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January 31, 2000

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

Subject: McGuire Nuclear Station, Unit 1
Docket 50-369
Inservice Inspection Report
Thirteenth Refueling Outage

Please find attached the Inservice Inspection Report for the McGuire Unit 1 thirteenth refueling outage.

Section 5.2 lists the limited examination item numbers and the relief request under which relief is sought. Note that these are 98-002, 98-003 and 99-003. Relief requests 98-002 and 98-003 for limited examinations have been approved by the NRC (TAC Nos MA3756 and MA3757). Limited examination relief request 99-003 is under development and will be submitted to the NRC in February of 2000. This Inservice Inspection Report contains no regulatory commitment statements.

Any questions should be directed to Norman T. Simms, McGuire Licensing and Compliance at (704) 875-4685.

H. B. Barron, Vice President
McGuire Nuclear Station

Attachment

A047 1/1

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Page 2

cc (without Attachment):

Mr. F. Rinaldi, Project Manager
Office of Nuclear Reactor Regulation
U. S. Nuclear Regulatory Commission
Washington, D.C. 20555

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EC050-ELL

INSERVICE INSPECTION REPORT

**Duke Power Company
McGuire Nuclear Station
Unit 1
Thirteenth Refueling Outage**



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

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
 (Name and Address of Owner)
2. Plant: McGuire Nuclear Station, Highway 73 Cowans Ford, N.C. 28216
 (Name and Address of Plant)
3. Plant Unit: 1 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: December 1, 1981 6. National Board Number for Unit 44
7. Components Inspected:

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

Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8¹/₂ in. x 11 in., (2) information in items 1 through 6 on this data report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-1 (Back)

8. Examination Dates July 02, 1998 to November 05, 1999
9. Inspection Period Identification: Third period of the Second Interval
10. Inspection Interval Identification: Second Inservice Inspection Interval
11. Applicable Edition of Section XI 1989 Addenda None
12. Date/Revision of Inspection Plan: September 7, 1999/Revision 3
13. Abstract of Examinations and Test. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 3.0, 4.0, and 11.0
14. Abstract of Results of Examination and Tests. See Section 5.0, and 11.0
15. Abstract of Corrective Measures. See Section 8.0

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

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A

Date 1/20 18 2000 Signed Duke Energy Corp. By R. Kevin Rhyme
 Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NORTH CAROLINA employed by * The HSBI&I Co. of HARTFORD, CT have inspected the components described in this Owners' Report during the period 7-2-98 to 1-21-00, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the Owners' Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853 N-I
 Inspector's Signature National Board, State, Province, and Endorsements

Date 1-21 18 2000

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

INSERVICE INSPECTION REPORT

UNIT 1 MCGUIRE 1999 OUTAGE 6/EOC 13

Location: Hwy. 73, Cowans Ford, North Carolina 28216

NRC Docket No. 50-369

National Board No. 44

Commercial Service Date: December 1, 1981

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

Revision 0

Prepared By: Gary D. Seabow Date 1-20-00
Reviewed By: Gary Underwood Date 1/20/2000
Approved By: R. Kevin Rhyme Date 1/20/00

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c/o J. M. Givens, Jr.

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's McGuire Nuclear Station Unit 1 during Outage 6/EOC 13. This is the First Outage of the Third Inspection Period of the Second Ten-Year Interval.

Included in this report are: the final Inservice Inspection Plan, the inspection results for each item, a summary for each category of examination and corrective action taken when unacceptable conditions were found. In addition, there is a section included for repairs and replacements required since July 02, 1998.

1.1 Identification Numbers

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Reactor Vessel	Combustion Engineering	CE67102	NC-178379	20766
Pressurizer	Westinghouse	1471	NC-178395	68-123
Steam Generator 1A	BWI	7701-04	NC-302668	157
Steam Generator 1B	BWI	7693-01	NC-302669	146
Steam Generator 1C	BWI	7701-03	NC-302670	155
Steam Generator 1D	BWI	7701-02	NC-302671	154
Centrifugal Charging Pump	Pacific Pumps	1A - 48582 1B - 48583	N/A	19 22
Containment Spray Heat Exchanger	Delta Southern Co.	1A-35005-73-1 1B-35005-73-2	NC-147799 NC-147796	3394 3395

