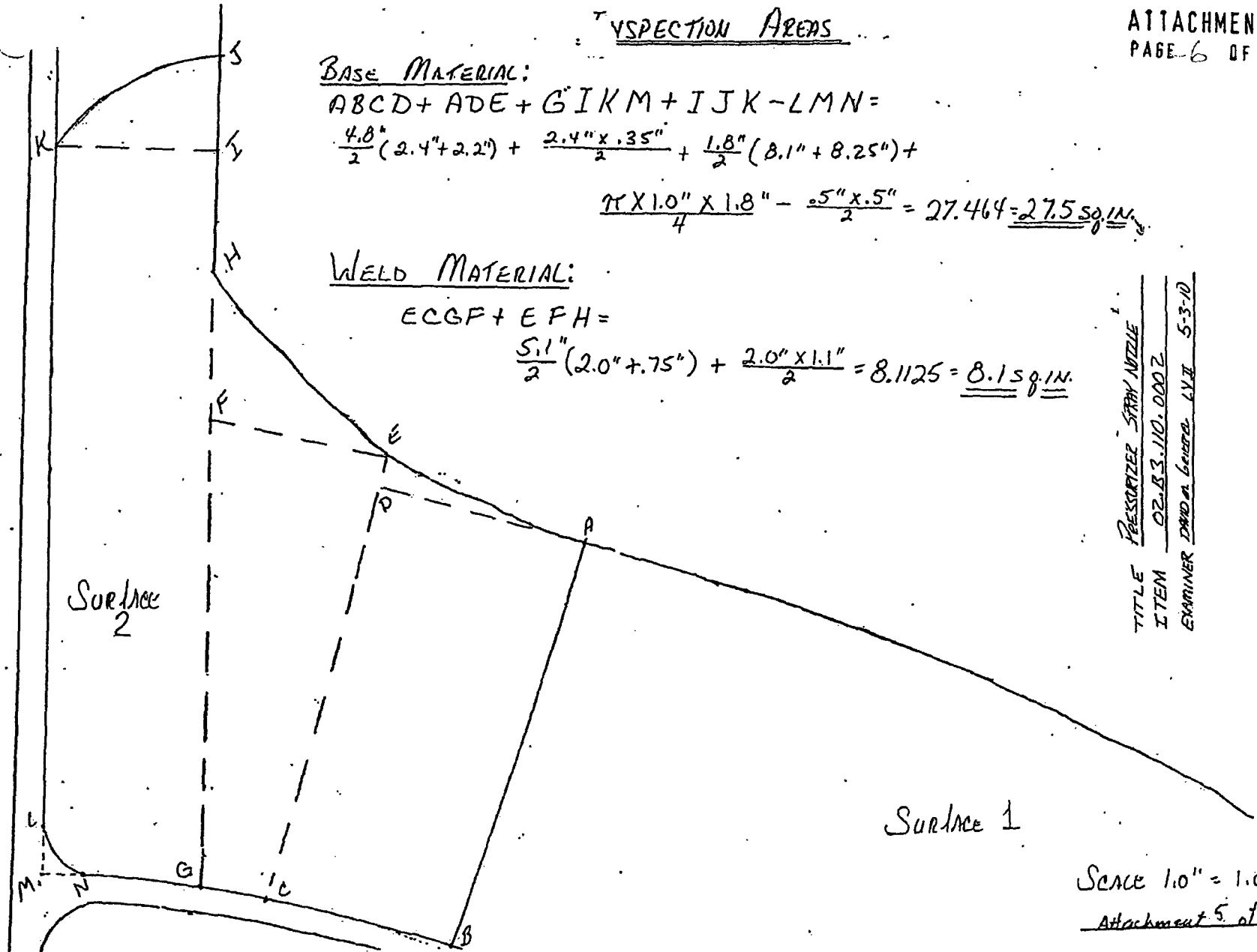
$$\frac{4.8^2}{2} (2.4'' + 2.2'') + \frac{2.4'' \times .35''}{2} + \frac{1.8''}{2} (8.1'' + 8.25'') +$$

$$\frac{\pi \times 1.0'' \times 1.8''}{4} - \frac{.5'' \times .5''}{2} = 27.464 = \underline{\underline{27.5 \text{ sq. in.}}}$$

WELD MATERIAL:

$$ECGF + EFH =$$

$$\frac{5.1''}{2} (2.0'' + .75'') + \frac{2.0'' \times 1.1''}{2} = 8.1125 = \underline{\underline{8.1 \text{ sq. in.}}}$$



TITLE PRESSURIZER SPRAY NOZZLE
ITEM 02-B.3.110.000Z
EXAMINER DAVID A. GUSTAFSON LVI 5-3-10

Surface 1

Scale 1.0" = 1.0"

Attachment 5 of 9

7' INSPECTION COVERAGE

BASE MATERIAL: (AREA of LOSS)

BD FG + DEF

$$\frac{1.8'' \times (2.3'' + 3.8'')}{2} + \frac{\pi \times 1.0'' \times 1.8''}{4} = 6.9 \text{ sq. in.}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA

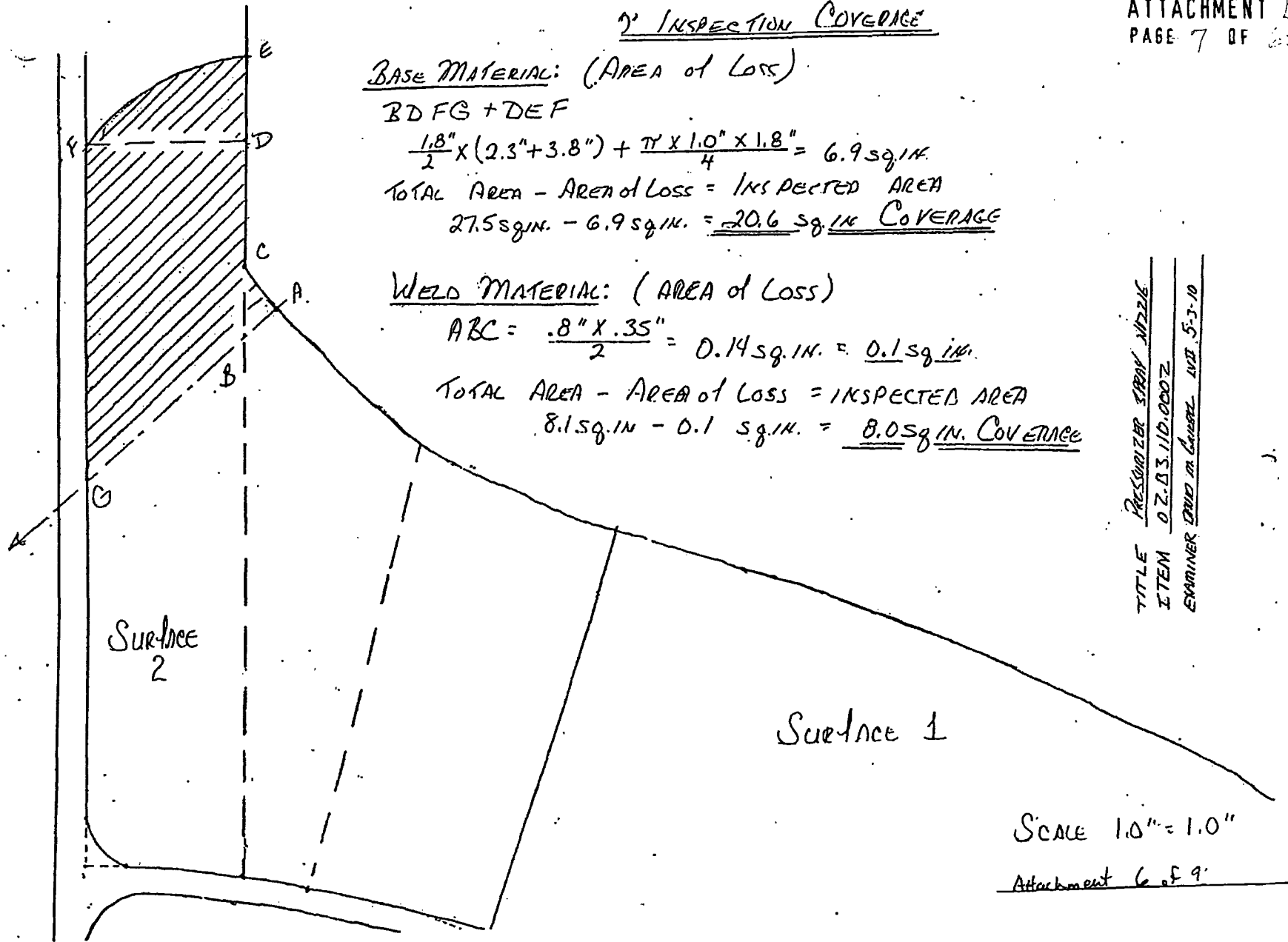
$$27.5 \text{ sq. in.} - 6.9 \text{ sq. in.} = \underline{20.6 \text{ sq. in. COVERAGE}}$$

WELD MATERIAL: (AREA of LOSS)

$$ABC = \frac{.8'' \times .35''}{2} = 0.14 \text{ sq. in.} = \underline{0.1 \text{ sq. in.}}$$

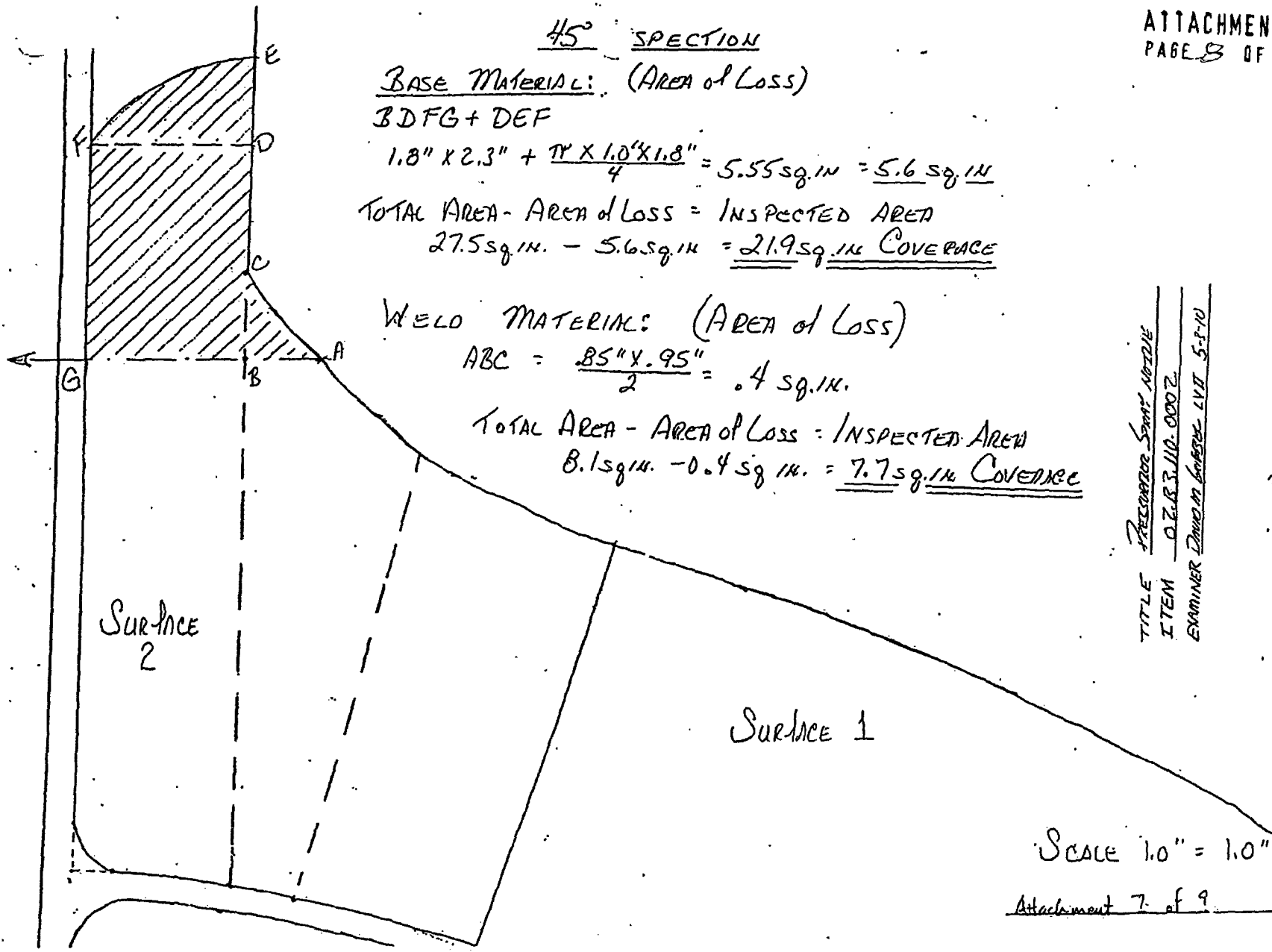
TOTAL AREA - AREA of LOSS = INSPECTED AREA

$$8.1 \text{ sq. in.} - 0.1 \text{ sq. in.} = \underline{8.0 \text{ sq. in. COVERAGE}}$$



TITLE PRESSURIZER SPRAY NOZZLE
ITEM 02-03-10-0002
EXAMINER ERIC M. GIBSON NIB 5-3-10

SCALE 1.0" = 1.0"
Attachment 6 of 9



45° SECTION

BASE MATERIAL: (AREA of LOSS)

BDFG + DEF

$$1.8" \times 2.3" + \frac{\pi \times 1.0" \times 1.8"}{4} = 5.55 \text{ sq. in.} = \underline{5.6 \text{ sq. in.}}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA

$$27.5 \text{ sq. in.} - 5.6 \text{ sq. in.} = \underline{\underline{21.9 \text{ sq. in. COVERAGE}}}$$

WELD MATERIAL: (AREA of LOSS)

$$ABC = \frac{.85" \times .95"}{2} = .4 \text{ sq. in.}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA

$$8.1 \text{ sq. in.} - 0.4 \text{ sq. in.} = \underline{\underline{7.7 \text{ sq. in. COVERAGE}}}$$

TITLE PRECATOR SPMT NOTIZ
ITEM 02.E.3.110.0002
EXAMINER DANNON GIBSON LVT 5-1-10

Scale 1.0" = 1.0"

Attachment 7 of 9

60° INSPECTION

BASE MATERIAL: (AREA of LOSS)

CDFG + DEF

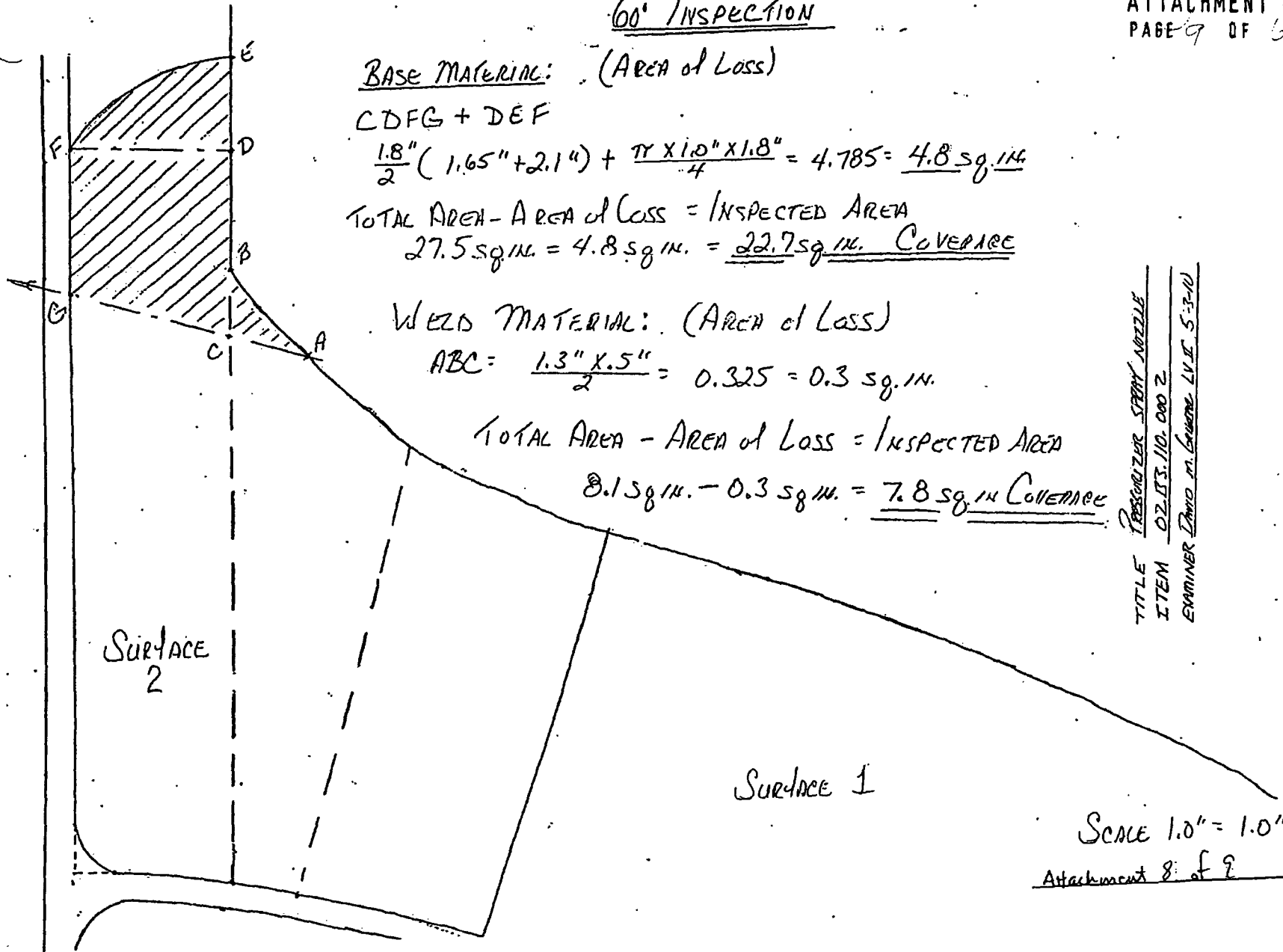
$$\frac{1.8''}{2} (1.65'' + 2.1'') + \frac{\pi \times 1.0'' \times 1.8''}{4} = 4.785 = \underline{4.8 \text{ sq. in.}}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA
 $27.5 \text{ sq. in.} - 4.8 \text{ sq. in.} = \underline{22.7 \text{ sq. in. COVERAGE}}$

WELD MATERIAL: (AREA of LOSS)

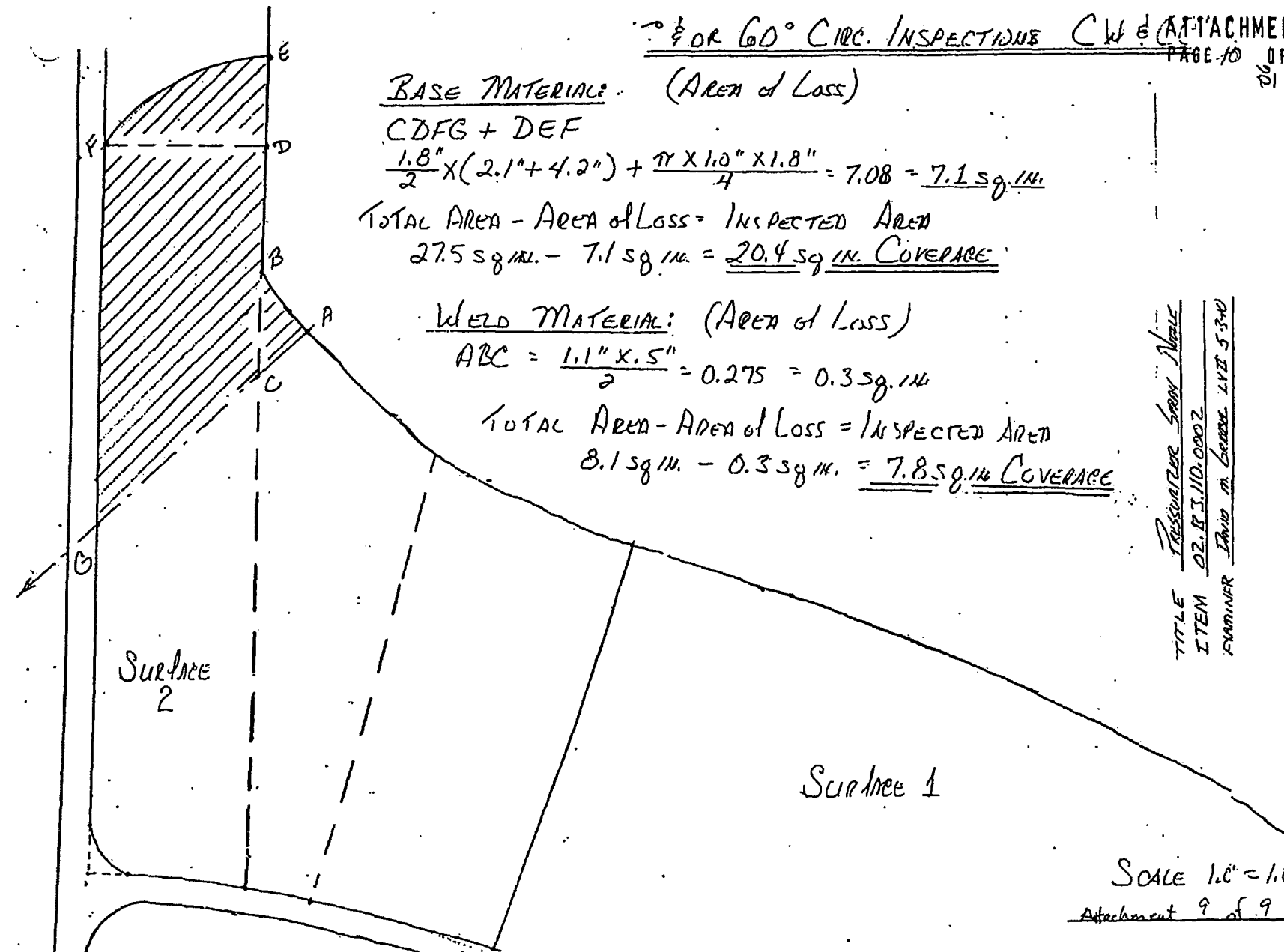
$$ABC = \frac{1.3'' \times 0.5''}{2} = 0.325 = 0.3 \text{ sq. in.}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA
 $8.1 \text{ sq. in.} - 0.3 \text{ sq. in.} = \underline{7.8 \text{ sq. in. COVERAGE}}$



TITLE PRESSURIZER SPRAY NOZZLE
 ITEM 02.II.10.000 Z
 EXAMINER DAVID M. LAWRENCE LV II 5-3-10

SCALE 1.0" = 1.0"
 Attachment 8 of 9



BASE MATERIAL: (Area of Loss)

CDFG + DEF

$$\frac{1.8''}{2} \times (2.1'' + 4.2'') + \frac{\pi \times 1.0'' \times 1.8''}{4} = 7.08 = \underline{7.1 \text{ sq. in.}}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA

$$27.5 \text{ sq. in.} - 7.1 \text{ sq. in.} = \underline{20.4 \text{ sq. in. COVERAGE}}$$

WELD MATERIAL: (Area of Loss)

$$ABC = \frac{1.1'' \times 5''}{2} = 0.275 = 0.3 \text{ sq. in.}$$

TOTAL AREA - AREA of LOSS = INSPECTED AREA

$$8.1 \text{ sq. in.} - 0.3 \text{ sq. in.} = \underline{7.8 \text{ sq. in. COVERAGE}}$$

TITLE PRESSURIZER SPRAY NOZZLE
 ITEM 02.11.10.0002
 EXAMINER David M. GARDNER LVT 5-340

Surface 1

Surface 2

SCALE 1.0" = 1.0"
 Attachment 9 of 9



UT Vessel Examination

Site/Unit: Oconee / 2
Summary No.: O2.B3.110.0003
Workscope: ISI

Procedure: NDE-640
Procedure Rev.: 5
Work Order No.: 01869776

Outage No.: O2-24
Report No.: UT-10-446
Page: 1 of 1

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
System ID: 50
Component ID: 2-PZR-WP33-3 Size/Length: N/A Thickness/Diameter: 4.750/6.875/CS
Limitations: Yes - See Attached UT Report UT-10-447 Start Time: 1029 Finish Time: 1051

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F
Cal. Report No.: CAL-10-550

Angle Used	0	45	45T	60	60T	
Scanning dB	42.7					

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info Winston Bull Level II 5/3/10
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Griebel, David M.	II-N		5/3/2010			5-18-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Tucker, David K.	II-N		5/3/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.	II-N		5/3/2010			5/19/10



UT Vessel Examination

Site/Unit: Oconee / 2
Summary No.: 02.B3.110.0003
Workscope: ISI

Procedure: NDE-820
Procedure Rev.: 5
Work Order No.: 01869776

Outage No.: 02-24
Report No.: UT-10-447
Page: 1 of 9

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
System ID: 50
Component ID: 2-PZR-WP33-3 Size/Length: N/A Thickness/Diameter: 4.750/6.875/CS
Limitations: Yes - See Attached Limitation Sheet Start Time: 1052 Finish Time: 1233

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F
Cal. Report No.: CAL-10-547, 548, 549

Angle Used	0	45	45T	60	60T	*
Scanning dB		63.0	63.0	70.0	70.0	71.7

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

* 60° near surface examination.

Results: Accept Reject Info Winston Bull Level II 5/3/10
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.				5/3/2010			
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Tucker, David K.				5/3/2010			
Other	Level	II-N	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.				5/3/2010			5/17/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2PZR-WP-33-3</u> Item No: <u>O2.B3.110.0003</u>		remarks: Due to nozzle configuration
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>1.75"</u> to <u>Beyond</u> ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>David Griebel</u> Level: <u>II</u> Date: <u>05/03/10</u>		Sheet <u>2</u> of <u>9</u>
Reviewed By: <u>DEHansen</u> Date: <u>5-15-10</u>		Authorized Inspector: <u>[Signature]</u> Date: <u>5/17/10</u>



Supplemental Report

ATTACHMENT 3
PAGE # OF 3

Report No.: UT-10-447
Page: 3 of 19
Gen 5-15-10

Summary No.: 02.B3.110.0003
Examiner: Griebel, David M. *[Signature]* Level: II-N Reviewer: David K. Z *[Signature]* Date: 5/13/10
Examiner: Tucker, David K. *[Signature]* Level: II-N Site Review: _____ Date: _____
Other: Mauldin, Larry E. *[Signature]* Level: II-N ANII Review: [Signature] Date: 5/19/10

Comments: See attachments 1-5 for graphic plotting of coverage.

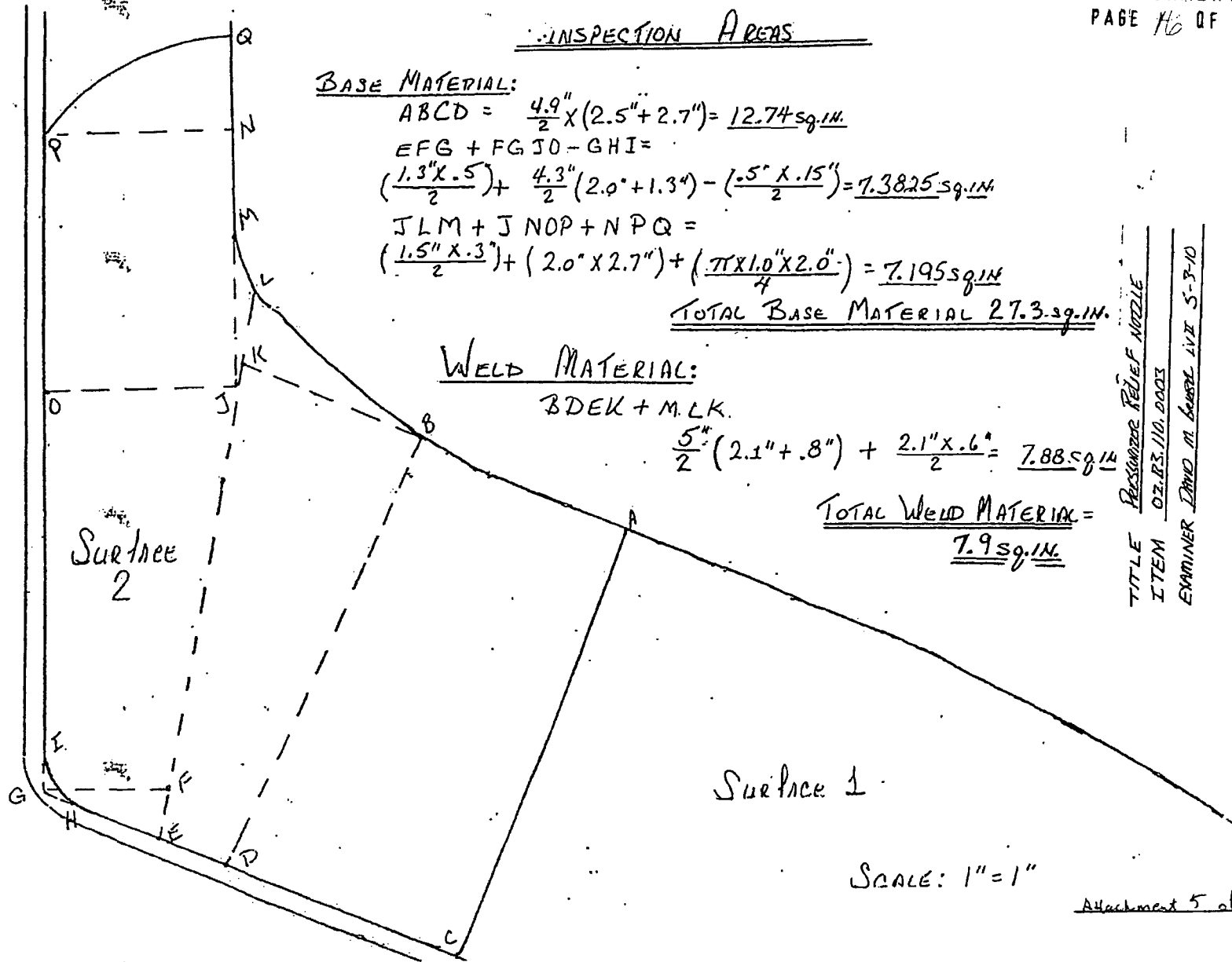
Sketch or Photo:



Pressurizer Relief Nozzle	
Item No. 02.B3.110.0003 / Weld No. 2-PZR-WP33-3	
Base Material Coverage	
Scan	Coverage
0°	68.1%
45° Axial	74.0%
60° Axial	78.4%
45° CW/CCW	63.0%
60° CW/CCW	63.0%
Aggregate @ $68.1 + 74.0 + 78.4 + 63.0 + 63.0 = 346.5/5 = 69.3\%$	
Weld Material Coverage	
Scan	Coverage
0°	98.7%
45° S1 Axial	93.7%
45° S2 Axial	0.0%
45° CW	92.4%
45° CCW	92.4%
60° S1 Axial	96.2%
60° S2 Axial	0.0%
60° CW	92.4%
60° CCW	92.4%
Aggregate @ $98.7 + 93.7 + 0.0 + 92.4 + 92.4 + 96.2 + 0.0 + 92.4 + 92.4 = 658.2/9 = 73.1\%$	
Total Aggregate @ $69.3 + 73.1 = 142.4/2 = 71.2\%$	

Level III David K. B III
Date 5/13/10

INSPECTION AREAS



BASE MATERIAL:

$$ABCD = \frac{4.9''}{2} \times (2.5'' + 2.7'') = 12.74 \text{ sq. in.}$$

$$EFG + FGIO - GHI = \left(\frac{1.3'' \times 5''}{2}\right) + \frac{4.3''}{2} (2.0'' + 1.3'') - \left(\frac{.5'' \times 1.5''}{2}\right) = 7.3825 \text{ sq. in.}$$

$$JLM + JNOP + NPQ = \left(\frac{1.5'' \times 3''}{2}\right) + (2.0'' \times 2.7'') + \left(\frac{\pi \times 1.0'' \times 2.0''}{4}\right) = 7.195 \text{ sq. in.}$$

$$\text{TOTAL BASE MATERIAL } 27.3 \text{ sq. in.}$$

WELD MATERIAL:

$$BDEK + M.L.K.$$

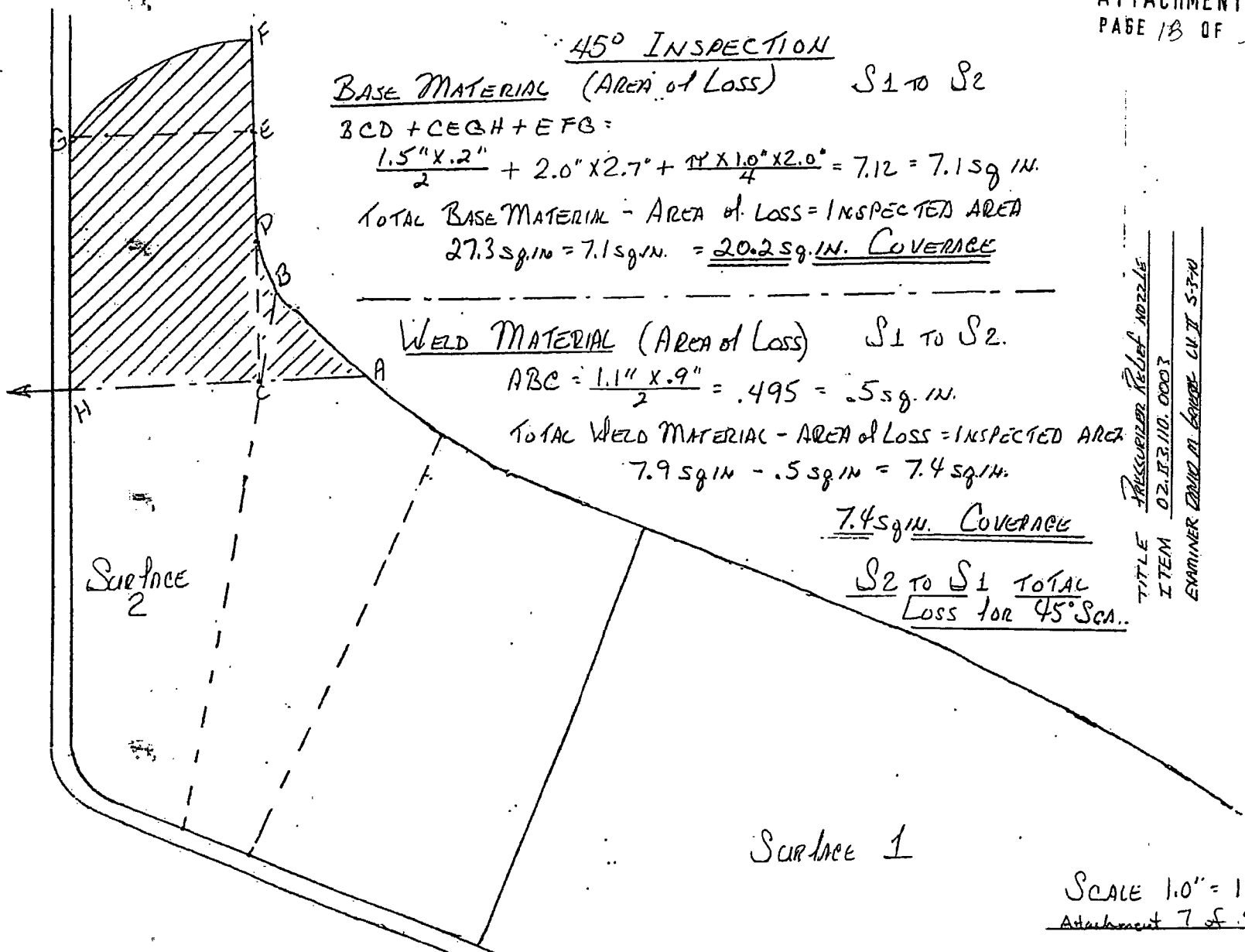
$$\frac{5''}{2} (2.1'' + .8'') + \frac{2.1'' \times .6''}{2} = 7.885 \text{ sq. in.}$$

$$\text{TOTAL WELD MATERIAL} = 7.9 \text{ sq. in.}$$

TITLE PRESSURE RELIEF NOZZLE
ITEM 02-ES-110-0003
EXAMINER DAVID M. BEARD LIVIT 5-3-10

Surface 1

SCALE: 1" = 1"



45° INSPECTION

BASE MATERIAL (AREA of LOSS) S1 TO S2

$BCD + CECH + EFB =$

$\frac{1.5" \times 2"}{2} + 2.0" \times 2.7" + \frac{\pi \times 1.0" \times 2.0"}{4} = 7.12 = 7.1 \text{ sq in.}$

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA

$27.3 \text{ sq in} - 7.1 \text{ sq in} = \underline{20.2 \text{ sq in. COVERAGE}}$

WELD MATERIAL (AREA of LOSS) S1 TO S2.