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Excess Letdown Heat Exchanger	Westinghouse	1809	NC-187817	1554
Letdown Heat Exchanger	Joseph Oat & Sons, Inc.	2049-2A	NC-187881	552
Reciprocating Charging Pump	Westinghouse	N721031B-603	N/A	N/A
Reactor Coolant Pump	Westinghouse	1A 1-114E841G01 1B 2-114E841G01 1C 3-114E841G01 1D 4-114E841G01	N/A	N/A
Reciprocating Charging Pump Accumulator	Metal Bellows Company	74730-001	N/A	001
Reciprocating Charging Pump Suction Stabilizer	Richmond Engineering Supply Co.	N-2409.10	N/A	75219
Residual Heat Removal Heat Exchanger	Joseph Oat & Sons, Inc.	1A 2046-2A 1B 2046-2A	NC-234202 NC-234201	635 636
Safety Injection Pump	Pacific Pumps	1A 49355 1B 49356	N/A	80 81
Regenerative Heat Exchanger	Joseph Oat & Sons, Inc.	2047-2A	NC-187897	595 596 597
Seal Water Heat Exchanger	Atlas Industrial Manufacturing Company	1766	NC 169797	1548
Seal Water Injection Filter	AMF Cuno	1A - 13 1B - 14	N/A	3822 3823

1.1 Identification Numbers

Continued

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Main Steam Supply to Auxiliary Equipment System	Duke Power Co.	SA	N/A	4
Containment Air Release and Addition System	Duke Power Co.	VQ	N/A	12
Main Steam System	Duke Power Co.	SM	N/A	17
Main Steam Vent to Atmosphere System	Duke Power Co.	SV	N/A	18
Reactor Coolant System	Duke Power Co.	NC	N/A	28
Liquid Waste Recycle System	Duke Power Co.	WL	N/A	29
Refueling Water System	Duke Power Co.	FW	N/A	31
Auxiliary Feedwater System	Duke Power Co.	CA	N/A	32
Residual Heat Removal System	Duke Power Co.	ND	N/A	35
Nuclear Service Water System	Duke Power Co.	RN	N/A	36
Chemical & Volume Control System	Duke Power Co.	NV	N/A	37
Component Cooling System	Duke Power Co.	KC	N/A	38
Main Feedwater System	Duke Power Co.	CF	N/A	39
Containment Spray System	Duke Power Co.	NS	N/A	40

1.1 Identification Numbers**Continued**

Item	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Containment Ventilation Cooling Water System	Duke Power Co.	RV	N/A	41
Safety Injection System	Duke Power Co.	NI	N/A	42
Containment Purge Ventilation	Duke Power Co.	VP	N/A	6
Safety Injection Accumulator Tank 1A	Delta Southern Co.	41617-72-1	NC-178396	3038
Safety Injection Accumulator Tank 1B	Delta Southern Co.	41617-72-2	NC-178397	3039
Safety Injection Accumulator Tank 1C	Delta Southern Co.	41617-72-3	NC-178398	3040
Safety Injection Accumulator Tank 1D	Delta Southern Co.	41617-72-4	NC-178399	3041
Unit 1	Duke Power Co.	N/A	N/A	44

1.2 Authorized Nuclear Inservice Inspector(s)

Name: R. D. Klein
Employer: The Hartford Steam Boiler Inspection & Insurance Company
Business Address: The Hartford Steam Boiler Inspection & Insurance Co.
200 Ashford Center North
Suite 300
Atlanta, GA 30338

2.0 Summary of Inservice Inspections

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 6/EOC 13 at McGuire Nuclear Station Unit 1.

2.1 Class 1 Inspection

Examination Category B-A Pressure Retaining Welds in Reactor Vessel

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

Examination Category B-B

Pressure Retaining Welds in Vessels Other than Reactor Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pressurizer	
B02.010	Shell-to-Head Welds	
B02.011	Circumferential	0
B02.012	Longitudinal	1
B02.020	Head Welds	
B02.021	Circumferential	N/A
B02.022	Meridional	N/A
	Steam Generators (Primary Side)	
B02.030	Head Welds	
B02.031	Circumferential	N/A
B02.032	Meridional	N/A
B02.040	Tubesheet-to-Head Weld	1
	Heat Exchangers (Primary Side) -- Head	
B02.050	Head Welds	
B02.051	Circumferential	N/A
B02.052	Meridional	N/A
	Heat Exchangers (Primary Side) -- Shell	
B02.060	Tubesheet-to-Head Welds	N/A
B02.070	Longitudinal Welds	N/A
B02.080	Tubesheet-to-Shell Welds	N/A
TOTALS		2

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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B03.090	Nozzle-to-Vessel Welds	0
B03.100	Nozzle Inside Radius Section	0
	Pressurizer	
B03.110	Nozzle-to-Vessel Welds	1
B03.120	Nozzle Inside Radius Section	2
	Steam Generators (Primary Side)	
B03.130	Nozzle-to-Vessel Welds	N/A
B03.140	Nozzle Inside Radius Section	2
	Heat Exchangers (Primary Side)	
B03.150	Nozzle-to-Vessel Welds	N/A
B03.160	Nozzle Inside Radius Section	N/A
TOTALS		5