$ABC = \frac{1.1" \times .9"}{2} = .495 = .5 \text{ sq in.}$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA

$7.9 \text{ sq in} - .5 \text{ sq in} = 7.4 \text{ sq in.}$

7.4 sq in. COVERAGE

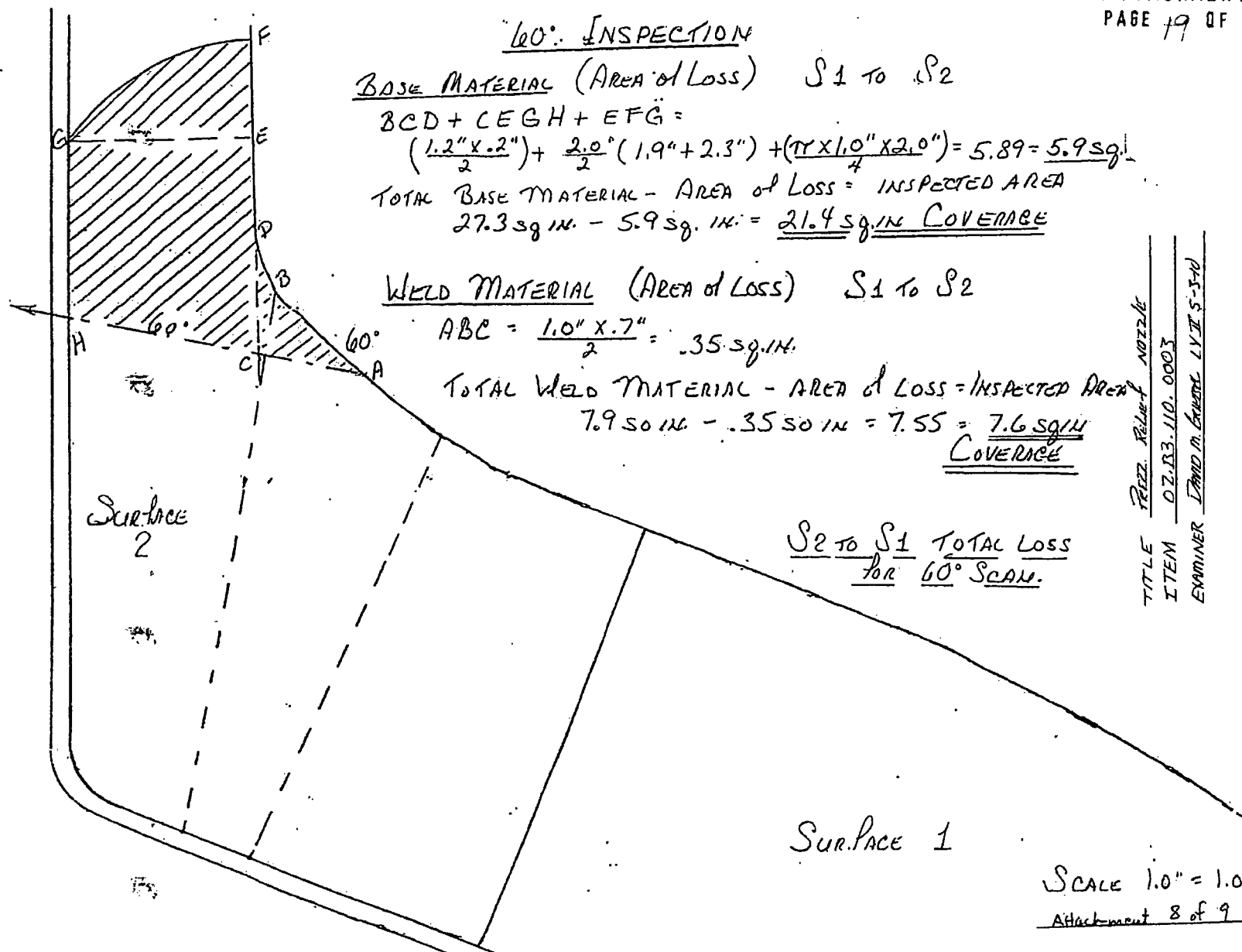
S2 TO S1 TOTAL LOSS for 45° SC.

TITLE PRESSURIZER Relief NOZZLE
ITEM 02-113-110-0003
EXAMINER DAVID M. BRADY CWI II 5-7-10

Surface 1

Surface 2

SCALE 1.0" = 1.0"
Attachment 7 of 9



60° INSPECTION

BASE MATERIAL (AREA of LOSS) S1 to S2

$BCD + CEGH + EFG =$
 $(\frac{1.2" \times 2"}{2}) + \frac{2.0"}{2} (1.9" + 2.3") + (\frac{\pi \times 1.0" \times 2.0"}{4}) = 5.89 = 5.9 \text{ sq. in.}$

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA
 $27.3 \text{ sq. in.} - 5.9 \text{ sq. in.} = \underline{21.4 \text{ sq. in. COVERAGE}}$

WELD MATERIAL (AREA of LOSS) S1 to S2

$ABC = \frac{1.0" \times 7"}{2} = .35 \text{ sq. in.}$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA
 $7.9 \text{ sq. in.} - .35 \text{ sq. in.} = 7.55 = \underline{7.6 \text{ sq. in. COVERAGE}}$

S2 to S1 TOTAL LOSS for 60° SCAN.

TITLE FREEZE RELEASE NOZZLE
 ITEM 02.03.110.0003
 EXAMINER DAVID M. GIBSON LYII 5-340

SCALE 1.0" = 1.0"
 Attachment 8 of 9

45° & 90° Circ. Inspections CW & CCW

BASE MATERIAL: (AREA of LOSS)

$BCD + CEGH + EFG + CHI =$

$\frac{2.0" \times 2.0"}{2} + 3.15 IN. \times 2.0 IN. + \frac{\pi \times 1.0" \times 2.0"}{4} + \frac{2.0" \times 2.0"}{2} = 10.07 =$
10.1 sq in.

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA

$27.3 sq in. - 10.1 sq in. = \underline{17.2 sq. in. COVERAGE}$

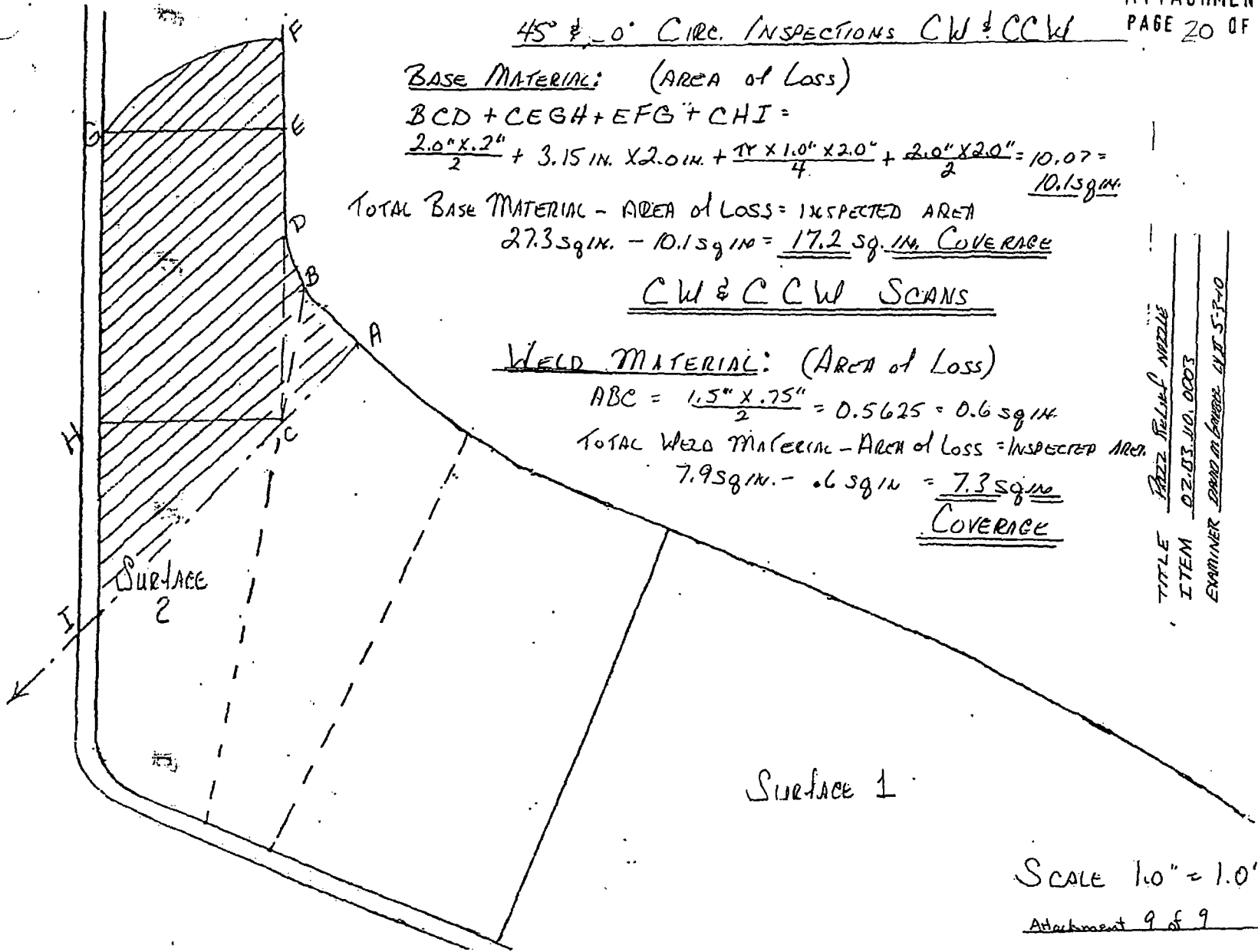
CW & CCW SCANS

WELD MATERIAL: (AREA of LOSS)

$ABC = \frac{1.5" \times .75"}{2} = 0.5625 = 0.6 sq in.$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA

$7.9 sq in. - 0.6 sq in. = \underline{7.3 sq in. COVERAGE}$



TITLE	PIPE WELD NIPPLE
ITEM	02.03 10.0003
EXAMINER	DAVID M. BOWEN WPT 5-3-40

SCALE 1.0" = 1.0"

UT Vessel Examination



Site/Unit: Oconee / 2
 Summary No.: 02.B3.110.0005
 Workscope: ISI

Procedure: NDE-640
 Procedure Rev.: 5
 Work Order No.: 01869776

Outage No.: O2-24
 Report No.: UT-10-450
 Page: 1 of 1

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
 Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
 System ID: 50
 Component ID: 2-PZR-WP33-1 Size/Length: N/A Thickness/Diameter: 4.750/6.875/CS
 Limitations: Yes - See Attached UT Report UT-10-451 Start Time: 1029 Finish Time: 1051

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9-23 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F
 Cal. Report No.: CAL-10-550

Angle Used	0	45	45T	60	60T	
Scanning dB	42.7					

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW
 Comments: N/A

Results: Accept Reject Info Winston Bull Level II 5/3/10
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.				5/3/2010			5-15-10
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Tucker, David K.				5/3/2010			
Other	Level	II-N	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.				5/3/2010			5/19/10



UT Vessel Examination

Site/Unit: Ocoona, 2
Summary No.: O2.B3.110.0005
Worksoper: ISI

Procedure: NDE-820
Procedure Rev.: 5
Work Order No.: 01869776

Outage No.: O2-24
Report No.: UT-10-451
Page: 1 of 9

Code: 1998/2000A Cat./Item: B-D /B3.110 Location: _____
Drawing No.: ISI-OCN2-002 Description: Nozzle to Head
System ID: 50
Component ID: 2-PZR-WP33-1 Size/Length: N/A Thickness/Diameter: 4.750/6.875/CS
Limitations: Yes - See Attached Limitation Sheet Start Time: 1052 Finish Time: 1233

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.2.3 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 73 °F
Cal. Report No.: CAL-10-547, 548, 549

Angle Used	0	45	45T	60	60T	*
Scanning dB	63.0	63.0	70.0	70.0	71.7	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW
Comments: * 60° near surface examination

Results: Accept Reject Info Winston Bull Level II 5/3/10
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Griebel, David M.	II-N	<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		5-15-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Tucker, David K.	II-N	<i>[Signature]</i>	5/3/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
Mauldin, Larry E.	II-N	<i>[Signature]</i>	5/3/2010	<i>[Signature]</i>		5/19/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2PZR-WP-33-1</u> Item No: <u>O2.B3.110.0005</u>		remarks: Due to nozzle configuration
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	
FROM L <u>N/A</u> to <u>N/A</u> INCHES FROM W0 <u>.5"</u> to <u>Beyond</u>		
ANGLE: <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____	FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to _____	INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to _____	INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	
FROM L _____ to _____	INCHES FROM W0 _____ to _____	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	
Prepared By: <u>David Griegel</u>	Level: <u>II</u> Date: <u>05/03/10</u>	Sheet <u>2</u> of <u>9</u>
Reviewed By: <u>[Signature]</u>	Date: <u>5.15.10</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>5/19/10</u>



Supplemental Report

Report No.: UT-10-451

Page: 3 of 19
Gen 5.15.10

Summary No.: O2.B3.110.0005

Examiner: Griebel, David M.

Level: II-N

Reviewer: *David K. Zy*

Date: 5/13/10

Examiner: Tucker, David K.

Level: II-N

Site Review:

Date:

Other: Mauldin, Larry E.

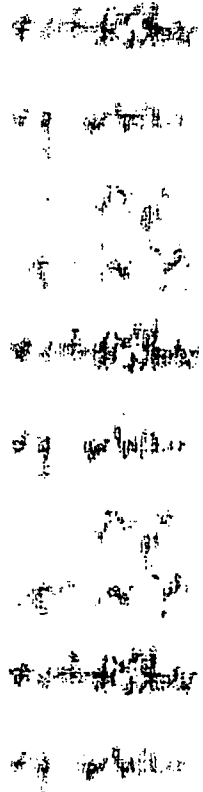
Level: II-N

ANII Review: *[Signature]*

Date: 5/19/10

Comments: See attachments 1-5 for graphic plotting of coverage.

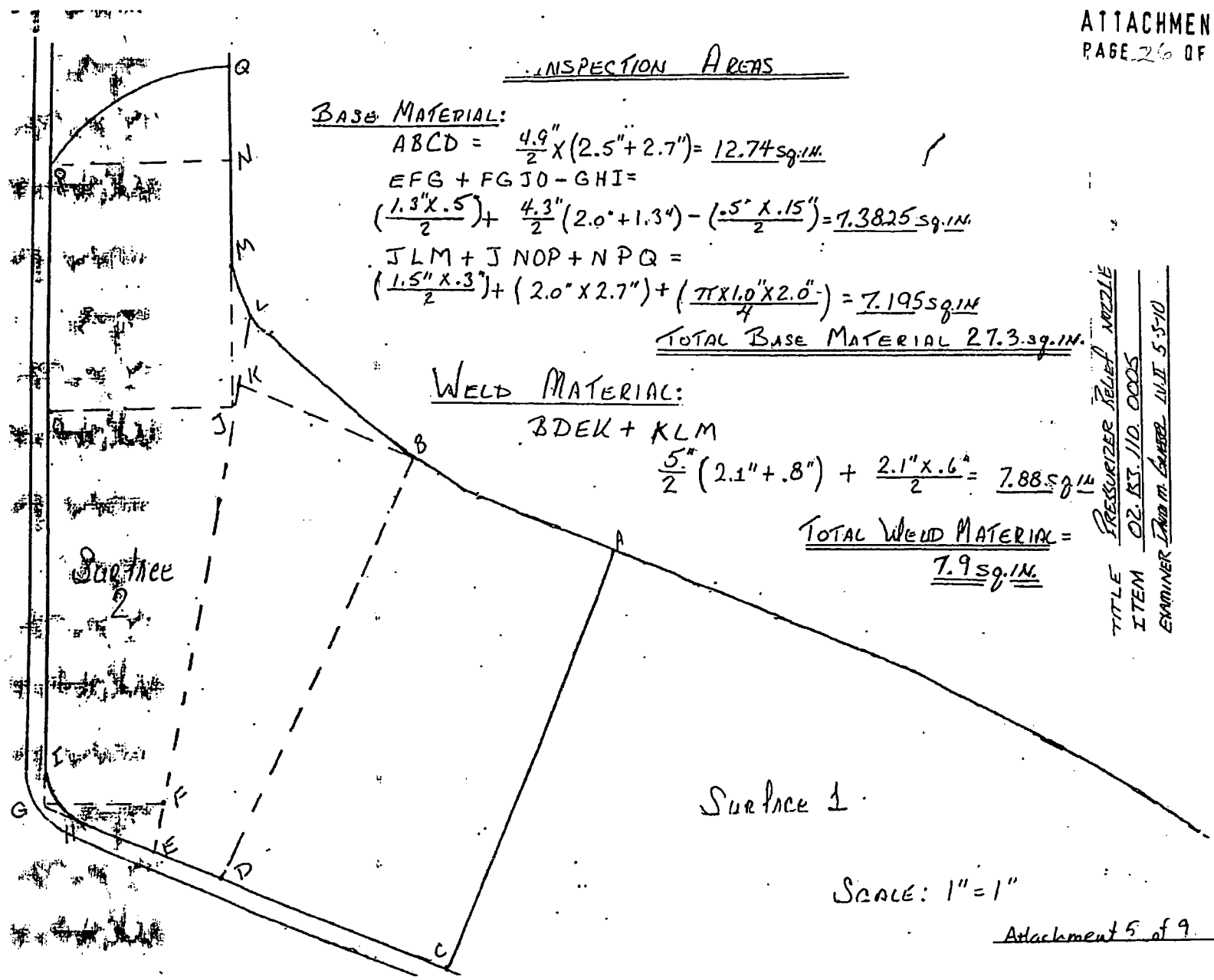
Sketch or Photo:



Pressurizer Relief Nozzle	
Item No. 02.B3.110.0005 / Weld No. 2-PZR-WP33-1	
Base Material Coverage	
Scan	Coverage
0°	68.1%
45° Axial	74.0%
60° Axial	78.4%
45° CW/CCW	63.0%
60° CW/CCW	63.0%
Aggregate @ $68.1 + 74.0 + 78.4 + 63.0 + 63.0 = 346.5/5 = 69.3\%$	
Weld Material Coverage	
Scan	Coverage
0°	98.7%
45° S1 Axial	93.7%
45° S2 Axial	0.0%
45° CW	92.4%
45° CCW	92.4%
60° S1 Axial	96.2%
60° S2 Axial	0.0%
60° CW	92.4%
60° CCW	92.4%
Aggregate @ $98.7 + 93.7 + 0.0 + 92.4 + 92.4 + 96.2 + 0.0 + 92.4 + 92.4 = 658.2/9 = 73.1\%$	
Total Aggregate @ $69.3 + 73.1 = 142.4/2 = 71.2\%$	

Level III David K. [Signature]
Date 5/13/10

INSPECTION AREAS



BASE MATERIAL:

$$ABCD = \frac{4.9''}{2} \times (2.5'' + 2.7'') = 12.74 \text{ sq. in.}$$

$$EFG + FGJO - GHI = \left(\frac{1.3'' \times .5''}{2}\right) + \frac{4.3''}{2} (2.0'' + 1.3'') - \left(\frac{.5'' \times .15''}{2}\right) = 7.3825 \text{ sq. in.}$$

$$JLM + JNOP + NPQ = \left(\frac{1.5'' \times .3''}{2}\right) + (2.0'' \times 2.7'') + \left(\frac{\pi \times 1.0'' \times 2.0''}{4}\right) = 7.195 \text{ sq. in.}$$

TOTAL BASE MATERIAL 27.3 sq. in.

WELD MATERIAL:

$$BDEK + KLM = \frac{5''}{2} (2.1'' + .8'') + \frac{2.1'' \times .6''}{2} = 7.88 \text{ sq. in.}$$

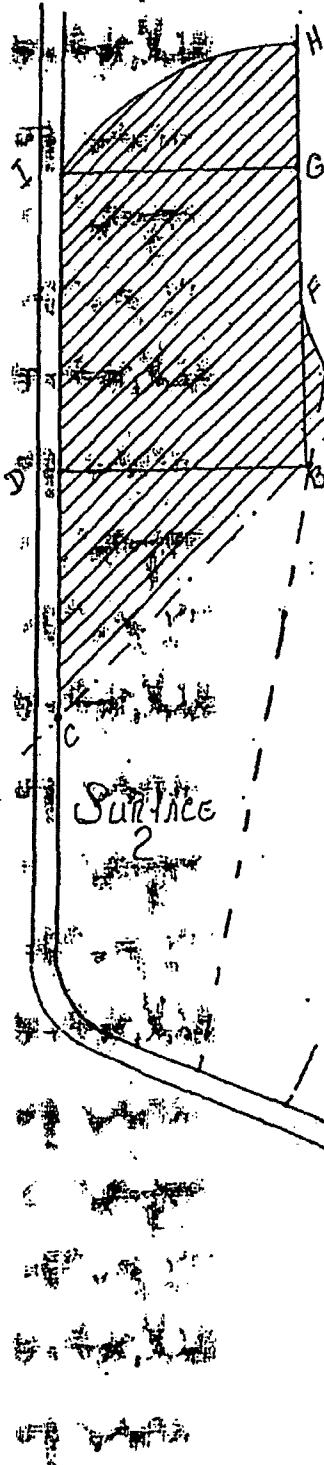
TOTAL WELD MATERIAL = 7.9 sq. in.

TITLE PRESSURIZER RELIEF NOZZLE
ITEM 02-KI-110-0005
EXAMINER LARRY M. GARDNER LVII 5-5-10

Surface 1

SCALE: 1" = 1"

Attachment 5 of 9



0° SECTION COVERAGE

BASE MATERIAL:

(AREA of LOSS) $BEF + BCD + BDGI + GHI =$
 $\frac{1.3" \times 2"}{2} + \frac{2.0" \times 2.0"}{2} + 2.0" \times 2.5" + \frac{\pi \times 1.0" \times 2.0"}{4} = 8.7 \text{ sq. in.}$

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA
 $27.3 \text{ sq. in.} - 8.7 \text{ sq. in.} = \underline{18.6 \text{ sq. in. COVERAGE}}$

WELD MATERIAL:

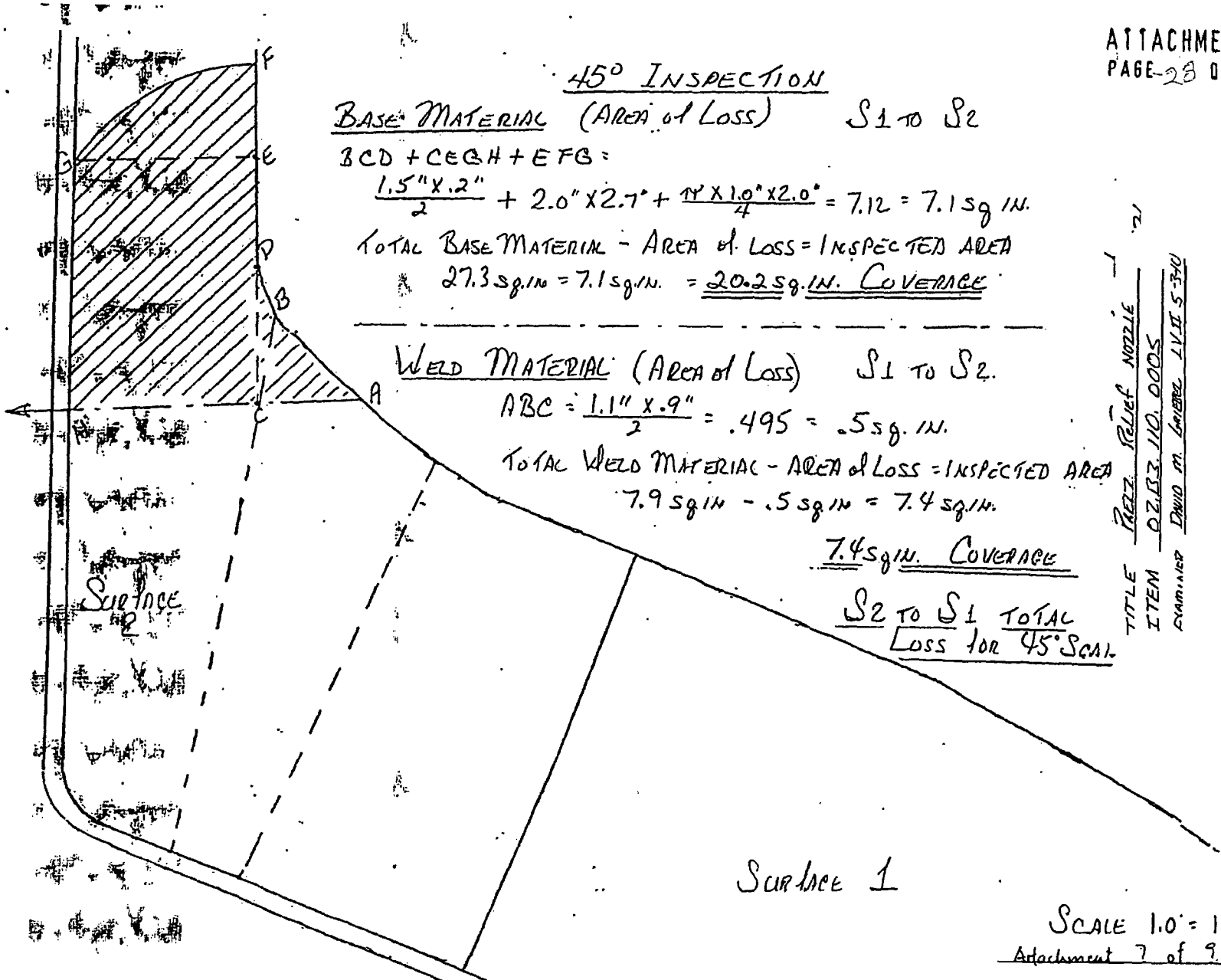
(AREA of LOSS) $ABE = \frac{.7" \times .3"}{2} = .105 \text{ sq. in.}$
 TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA
 $1.9 \text{ sq. in.} - .1 \text{ sq. in.} =$

7.8 sq. in. COVERAGE

TITLE PRIZZ RELIEF NOZZLE
 ITEM 02.53.110.0005
 EXAMINER DAVID M. GORTHEL LV II 5-3-10

Surface 1

SCALE 1.0" = 1.0"
 Attachment 6 of 9



45° INSPECTION

BASE MATERIAL (AREA of LOSS) S1 TO S2

$BCD + CECH + EFG =$

$\frac{1.5" \times 2"}{2} + 2.0" \times 2.7" + \frac{\pi \times 1.0" \times 2.0"}{4} = 7.12 = 7.1 \text{ sq. in.}$

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA

$27.3 \text{ sq. in.} - 7.1 \text{ sq. in.} = \underline{20.2 \text{ sq. in. COVERAGE}}$

WELD MATERIAL (AREA of LOSS) S1 TO S2.

$ABC = \frac{1.1" \times .9"}{2} = .495 = .5 \text{ sq. in.}$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA

$7.9 \text{ sq. in.} - .5 \text{ sq. in.} = 7.4 \text{ sq. in.}$

7.4 sq. in. COVERAGE

S2 TO S1 TOTAL LOSS for 45° SCAN.

TITLE FREEZ RELIEF NOZZLE
ITEM 02.03.110.0005
DRAWN BY DAVID M. GARDNER LVII 5-340

SURFACE 1

SCALE 1.0" = 1.0"
Attachment 7 of 9

60° INSPECTION

BASE MATERIAL (AREA of LOSS) S1 to S2

$$BCD + CEH + EFG = \left(\frac{1.2" \times 2"}{2}\right) + \frac{2.0"}{2}(1.9" + 2.3") + \left(\frac{\pi \times 1.0" \times 2.0"}{4}\right) = 5.89 = 5.9 \text{ sq. in.}$$

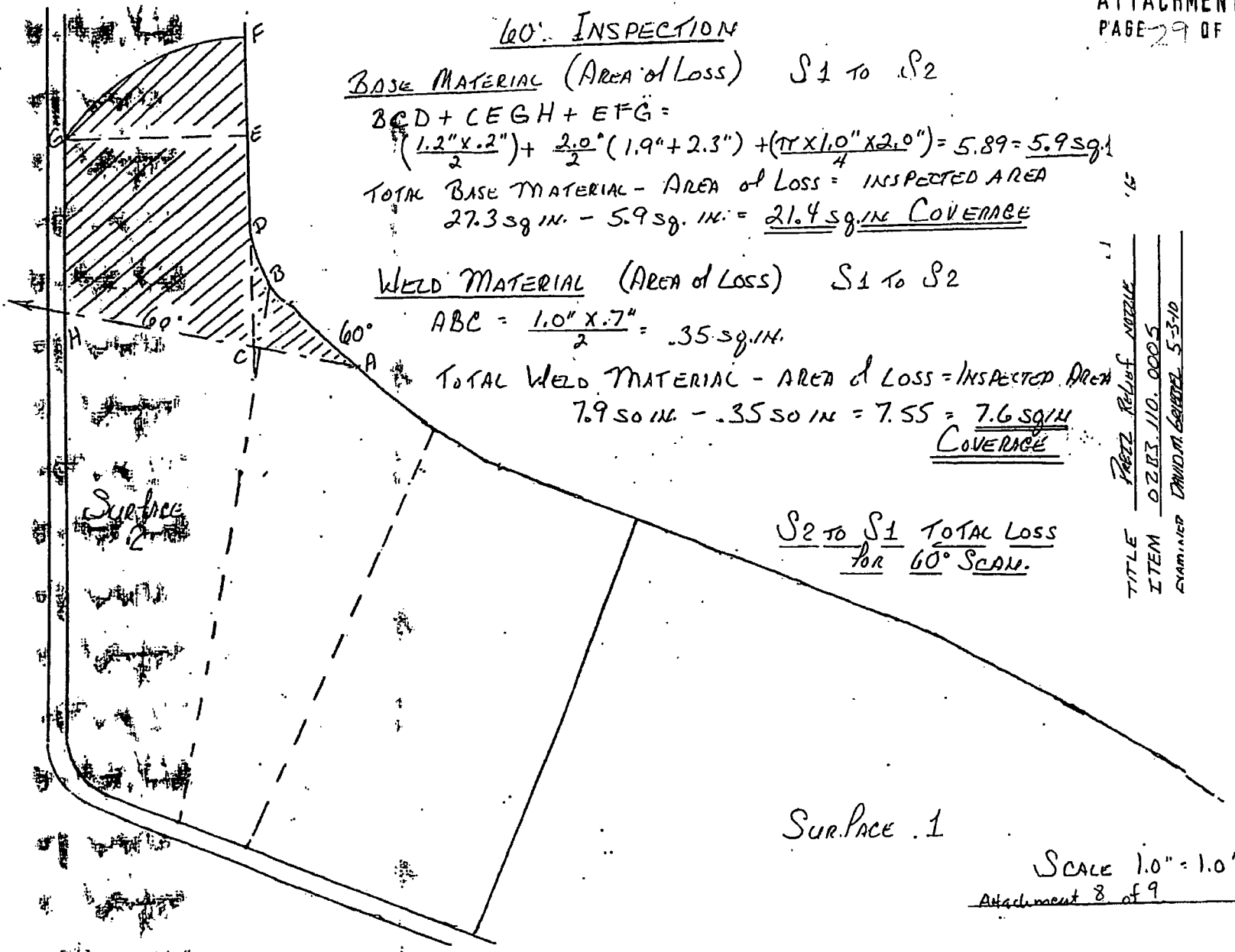
TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA
 $27.3 \text{ sq. in.} - 5.9 \text{ sq. in.} = \underline{21.4 \text{ sq. in. COVERAGE}}$

WELD MATERIAL (AREA of LOSS) S1 to S2

$$ABC = \frac{1.0" \times 7"}{2} = .35 \text{ sq. in.}$$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA
 $7.9 \text{ sq. in.} - .35 \text{ sq. in.} = 7.55 = \underline{7.6 \text{ sq. in. COVERAGE}}$

S2 to S1 TOTAL LOSS for 60° SCAN.



TITLE: PAPER RELIEF NOZZLE
 ITEM: 0213.110.0005
 EXAMINER: DAVID M. BENTLEY 5-3-10

Surface 1

SCALE 1.0" = 1.0"
 Attachment 8 of 9

45° & 5' CONC. INSPECTIONS CW & CCW

BASE MATERIAL: (AREA of LOSS)

$BCD + CEGH + EFG + CHI =$

$\frac{2.0" \times 2.0"}{2} + 3.15 IN. \times 2.0 IN. + \frac{\pi \times 1.0" \times 2.0"}{4} + \frac{2.0" \times 2.0"}{2} = 10.07 =$
10.1 sq in.

TOTAL BASE MATERIAL - AREA of LOSS = INSPECTED AREA

$27.3 sq in. - 10.1 sq in. =$ 17.2 sq in. COVERAGE

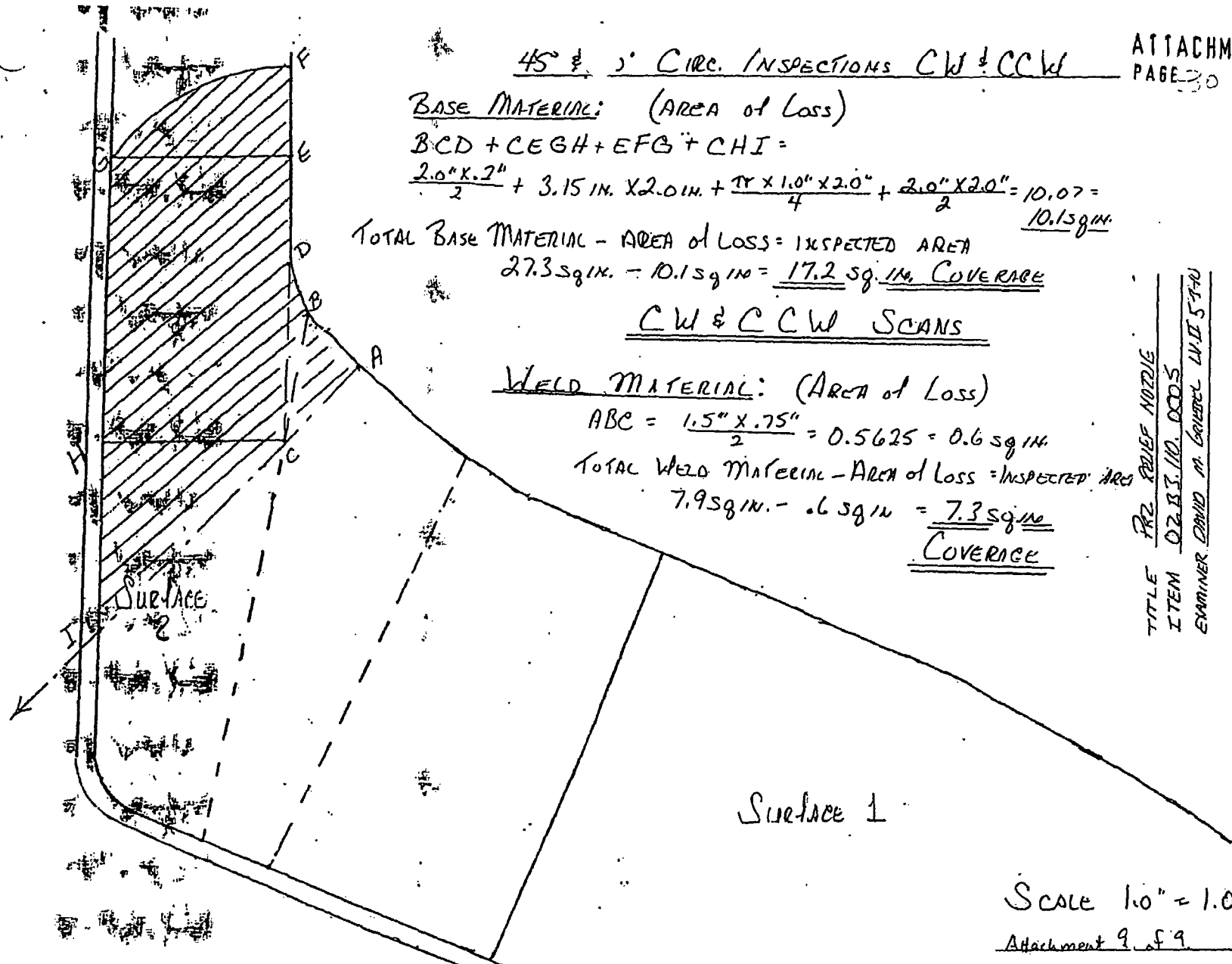
CW & CCW SCANS

WELD MATERIAL: (AREA of LOSS)

$ABC = \frac{1.5" \times .75"}{2} = 0.5625 = 0.6 sq in.$

TOTAL WELD MATERIAL - AREA of LOSS = INSPECTED AREA

$7.9 sq in. - .6 sq in. =$ 7.3 sq in. COVERAGE



TITLE PRZ PROBES NOZZLE
ITEM 02.B.I.10. DOOS
EXAMINER DAVID M. GARRETT L.M.I. 5740

Surface 1

Scale 1.0" = 1.0"

Attachment 9 of 9



UT Pipe Weld Examination

Site/Unit: Oconee / 2
Summary No.: O2.B9.11.0046
Workscope: ISI

Procedure: PDI-UT-2
Procedure Rev.: C
Work Order No.: 01869982

Outage No.: O2-24
Report No.: UT-10-499
Page: 1 of 4

Code: 1998 Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI-OCN2-007 Description: Casing to Safe End
System ID: 50
Component ID: 2-PIA1-8 Size/Length: N/A Thickness/Diameter: 2.33/33.50/SS
Limitations: See limitation report Start Time: 1105 Finish Time: 1145

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.2 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 74 °F
Cal. Report No.: CAL-10-617, 618, 619

Angle Used	0	45	45T	60	60L	
Scanning dB		44.7	44.7	62.9	95.0	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-04, 09-02, 09-08, 10-09

Results: Accept Reject Info Initial Section XI Exam
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Tucker, David K.	II-N	<i>David K. Tucker</i>	5/16/2010	<i>Sam J. Moss</i>		5-18-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Hollis, Jacob	II-N	<i>Jacob P. Hollis</i>	5/16/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		5/18/10

DUKE POWER COMPANY		
ISI LIMITATION REPORT		
Component/Weld ID: <u>2PIA1-8</u> Item No: <u>O2.B9.11.0046</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE ^{DC 2} BEAM DIRECTION _{5/18/10} <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		Single sided pipe to pump casing configuration.
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		UT-10-481 Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>David Tucker</u> Level: <u>II</u> Date: <u>05/18/10</u>		Sheet <u>2</u> of <u>4</u>
Reviewed By: <u>David Z...</u> Date: <u>5/18/10</u>		Authorized Inspector: <u>[Signature]</u> Date: <u>5/18/10</u>



Supplemental Report

Report No.: UT-10-499

Page: 3 of 4

Summary No.: 02.B9.11.0046

Examiner: Tucker, David K. *David K. Tucker*

Level: II-N

Reviewer: *David K. Tucker III*

Date: 5/18/10

Examiner: Hollis, Jacob

Level: II-N

Site Review: _____

Date: _____

Other: N/A

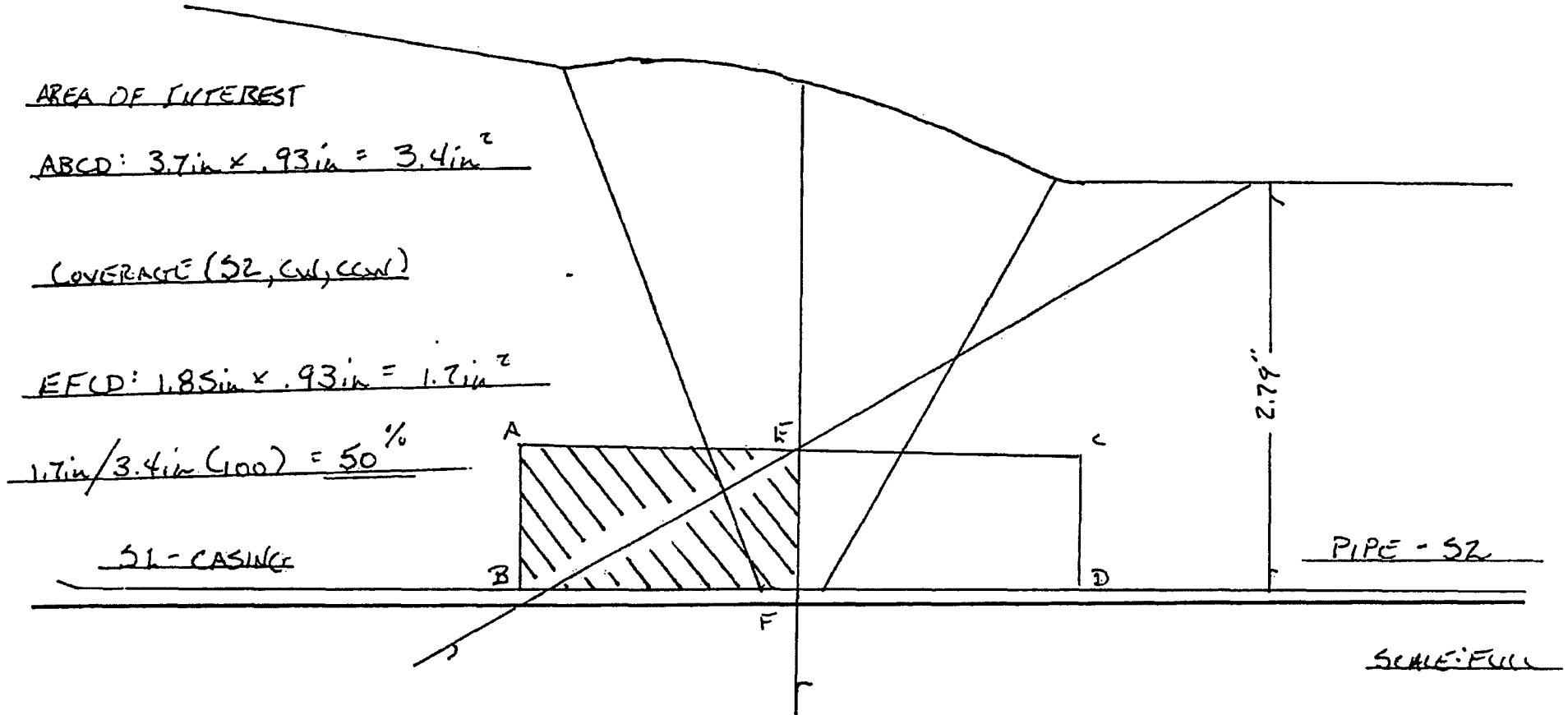
Level: N/A

ANII Review: *Robert*

Date: 5/18/10

Comments:

Sketch or Photo:



ATTACHMENT
PAGE 24 OF 23



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: Oconee / 2

Procedure: PDI-UT-2

Outage No.: O2-24

Summary No.: O2.B9.11.0046

Procedure Rev.: C

Report No.: UT-10-499

Workscope: ISI

Work Order No.: 01869982

Page: 4 of 4

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: David K. Z. III

Date: 5/18/10



UT Pipe Weld Examination

Site/Unit: Oconee / 2
Summary No.: O2.B9.11.0046
Workscope: ISI

Procedure: NDE-830
Procedure Rev.: 1
Work Order No.: 01869982

Outage No.: O2-24
Report No.: UT-10-498
Page: 1 of 3

Code: 1998 Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI-OCN2-007 Description: Casing to Safe End
System ID: 50
Component ID: 2-PIA1-8 Size/Length: N/A Thickness/Diameter: 2.33/33.50/SS
Limitations: Yes - Single sided exam. See limitation sheet. Start Time: 1310 Finish Time: 1335

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 66 °F
Cal. Report No.: CAL-10-615 & 616

Angle Used	0	45	45T	60	60T	70
Scanning dB				57.6	61.9	73.0

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Non-code exam 70°T=73.0 DB
Scanned at reference level due to signal noise ratio.

Results: Accept Reject Info Initial Section XI Exam _____
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.				5/15/2010	James J. McQuillan		5-17-10
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Hendrickson, Matthew				5/15/2010			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A							5/18/10

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: <u>2-PIA1-8</u> Item No: <u>O2.B9.11.0046</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u>		Procedure allows scanning from cast side only.
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u> FROM <u>0</u> DEG to <u>360</u> DEG		
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u>		Procedure allows scanning from cast side only.
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u> FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2	BEAM DIRECTION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
Prepared By: <u>David Griebel</u>	Level: <u>II</u>	Date: <u>05/15+/10</u>
Reviewed By: <u>James J. McQuillan</u>	Date: <u>5-17-10</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>5/17/10</u>
		Sheet <u>2</u> of <u>3</u>



Supplemental Report

Summary No.: O2.B9.11.0046

Examiner: Griebel, David M.

Level: II-N

Reviewer: James J. McQuillan

Date: 5-17-10

Examiner: Hendrickson, Matthew

Level: II-N

Site Review: [Signature]

Date:

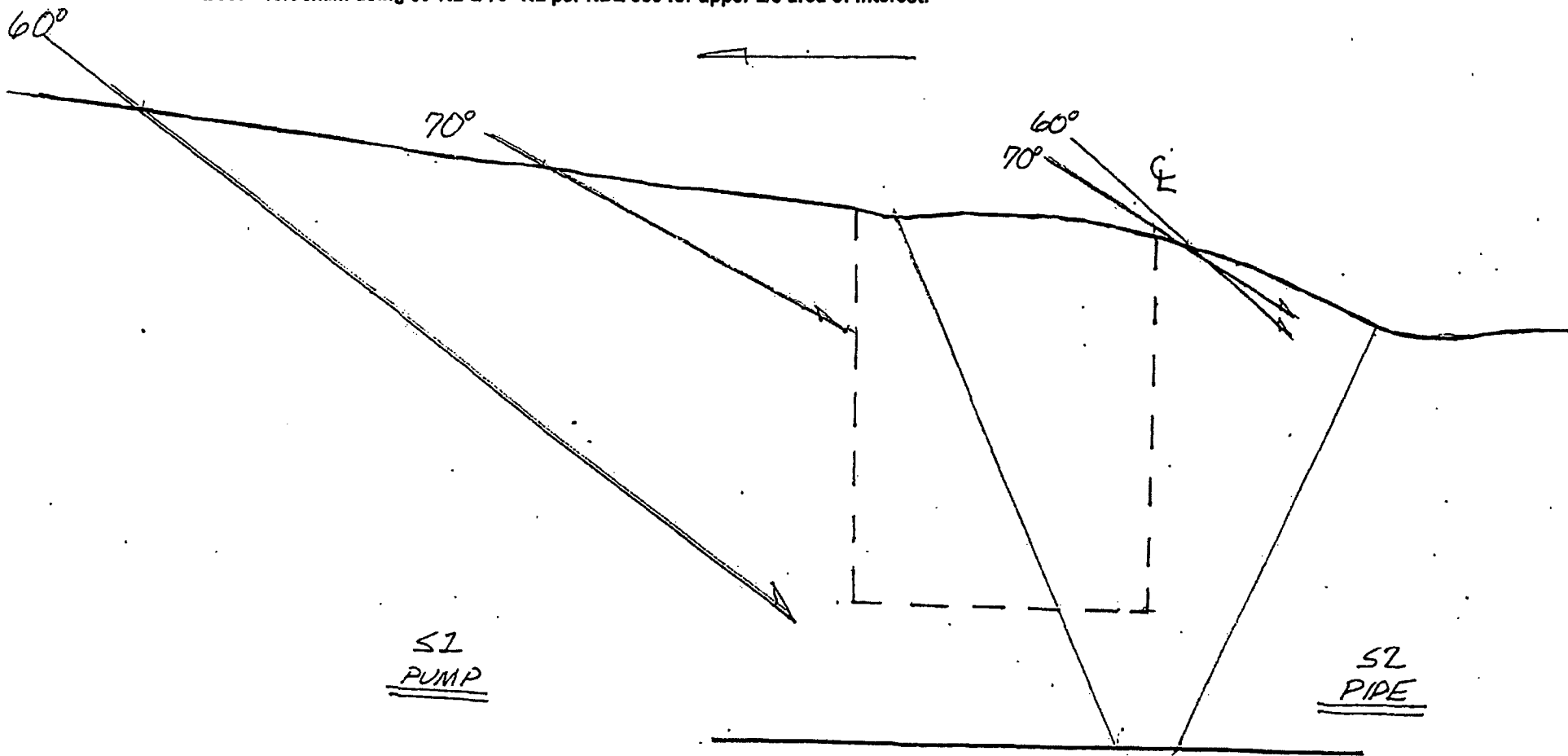
Other: N/A

Level: N/A

ANII Review: [Signature]

Date: 5/17/10

Comments: Best effort exam using 60°RL & 70° RL per NDE 830 for upper 2/3 area of interest.





UT Pipe Weld Examination

Site/Unit: Oconee / 2
Summary No.: O2.B9.11.0053
Workscope: ISI

Procedure: NDE-600
Procedure Rev.: 18
Work Order No.: 01870445

Outage No.: O2-24
Report No.: UT-10-480
Page: 1 of 4

Code: 1998 Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI-OCN2-012 Description: Casing to Safe End
System ID: 50
Component ID: 2-PDA2-1 Size/Length: N/A Thickness/Diameter: 2.33/33.5/SS
Limitations: Yes - See attached report Start Time: 1247 Finish Time: 1308

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125

Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 66.2 °F

Cal. Report No.: CAL-10-606, 607 & 608

Angle Used	0	45	45T	60		
Scanning dB		60.7	72.2	67.8		

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info Initial Section XI Exam
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Mauldin, Larry E.	II-N	<i>Larry E. Mauldin</i>	5/13/2010	<i>Larry E. Mauldin</i>		5/18/10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Hendrickson, Matthew	II-N	<i>Matthew Hendrickson</i>	5/13/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		5/18/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-PDA2-1</u> Item No: <u>O2.B9.11.0053</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	BEAM DIRECTION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw
FROM L <u>N/A</u> to L <u>N/A</u>	INCHES FROM W0 <u>CL</u> to <u>Beyond</u>	Limitation due to casing configuration.
ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>60L</u>	FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FROM L _____ to L _____	INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2	
FROM L _____ to L _____	INCHES FROM W0 _____ to _____	
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN <input type="checkbox"/> LIMITED SCAN	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2	UT-10-480
FROM L _____ to L _____	INCHES FROM W0 _____ to _____	Sketch(s) attached
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____	FROM _____ DEG to _____ DEG	<input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Larry Mauldin</u> <i>Larry Mauldin</i>	Level: <u>II</u>	Date: <u>05/13/10</u>
Reviewed By: <u>Larry Moss</u> <i>Larry Moss</i>	Date: <u>5/13/10</u>	Authorized Inspector: <u>[Signature]</u> <i>[Signature]</i>
		Sheet <u>2</u> of <u>4</u>
		Date: <u>7/14/10</u>



Supplemental Report

Report No.: UT-10-480

Page: 3 of 4

Summary No.: O2.B9.11.0053

Examiner: Mauldin, Larry E. *Larry E. Mauldin*

Level: II-N

Reviewer: *Daniel K. B III*

Date: 5/14/10

Examiner: Hendrickson, Matthew *Matthew Hendrickson*

Level: II-N

Site Review: _____

Date: _____

Other: N/A

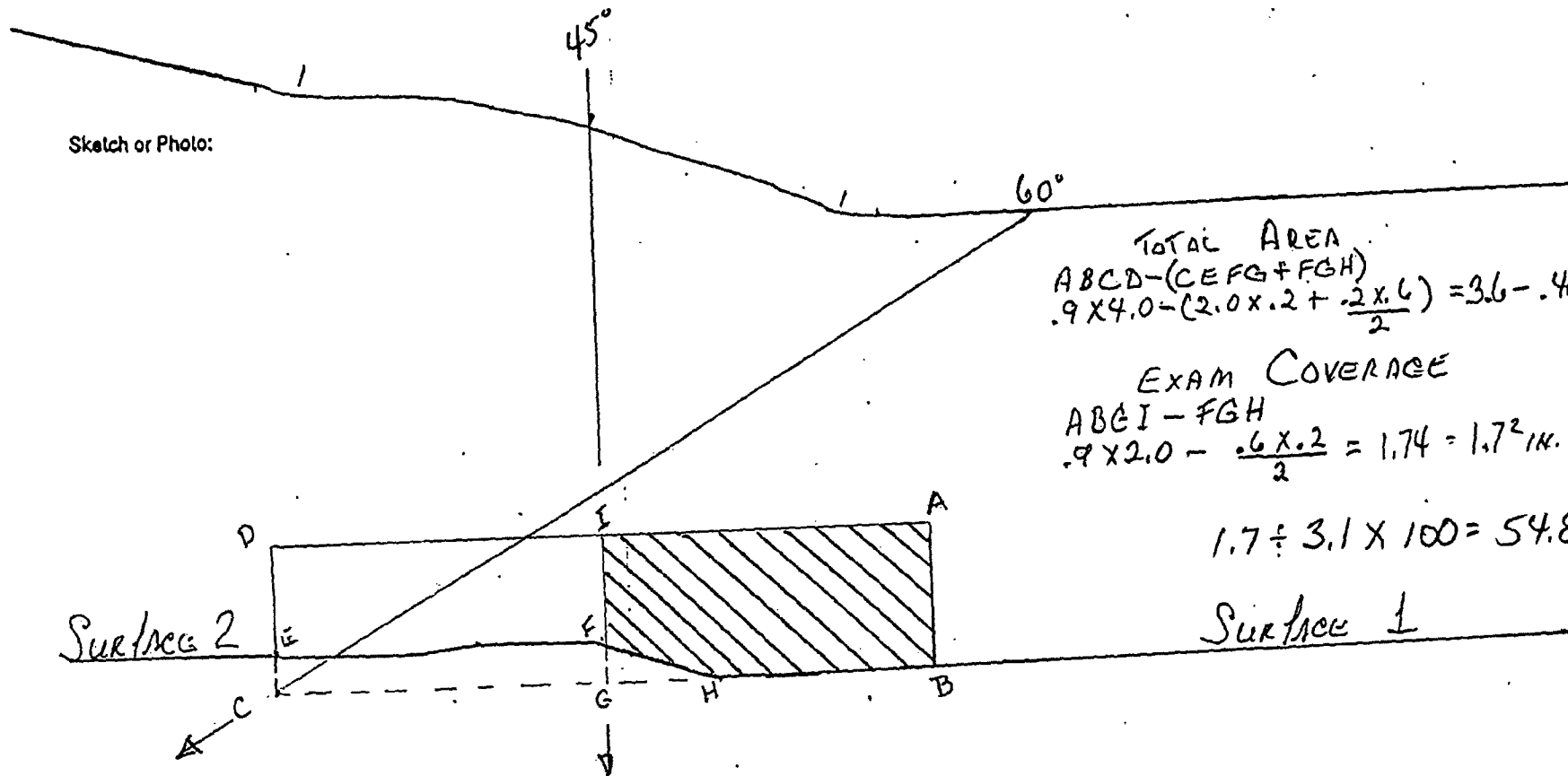
Level: N/A

ANII Review: *[Signature]*

Date: 5/14/10

Comments:

Sketch or Photo:



TOTAL AREA
 $ABCD - (CEFG + FGH)$
 $.9 \times 4.0 - (2.0 \times .2 + \frac{.2 \times .6}{2}) = 3.6 - .46 = 3.14 = 3.1^2$

EXAM COVERAGE
 $ABCEI - FGH$
 $.9 \times 2.0 - \frac{.6 \times .2}{2} = 1.74 = 1.7^2 \text{ in.}$

$1.7 \div 3.1 \times 100 = 54.8\%$

SURFACE 1

SURFACE 2

SCALE: FULL

ATTACHMENT B
PAGE 41 OF 62



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit:	<u>Oconee / 2</u>	Procedure:	<u>NDE-600</u>	Outage No.:	<u>O2-24</u>
Summary No.:	<u>O2.B9.11.0053</u>	Procedure Rev.:	<u>18</u>	Report No.:	<u>UT-10-480</u>
Workscope:	<u>ISI</u>	Work Order No.:	<u>01870445</u>	Page:	<u>4</u> of <u>4</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>54.800</u>	% volume of length / 100 =	<u>54.800</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

38.700 % Total for complete exam

Site Field Supervisor: David K. Z III

Date: 5/14/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-PDA2-1</u> Item No: <u>O2.B9.11.0053</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u> FROM <u>0</u> DEG to <u>360</u> DEG	Procedure allows scanning from cast side only.	
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u> FROM <u>0</u> DEG to <u>360</u> DEG	Procedure allows scanning from cast side only.	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>David Griebel</u> Level: <u>II</u> Date: <u>05/13/10</u>		Sheet <u>2</u> of <u>3</u>
Reviewed By: <u>M E Jensen</u> Date: <u>5-15-10</u>		Authorized Inspector: <u>[Signature]</u> Date: <u>5/17/10</u>



Supplemental Report

Summary No.: O2.B9.11.0053

Examiner: Griebel, David M. *D. M. Griebel*

Level: II-N

Reviewer: *DE Hansen*

Date: 5-15-10

Examiner: N/A

Level: N/A

Site Review:

Date:

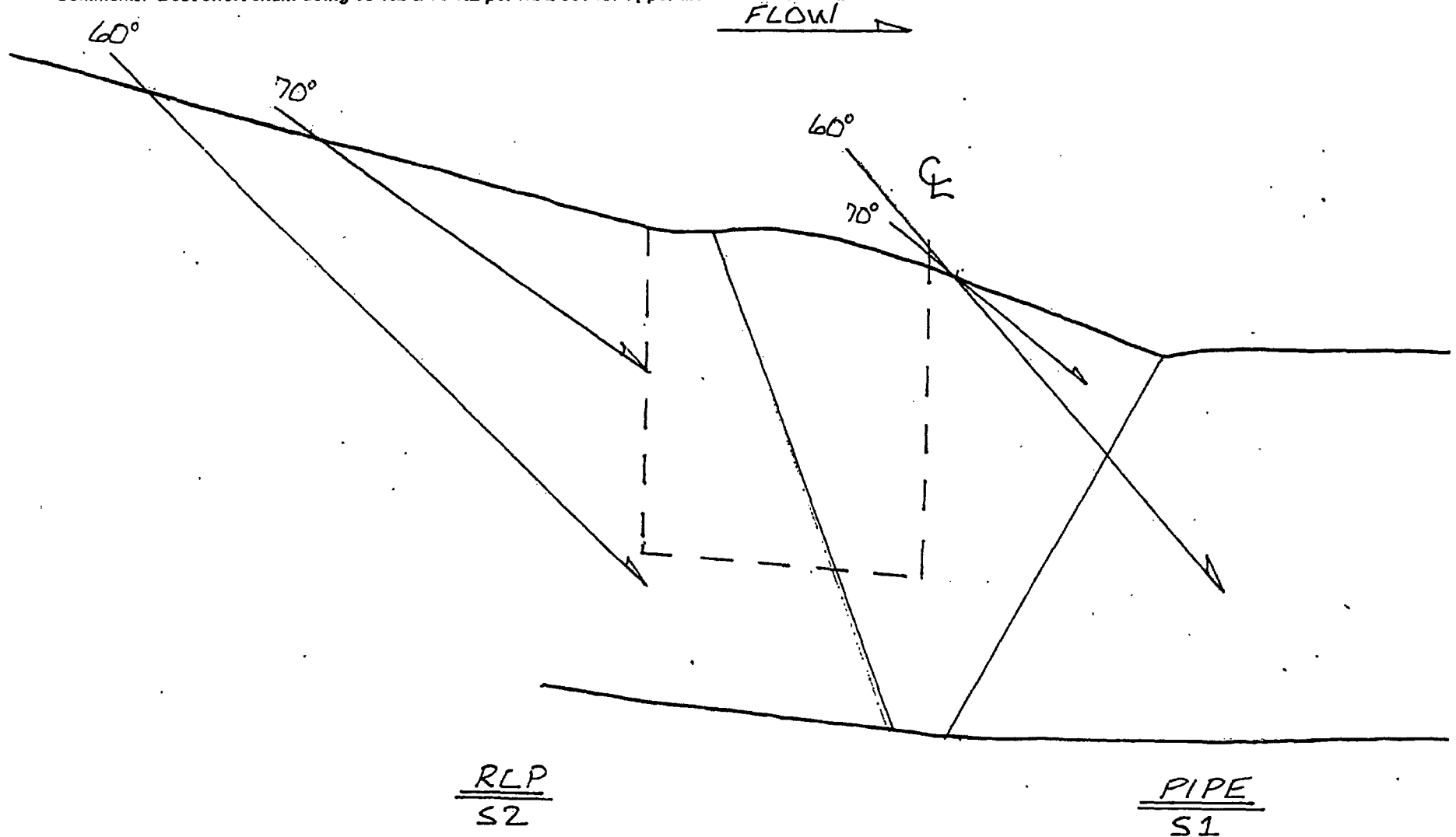
Other: N/A

Level: N/A

ANII Review: *[Signature]*

Date: 5/17/10

Comments: Best effort exam using 60°RL & 70°RL per NDE 830 for upper 2/3 area of interest.





UT Pipe Weld Examination

Site/Unit: Oconee / 2 Procedure: NDE-600 Outage No.: O2-24
 Summary No.: O2.B9.11.0063 Procedure Rev.: 18 Report No.: UT-10-481
 Workscope: ISI Work Order No.: 01870552 Page: 1 of 4

Code: 1998 Cat./Item: B-J /B9.11 Location: _____
 Drawing No.: ISI-OCN2-014 Description: Casing to Pipe Safe End
 System ID: 50
 Component ID: 2-PDB2-1 Size/Length: N/A Thickness/Diameter: 2.33/33.50/SS
 Limitations: Yes - See attached sheet. Start Time: 1321 Finish Time: 1342

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 66.2 °F
 Cal. Report No.: CAL-10-606, 607 & 608

Angle Used	0	45	45T	60	60L	
Scanning dB			60.7	72.2	67.8	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW
 Comments: N/A

Results: Accept Reject Info Initial Section XI Exam
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Mauldin, Larry E.			<i>Larry E. Mauldin</i>	5/13/2010	<i>Darryl Moss</i>		5/18/10
Examiner	Level	II-N	Signature	Date	Site Review	Signature	Date
Hendrickson, Matthew			<i>Matthew Hendrickson</i>	5/13/2010			
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A					<i>[Signature]</i>		5/18/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2PDB2-1</u> Item No: <u>O2.B9.11.0063</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>60L</u> FROM <u>0</u> DEG to <u>360</u> DEG	Limitation due to casing configuration.
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	UT-10-481
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>Larry Mauldin</u> Level: <u>II</u> Date: <u>05/13/10</u>	Sheet <u>2</u> of <u>4</u>	
Reviewed By: <u>[Signature]</u> Date: <u>5/18/10</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>5/18/10</u>



Supplemental Report

Report No.: UT-10-481

Page: 3 of 4

Summary No.: 02.B9.11.0063

Examiner: Mauldin, Larry E. *Larry E. Mauldin* Level: II-N

Reviewer: *David R. III* Date: 5/14/10

Examiner: Hendrickson, Matthew *Matthew Hendrickson* Level: II-N

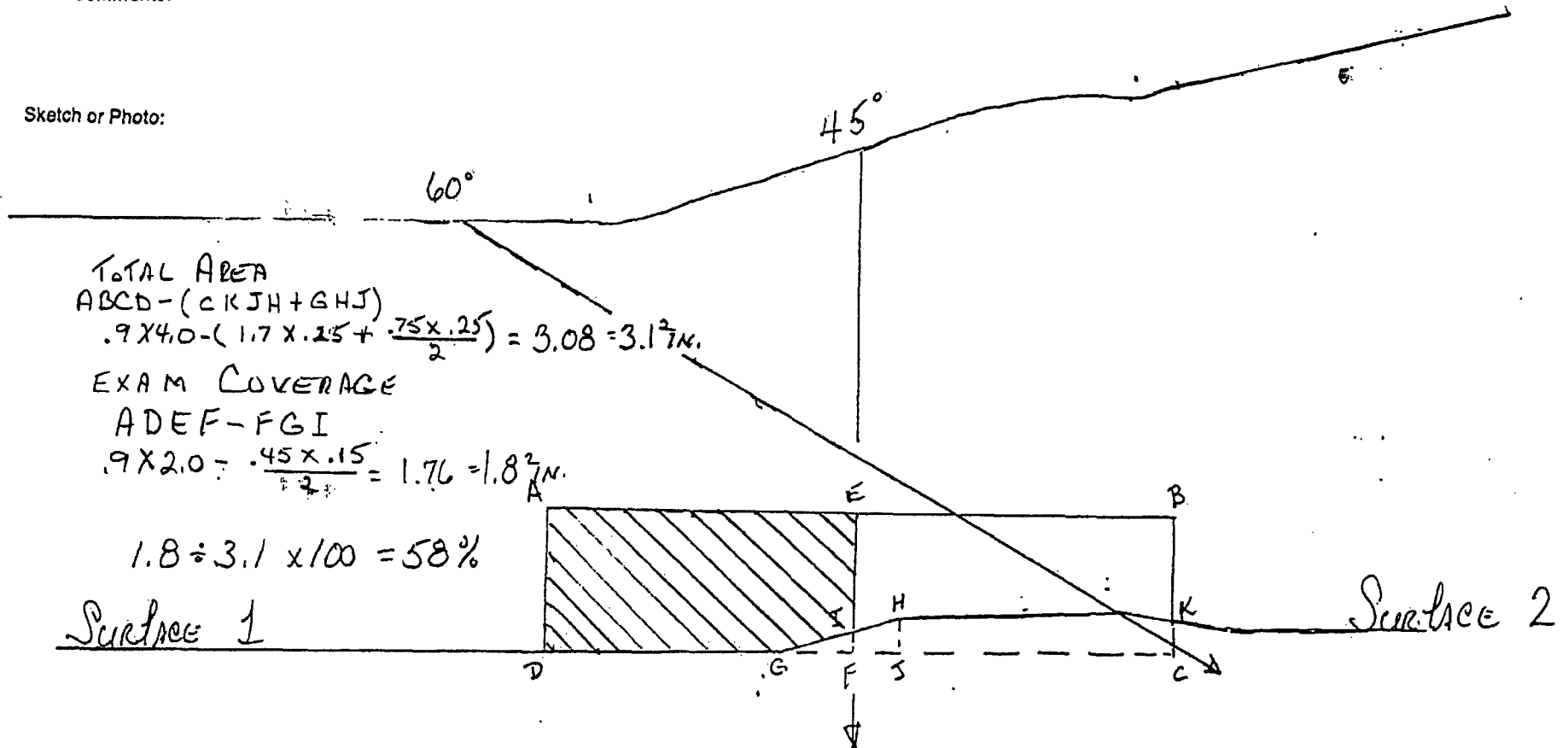
Site Review: *[Signature]* Date:

Other: N/A Level: N/A

ANII Review: *[Signature]* Date: 8/19/10

Comments:

Sketch or Photo:



TOTAL AREA
 $ABCD - (CKJH + GHJ)$
 $.9 \times 4.0 - (1.7 \times .25 + \frac{.75 \times .25}{2}) = 3.08 = 3.1^2 N.$

EXAM COVERAGE
 $ADEF - FGI$
 $.9 \times 2.0 - \frac{.45 \times .15}{2} = 1.76 = 1.8^2 N.$

$1.8 \div 3.1 \times 100 = 58\%$

Surface 1

Surface 2

SCALE: FULL



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>NDE-600</u>	Outage No.: <u>O2-24</u>
Summary No.: <u>O2.B9.11.0063</u>	Procedure Rev.: <u>18</u>	Report No.: <u>UT-10-481</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01870552</u>	Page: <u>4</u> of <u>4</u>

45 deg

Scan 1	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 1
Scan 2	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 2
Scan 3	<u>100.000</u> % Length X	<u>50.000</u> % volume of length / 100 =	<u>50.000</u> % total for Scan 3
Scan 4	<u>100.000</u> % Length X	<u>50.000</u> % volume of length / 100 =	<u>50.000</u> % total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - 60 (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u> % Length X	<u>58.000</u> % volume of length / 100 =	<u>58.000</u> % total for Scan 1
Scan 2	<u>100.000</u> % Length X	<u>0.000</u> % volume of length / 100 =	<u>0.000</u> % total for Scan 2
Scan 3	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 3
Scan 4	<u> </u> % Length X	<u> </u> % volume of length / 100 =	<u> </u> % total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

39.500 % Total for complete exam

Site Field Supervisor: David K. Z...

Date: 5/14/10



UT Pipe Weld Examination

Site/Unit: Oconee / 2
Summary No.: O2.B9.11.0063
Workscope: ISI

Procedure: NDE-830
Procedure Rev.: 1
Work Order No.: 01870552

Outage No.: O2-24
Report No.: UT-10-486
Page: 1 of 3

Code: 1998 Cat./Item: B-J /B9.11 Location: _____
Drawing No.: ISI/OCN2-014 Description: Casing to Pipe Safe End
System ID: 50
Component ID: 2-PDB2-1 Size/Length: N/A Thickness/Diameter: 2.33/33.50/SS
Limitations: Yes-Single sided exam. See limitation sheet. Start Time: 1320 Finish Time: 1350

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125

Temp. Tool Mfg.: Lutron Serial No.: MCNDE32804 Surface Temp.: 66 °F

Cal. Report No.: CAL-10-603 & 604

Angle Used	0	45	45T	60	60T	70
Scanning dB				57.6	61.9	73.0

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:

Non-code exam 70°T=73.0 dB
Scanned at reference level due to signal noise ratio.

Results: Accept Reject Info

Initial Section XI Exam

Percent Of Coverage Obtained > 90%: No

Reviewed Previous Data: No

Examiner	Level	II-N	Signature	Date	Reviewer	Signature	Date
Griebel, David M.				5/13/2010			5-15-10
Examiner	Level	N/A	Signature	Date	Site Review	Signature	Date
N/A							
Other	Level	N/A	Signature	Date	ANII Review	Signature	Date
N/A							5/17/10

DUKE POWER COMPANY					
ISI LIMITATION REPORT					
Component/Weld ID: <u>2-PDB2-1</u>			Item No: <u>O2.B9.11.0063</u>		remarks:
<input checked="" type="checkbox"/> NO SCAN	SURFACE	BEAM DIRECTION		Procedure allows scanning from	
<input type="checkbox"/> LIMITED SCAN	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> cw <input type="checkbox"/> ccw	cast side only:	
FROM L <u>N/A</u> to L <u>N/A</u>		INCHES FROM W0 <u>CL</u> to <u>Beyond</u>			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u>		FROM <u>0</u> DEG to <u>360</u> DEG			
<input checked="" type="checkbox"/> NO SCAN	SURFACE	BEAM DIRECTION		Procedure allows scanning from	
<input type="checkbox"/> LIMITED SCAN	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	cast side only.	
FROM L <u>N/A</u> to L <u>N/A</u>		INCHES FROM W0 <u>CL</u> to <u>Beyond</u>			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other <u>70°</u>		FROM <u>0</u> DEG to <u>360</u> DEG			
<input type="checkbox"/> NO SCAN	SURFACE	BEAM DIRECTION			
<input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____		INCHES FROM W0 _____ to _____			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____		FROM _____ DEG to _____ DEG			
<input type="checkbox"/> NO SCAN	SURFACE	BEAM DIRECTION			
<input type="checkbox"/> LIMITED SCAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____		INCHES FROM W0 _____ to _____			
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____		FROM _____ DEG to _____ DEG			
				Sketch(s) attached	
				<input checked="" type="checkbox"/> yes <input type="checkbox"/> No	
Prepared By: <u>David Griebel</u>		Level: <u>II</u>	Date: <u>05/13/10</u>	Sheet <u>2</u> of <u>3</u>	
Reviewed By: <u>McL...</u>		Date: <u>5-15-10</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>5/19/10</u>	



Supplemental Report

ATTACHMENT 3

Report No.: PAGE 31 OF 33

Page: 3 of 3

Summary No.: O2.B9.11.0063

Examiner: Griebl, David M. *D. M. Griebl*

Level: II-N

Reviewer: DE Housen

Date: 5-15-10

Examiner: N/A

Level: N/A

Site Review: _____

Date: _____

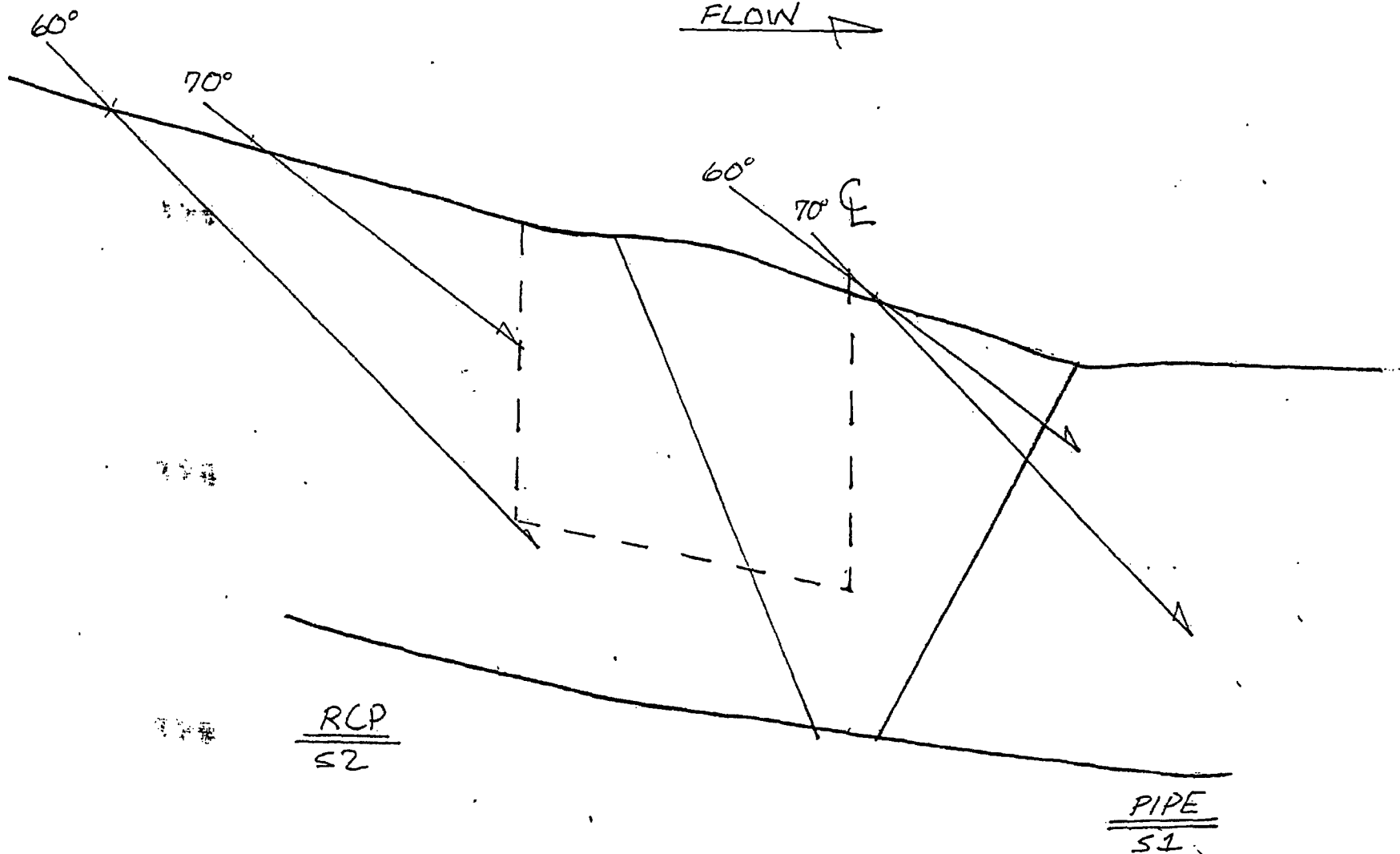
Other: N/A

Level: N/A

ANII Review: *[Signature]*

Date: 5/12/10

Comments: Best effort exam using 60°RL & 70°RL per NDE 830 for upper 2/3 area of interest.





UT Pipe Weld Examination

Site/Unit: Oconee / 2

Procedure: PDI-UT-2

Outage No.: 02-24

Summary No.: 02.C5.11.0038

Procedure Rev.: C

Report No.: UT-10-466

Workscope: ISI

Work Order No.: 01870261

Page: 1 of 4

Code: 1998 Cat./Item: C-F-1/C5.11 Location: _____

Drawing No.: 2LP-215 Description: Pipe to Valve 2LP-177

System ID: 53A

Component ID: 2LP-215-27 Size/Length: N/A Thickness/Diameter: 1.0/10.0/SS

Limitations: Yes - See attached limitation sheet Start Time: 1030 Finish Time: 1115

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125

Temp. Tool Mfg.: Lutron Serial No.: MCNDE32824 Surface Temp.: 69 °F

Cal. Report No.: CAL-10-541, 563, 564 & 528

Angle Used	0	45	45T	60		
Scanning dB		22.5	22.5	33.9		

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info FC 08-04, 09-02, 09-08, 10-09

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Hendrickson, Matthew	II-N		5/9/2010			5-15-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Hollis, Jacob	II-N		5/9/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A					5/17/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

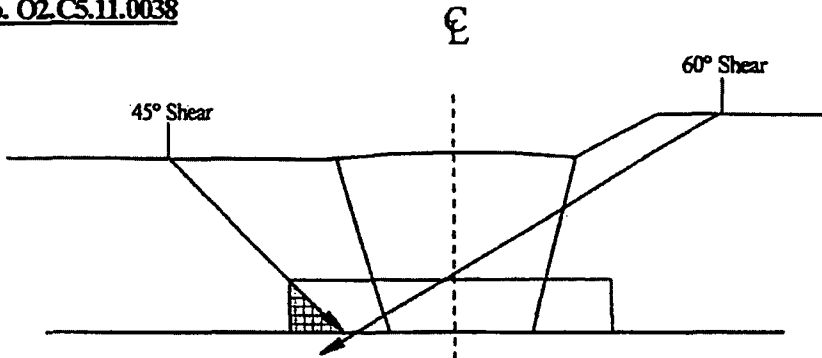
Component/Weld ID: <u>2LP-0215-27</u> Item No: <u>02.C5.11.0038</u>		remarks:	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input checked="" type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L <u>7.5</u> to L <u>10.0</u> INCHES FROM W0 <u>1.7</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM <u>N/A</u> DEG to <u>N/A</u> DEG	Weld-o-let 		
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw FROM L <u>0</u> to L <u>360</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM <u>N/A</u> DEG to <u>N/A</u> DEG	No scan due to pipe to valve configuration 		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG			
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No		
Prepared By: <u>Matthew Hendrickson</u>	Revel: <u>II</u>	Date: <u>05/09/10</u>	Sheet <u>2</u> of <u>24</u> DXX
Reviewed By: <u>David K. III</u>	Date: <u>5/13/10</u>	Authorized Inspector: <u>[Signature]</u>	Date: <u>5/17/10</u>

Axial Scan Coverage

ATTACHMENT B
PAGE 54 OF 63

PIPE-S2

Valve-S1
(Forged)

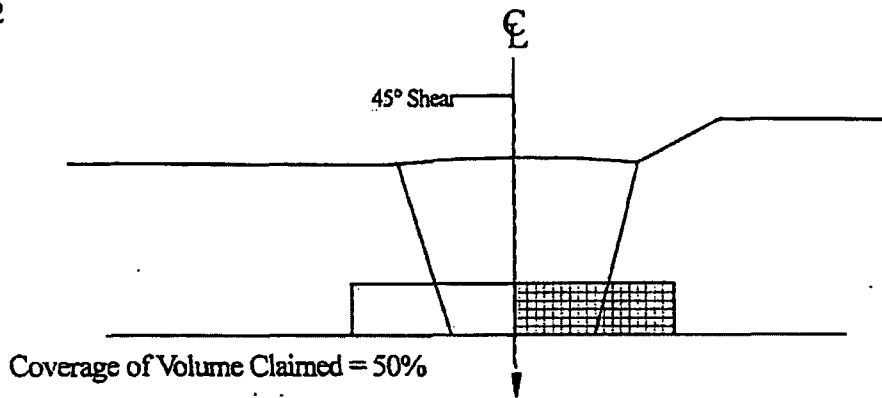


Coverage of Volume Claimed = 92% for Scan 2.
(Limitation shown due to weld-o-let representing 2.5" of total weld length.)

Circ. Scan Coverage

PIPE-S2

Valve-S1
(Forged)



Coverage of Volume Claimed = 50%

Scale : 1" = 1"

<u>% Coverage Calculations</u>				
Total Weld Length = (10.75in. dia.) π = 33.8in.				
Total Area of Examination = 1.95 in. x 0.33 in. = 0.64 in.(sq.)				
Total Volume of Examination = 33.8 in. x 0.64 in.(sq.) = 21.63 in.(cu.)				
Scan	Length Scanned - in.	Area Obtained - in.(sq.)	Volume Obtained - in.(cu.)	Percent Obtained - Volume Obtained/Total Volume(100)
S1 - Valve	33.8 in.	0.64 in.(sq.)	21.63 in.(cu.)	21.63/21.63(100) = 100%
S2 - Pipe	2.5 in.	0.59 in.(sq.)	1.48 in.(cu.)	1.48/ 21.63(100) = 6.8%
S2 - Pipe	31.3 in.	0.64 in.(sq.)	20.03 in.(cu.)	20.03/21.63(100) = 92.6%
S3 - CW	33.8 in.	0.32 in.(sq.)	10.82 in.(cu.)	10.82/21.63(100) = 50%
S4 - CCW	33.8 in.	0.32 in.(sq.)	10.82 in.(cu.)	10.82/21.63(100) = 50%
Total Aggregate = (S1 + S2 + S3 + S4) = 100% + 99.4%(6.8% + 92.6%) + 50% + 50% = 299.4%/4 = 74.9%				

Inspector/Date David K. Z 5/13/10



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: <u>Oconee / 2</u>	Procedure: <u>PDI-UT-2</u>	Outage No.: <u>O2-24</u>
Summary No.: <u>O2.C5.11.0038</u>	Procedure Rev.: <u>C</u>	Report No.: <u>UT-10-466</u>
Workscope: <u>ISI</u>	Work Order No.: <u>01870261</u>	Page: <u>4</u> of <u>4</u>

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u>99.400</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>99.400</u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 66.467 % total for 45 deg

Other deg - _____ (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>100.000</u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

74.850 % Total for complete exam

Site Field Supervisor: David K. Z

Date: 5/13/10



UT Pipe Weld Examination

Site/Unit: Oconee / 2

Procedure: PDI-UT-2

Outage No.: O2-24

Summary No.: O2.C5.21.0035

Procedure Rev.: C

Report No.: UT-09-362

Workscope: ISI

Work Order No.: 01874477

Page: 1 of 3

Code: 1998 Cat./Item: C-F-1/C5.21 Location: _____

Drawing No.: 2HP-341 Description: Valve 2HP-120 to Pipe

System ID: 51A

Component ID: 2HP-341-V1 Size/Length: N/A Thickness/Diameter: 0.375/2.5/SS

Limitations: See attached limitation sheet Start Time: 1214 Finish Time: 1304

Examination Surface: Inside Outside Surface Condition: AS GROUND

Lo Location: 9.1.1.5 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 08125

Temp. Tool Mfg.: Fluke Serial No.: OCQUA33090 Surface Temp.: 82 °F

Cal. Report No.: CAL-09-472, 473, 474

Angle Used	0	45	45T	60	70	
Scanning dB		34.0	34.0	52.5	59.3	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
N/A

Results: Accept Reject Info FC 08-01, 08-04, 09-02, 09-08

Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: Yes

Examiner	Level	Signature	Date	Reviewed	Signature	Date
Ellis II, Kenneth R.	II-N	<i>Kenneth R. Ellis II</i>	2/2/2010	<i>David Moss</i>		2-3-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Ransom, Greg J.	II-N	<i>Greg Ransom</i>	2/2/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>Colin Smith</i>		2/4/10

DUKE POWER COMPANY ISI LIMITATION REPORT

Component/Weld ID: 2HP-341-V1

Item No: 02.C5.21.0035

remarks:

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L N/A to L N/A INCHES FROM W0 CL to Beyond
 ANGLE: 0 45 60 other _____ FROM 0 DEG to 360 DEG

Due to valve configuration

NO SCAN SURFACE BEAM DIRECTION
 LIMITED SCAN 1 2 1 2 cw ccw
 FROM L _____ to L _____ INCHES FROM W0 _____ 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 W0 _____ 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 W0 _____ to _____
 ANGLE: 0 45 60 other _____ FROM _____ DEG to _____ DEG

Sketch(s) attached

yes No

Prepared By: Kenneth Ellis *Kenneth R. Ellis*

Level: II Date: 02/02/2010

Sheet 2 of 3

Reviewed By: Gary Moo

Date: 2-3-10

Authorized Inspector: *[Signature]*

Date: 2/4/10

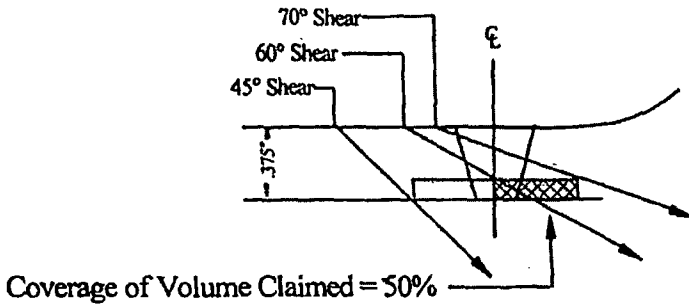
Item No. O2.C5.21.0035

Weld No. 2HP-341-V1

PIPE-S2

Valve-S1
(Forged)

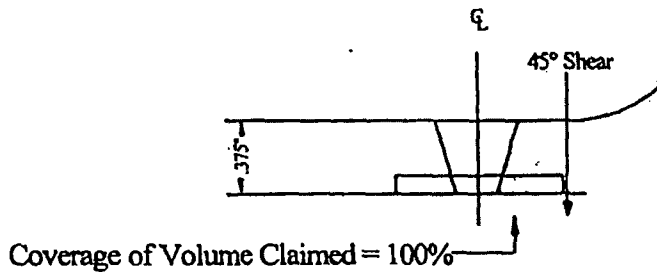
Axial Scan Coverage



Circ. Scan Coverage

PIPE-S2

Valve-S1
(Forged)



Scale : 1" = 1"

% Coverage Calculations

S1 = Pipe	=	0%	(0% of the length x 0% of the volume)
S2 = Valve	=	50%	(100% of the length x 50% of the volume)
S3 = CW	=	100%	(100% of the length x 50% of the volume)
S4 = CCW	=	100%	(100% of the length x 50% of the volume)
Total	=	250 / 4	= <u>62.5 %</u> Aggregate Coverage

Inspector / Date: Rob Sheffield / 2-3-10



UT Pipe Weld Examination

Site/Unit: Oconee / 2
 Summary No.: 2-51A-0029-94
 Workscope: PSI

Procedure: PDI-UT-2
 Procedure Rev.: C
 Work Order No.: 01895070

Outage No.: N/A
 Report No.: BOP-UT-10-149
 Page: 1 of 4

Code: N/A Cat./Item: N/A Location: N/A
 Drawing No.: N/A Description: Pipe to valve
 System ID: HP
 Component ID: 2-51A-0029-94 Size/Length: N/A Thickness/Diameter: .531/4.0/SS
 Limitations: See limitation report Start Time: 1038 Finish Time: 1052

Examination Surface: Inside Outside Surface Condition: AS GROUND
 Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
 Temp. Tool Mfg.: Fluke Serial No.: MCNDE40127 Surface Temp.: 73 °F
 Cal. Report No.: CAL-10-586, 587, 588

Angle Used	0	45	45T	60	60L	
Scanning dB		36.3	36.3	52.8	86.0	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW

Comments:
FC 08-04, 09-02, 09-08, 10-09

Results: Accept Reject Info **PSI Exam**
 Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: No

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Tucker, David K.	II-N	<i>David K Tucker</i>	5/11/2010	<i>DE Housen</i>		5-15-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Foss, Steven	II-N	<i>Steven Foss</i>	5/11/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		5/17/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>251A-0029-94</u> Item No: <u>01895070</u>		remarks: Single sided pipe to valve configuration.
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw	FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u> ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw	FROM L _____ to L _____ INCHES FROM W0 _____ to _____ ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG	Sketch(s) attached <input checked="" type="checkbox"/> yes <input type="checkbox"/> No
Prepared By: <u>David Tucker</u> <i>David Tucker</i> Level: <u>II</u> Date: <u>05/11/10</u>		Sheet <u>2</u> of <u>4</u>
Reviewed By: <u>David K. B.</u> <i>David K. B.</i> Date: <u>5/14/10</u>		Authorized Inspector: <u><i>[Signature]</i></u> Date: <u>5/17/10</u>



Supplemental Report

Report No.: BOP-UT-10-149

Page: 3 of 4

Summary No.: 2-51A-0029-94

Examiner: Tucker, David K. *David K. Tucker*

Level: II-N

Reviewer: *David K. Tucker III*

Date: 5/14/10

Examiner: Foss, Steven *Steven Foss*

Level: II-N

Site Review: _____

Date: _____

Other: N/A

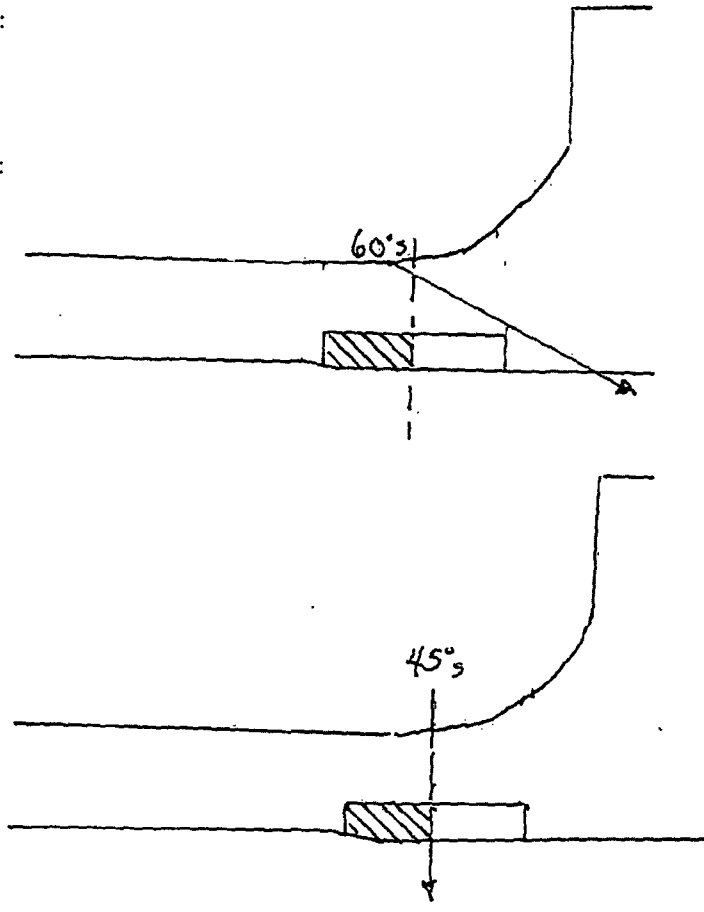
Level: N/A

ANII Review: *Steven Foss*

Date: 5/17/10

Comments:

Sketch or Photo:



TOTAL EXAM AREA
 $1.1 \text{ IN.} \times 2 \text{ IN.} = .22 \text{ IN}^2$

AXIAL COVERAGE
 $.55 \text{ IN.} \times 2 \text{ IN.} = .11 \text{ IN}^2 \div .22 \text{ IN}^2 \times 100 = 50\%$

CIRC. COVERAGE
 $.55 \text{ IN.} \times 2 \text{ IN.} = .11 \text{ IN}^2 \div .22 \text{ IN}^2 \times 100 = 50\%$

SZ

S1

ATTACHMENT
PAGE 62 OF 150



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: Oconee / 2 Procedure: PDI-UT-2 Outage No.: N/A
 Summary No.: 2-51A-0029-94 Procedure Rev.: C Report No.: BOP-UT-10-149
 Workscope: PSI Work Order No.: 01895070 Page: 4 of 4

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>100.000</u>	% Length X	<u>0.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>100.000</u>	% Length X	<u>50.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: *David K. [Signature]* TLE

Date: 5/14/10



UT Calibration Report

Site: Oconee Procedure: PDI-UT-2 Rev.: C Cal. Report No.: CAL-10-586

Instrument: Manufacturer: <u>KRAUTKRAMER</u> Model: <u>USN-60</u> Serial No.: <u>011MBT</u> Linearity Report No.: <u>L-10-091</u> Temp. Tool: Manufacturer: <u>Lutron</u> Serial No.: <u>MCNDE32828</u>	Transducer: Manufacturer: <u>GE</u> Serial No.: <u>SB0253</u> Size: <u>.25</u> Freq.: <u>2.25</u> Model: <u>Comp - G</u> Shape: <u>Round</u> # of Elements: <u>Single</u> Mode: <u>Shear</u> Wedge Index to Nose <u>.35</u> Nom. Angle: <u>45 °</u> Meas. Angle: <u>45 °</u>	Couplant: Type: <u>ULTRAGEL II</u> Batch No.: <u>09125</u> Search Unit Cable: Cable Type: <u>RG-174</u> Cable Length: <u>6'</u> # of Connectors: <u>0</u>	Calibration Block: Serial No.: <u>PDI-UT-2A-O</u> Thickness: <u>.25-1.25"</u> Calibration Block Temp.: <u>73 °F</u> Reference/Simulator Block: Serial No.: <u>97-5590</u> Type: <u>ROMPAS</u>
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Instrument Settings	
S.U. Orientation	Axial/Circ
Gain	30.3
Range	2.0
Delay/Offset	4.3725
Velocity/Mat. Cal.	.1241
Frequency	2.25 MHz
Rep. Rate	Autohigh
Pulser	High
Filter	Fixed
Damping	1K
Display/Video/Rectif.	Full
Reject	Off
Voltage	Fixed

Axial Orientated Search Unit			
Calibration Reflector	Signal Amplitude %	Sweep Division	Sound Path
.75 ID Notch	80	5.3	1.004

Circumferential Orientated Search Unit			
Calibration Reflector	Signal Amplitude %	Sweep Division	Sound Path
See Axial			

Reference/Simulator Block							Date	Time	Initials
Gain dB	Reflector	Signal Amplitude %	Screen/Sweep Division	Sound Path	Reference/Simulator Block	Int. Cal.	5/11/2010	0805	<i>[Signature]</i>
25.4	1" Radius	80	5.0	1.00	97-5590	Cal. Ver.	5/11/2010	1017	<i>[Signature]</i>
						Cal. Ver.			
						Cal. Ver.	5/11/2010	1038	<i>[Signature]</i>
						Final Cal.	5/11/2010	1455	<i>[Signature]</i>

Comments: FC 08-04, 09-02, 09-08, 10-09

1 Screen Divisions = .2 in. of Sound Path
 Summary No.(s): 2-HP-0396-25, 2-51A-0029-94

Examiner Level <u>II-N</u> Tucker, David K.	Signature <i>[Signature]</i>	Date 5/11/2010	Reviewer	Signature	Date
Examiner Level <u>II-N</u> Foss, Steven	Signature <i>[Signature]</i>	Date 5/11/2010	Site Review	Signature	Date
Other Level <u>N/A</u> N/A	Signature	Date	ANII Review	Signature	Date



UT Calibration Report

Site: Oconee Procedure: PDI-UT-2 Rev.: C Cal. Report No.: CAL-10-587

Instrument: Manufacturer: <u>KRAUTKRAMER</u> Model: <u>USN-60</u> Serial No.: <u>011MBT</u> Linearity Report No.: <u>L-10-091</u> Temp. Tool: Manufacturer: <u>Lutron</u> Serial No.: <u>MCNDE32828</u>	Transducer: Manufacturer: <u>GE</u> Serial No.: <u>SB0482</u> Size: <u>.25</u> Freq.: <u>2.25 MHz</u> Model: <u>Comp-G</u> Shape: <u>Round</u> # of Elements: <u>Single</u> Mode: <u>Shear</u> Wedge Index to Nose <u>.25</u> Nom. Angle: <u>60 °</u> Meas. Angle: <u>60 °</u>	Couplant: Type: <u>ULTRAGEL II</u> Batch No.: <u>09125</u> Search Unit Cable: Cable Type: <u>RG-174</u> Cable Length: <u>6'</u> # of Connectors: <u>0</u>	Calibration Block: Serial No.: <u>PDI-UT-2A-O</u> Thickness: <u>.25 -1.25"</u> Calibration Block Temp.: <u>73 °F</u> Reference/Simulator Block: Serial No.: <u>97-5590</u> Type: <u>ROMPAS</u>
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Instrument Settings	
S.U. Orientation	Axial
Gain	46.8
Range	2.5
Delay/Offset	5.4994
Velocity/Mat. Cal.	.1241
Frequency	2.25 MHz
Rep. Rate	Autohigh
Pulser	High
Filter	Fixed
Damping	1K
Display/Video/Rectif.	Full
Reject	Off
Voltage	Fixed

Axial Orientated Search Unit			
Calibration Reflector	Signal Amplitude %	Sweep Division	Sound Path
.75 ID Tip	80	5.3	1.333

Circumferential Orientated Search Unit			
Calibration Reflector	Signal Amplitude %	Sweep Division	Sound Path
N/A			

Reference/Simulator Block					
Gain dB	Reflector	Signal Amplitude %	Screen/Sweep Division	Sound Path	Reference/Simulator Block
26.8	1" Radius	80	4	.997	97-5590

	Date	Time	Initials
Int. Cal.	5/11/2010	0810	<i>[Signature]</i>
Cal. Ver.	5/11/2010	1023	<i>[Signature]</i>
Cal. Ver.			
Cal. Ver.	5/11/2010	1044	<i>[Signature]</i>
Final Cal.	5/11/2010	1458	<i>[Signature]</i>

Comments: FC 08-04, 09-02, 09-08, 10-09

1 Screen Divisions = .25 in. of Sound Path
Summary No.(s): 2-HP-0396-25, 2-51A-0029-94

Examiner Level <u>II-N</u> <u>Tucker, David K.</u> Signature <i>[Signature]</i> Date <u>5/11/2010</u>	Reviewer Signature Date
Examiner Level <u>II-N</u> <u>Foss, Steven</u> Signature <i>[Signature]</i> Date <u>5/11/2010</u>	Site Review Signature Date
Other Level <u>N/A</u> <u>N/A</u> Signature Date	ANII Review Signature Date



UT Pipe Weld Examination

Site/Unit: Oconee / 2
Summary No.: 2-HP-0396-23
Workscope: PSI

Procedure: NDE-600
Procedure Rev.: 18
Work Order No.: 01895070

Outage No.: N/A
Report No.: BOP-UT-09-125
Page: 1 of 4

Code: N/A Cat./Item: N/A Location: N/A
Drawing No.: 2HP-0396 Description: Pipe to Valve
System ID: HP
Component ID: 2-HP-0396-23 Size/Length: N/A Thickness/Diameter: .531/4"SS
Limitations: See Limitation Report Start Time: 0940 Finish Time: 1025

Examination Surface: Inside Outside Surface Condition: AS GROUND
Lo Location: 9.1.1.1 Wo Location: Centerline of Weld Couplant: ULTRAGEL II Batch No.: 09125
Temp. Tool Mfg.: Lutron Serial No.: MCNDE32828 Surface Temp.: 76 °F
Cal. Report No.: CAL-10-485, 486 & 487

Angle Used	0	45	45T	60	60L	
Scanning dB			51.0	50.0	55.0	

Indication(s): Yes No Scan Coverage: Upstream Downstream CW CCW
Comments: N/A

Results: Accept Reject Info Initial PSI Exam
Percent Of Coverage Obtained > 90%: No Reviewed Previous Data: N/A

Examiner	Level	Signature	Date	Reviewer	Signature	Date
Leeper, Winfred C.	II-N	<i>Winfred C. Leeper</i>	4/28/2010	<i>Debra Jansen</i>		5-13-10
Examiner	Level	Signature	Date	Site Review	Signature	Date
Tucker, David K.	II-N	<i>David K. Tucker</i>	4/28/2010			
Other	Level	Signature	Date	ANII Review	Signature	Date
N/A	N/A			<i>[Signature]</i>		5/19/10

DUKE POWER COMPANY

ISI LIMITATION REPORT

Component/Weld ID: <u>2-HP-0396-23</u> Item No: <u>01895070</u>		remarks: Single sided pipe to valve configuration. No scan from surface 1 due to SA 351 (cast) material.
<input checked="" type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> cw <input checked="" type="checkbox"/> ccw		
FROM L <u>N/A</u> to L <u>N/A</u> INCHES FROM W0 <u>CL</u> to <u>Beyond</u>		
ANGLE: <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 45 <input checked="" type="checkbox"/> 60 other _____ FROM <u>0</u> DEG to <u>360</u> DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
<input type="checkbox"/> NO SCAN SURFACE BEAM DIRECTION <input type="checkbox"/> LIMITED SCAN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> cw <input type="checkbox"/> ccw		
FROM L _____ to L _____ INCHES FROM W0 _____ to _____		
ANGLE: <input type="checkbox"/> 0 <input type="checkbox"/> 45 <input type="checkbox"/> 60 other _____ FROM _____ DEG to _____ DEG		
Prepared By: <u>David Tucker</u> Level: <u>II</u> Date: <u>04/28/10</u>	Sheet <u>2</u> of <u>4</u>	
Reviewed By: <u>David K. [Signature]</u> Date: <u>5/12/10</u>	Authorized Inspector: <u>[Signature]</u> Date: <u>5/13/10</u>	

Sketch(s) attached
 yes No

ATTACHMENT
PAGE 63 OF 100



Determination of Percent Coverage for UT Examinations - Pipe

Site/Unit: Oconee / 2
Summary No.: 2-HP-0396-23
Workscope: PSI

Procedure: NDE-600
Procedure Rev.: 18
Work Order No.: 01895070

Outage No.: N/A
Report No.: BOP-UT-~~05~~125
Page: 4 of 4

45 deg

Scan 1	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 1
Scan 2	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 2
Scan 3	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 3
Scan 4	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 4

Add totals and divide by # scans = 50.000 % total for 45 deg

Other deg - (to be used for supplemental scans)

The data to be listed below is for coverage that was not obtained with the 45 deg scans.

Scan 1	<u>0.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>0.000</u>	% total for Scan 1
Scan 2	<u>50.000</u>	% Length X	<u>100.000</u>	% volume of length / 100 =	<u>50.000</u>	% total for Scan 2
Scan 3	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 3
Scan 4	<u> </u>	% Length X	<u> </u>	% volume of length / 100 =	<u> </u>	% total for Scan 4

Percent complete coverage

Add totals for each scan required and divide by # of scans to determine;

37.500 % Total for complete exam

Site Field Supervisor: David McZ III

Date: 5/12/10