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

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-F

Pressure Retaining Dissimilar Metal Welds

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B05.010	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	1 1/3
B05.020	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.030	Nozzle-to-Safe End Socket Welds	N/A
	Pressurizer	
B05.040	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	2
B05.050	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.060	Nozzle-to-Safe End Socket Welds	N/A
	Steam Generator	
B05.070	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	2
B05.080	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.090	Nozzle-to-Safe End Socket Welds	N/A
	Heat Exchangers	
B05.100	Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds	N/A
B05.110	Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds	N/A
B05.120	Nozzle-to-Safe End Socket Welds	N/A

Examination Category B-F

(Continued)

	<i>Piping</i>	
B05.130	Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds	1 1/3
B05.140	Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds	N/A
B05.150	Dissimilar Metal Socket Welds	N/A
TOTALS		6 2/3

Examination Category B-G-1

**Pressure Retaining Bolting,
Greater Than 2" in Diameter**

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B06.010	Closure Head Nuts	22
B06.020	Closure Studs (in place)	0
B06.030	Closure Studs (when removed)	22
B06.040	Threads in Flange	0
B06.050	Closure Washers, Bushings	22
	Pressurizer	
B06.060	Bolts and Studs	N/A
B06.070	Flange Surface (when connection disassembled)	N/A
B06.080	Nuts, Bushings, and Washers	N/A
	Steam Generators	
B06.090	Bolts and Studs	4
B06.100	Flange Surface (when connection disassembled)	8*
B06.110	Nuts, Bushings, and Washers	4

* **Note:** These items were examined this outage but will not be counted in the totals. Examinations were credited in the second period of this interval.

Examination Category B-G-1

(Continued)

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Heat Exchangers	
B06.120	Bolts and Studs	N/A
B06.130	Flange Surface (when connection disassembled)	N/A
B06.140	Nuts, Bushings, and Washers	N/A
	Piping	
B06.150	Bolts and Studs	N/A
B06.160	Flange Surface (when connection disassembled)	N/A
B06.170	Nuts, Bushings, and Washers	N/A
	Pumps	
B06.180	Bolts and Studs	0
B06.190	Flange Surface ¹ (when connection disassembled)	0
B06.200	Nuts, Bushings, and Washers	1
	Valves	
B06.210	Bolts and Studs	N/A
B06.220	Flange Surface ¹ (when connection disassembled)	N/A
B06.230	Nuts, Bushings, and Washers	N/A
TOTALS		75

¹ Items to be inspected when disassembled but will not be counted in totals or percentages for the B-G-1 category. These items will be listed in sections 4 and 5 of this report.

Examination Category B-G-2 Pressure Retaining Bolting, 2" and Less in Diameter

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B07.010	Bolts, Studs, and Nuts	N/A
	Pressurizer	
B07.020	Bolts, Studs, and Nuts	0
	Steam Generators	
B07.030	Bolts, Studs, and Nuts	0
	Heat Exchangers	
B07.040	Bolts, Studs, and Nuts	N/A
	Piping	
B07.050	Bolts, Studs, and Nuts	7
	Pumps	
B07.060	Bolts, Studs, and Nuts	0
	Valves	
B07.070	Bolts, Studs, and Nuts	3
	CRD Housing	
B07.080	Bolts, Studs, and Nuts in CRD Housing when disassembled ²	0
TOTALS		10

² Items to be inspected when disassembled but will not be counted in the totals or percentages for the B-G-2 category. These items will be listed in sections 4 and 5 of this report.

Examination Category B-H Integral Attachments for Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B08.010	Integrally Welded Attachments	0
	Pressurizer	
B08.020	Integrally Welded Attachments	4
	Steam Generators	
B08.030	Integrally Welded Attachments	N/A
	Heat Exchangers	
B08.040	Integrally Welded Attachments	N/A
TOTALS		4

Examination Category B-J Pressure Retaining Welds in Piping

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
B09.010	Nominal Pipe Size 4" or Larger	
B09.011	Circumferential Welds	18
B09.012	Longitudinal Welds ³	N/A
B09.020	Nominal Pipe Size Less than 4"	
B09.021	Circumferential Welds	6
B09.022	Longitudinal Welds ³	N/A

Examination Category B-J**(Continued)**

B09.030	Branch Pipe Connection Welds	
B09.031	Nominal Pipe Size 4" or Larger	0
B09.032	Less than Nominal Pipe Size 4"	1
B09.040	Socket Welds	12
TOTALS		37

³ Longitudinal welds in Examination Category B-J that intersect circumferential welds are examined per Code Case N-524.

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

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

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

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

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

Examination Category B-N-1 Interior of Reactor Vessel

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

B-N-3 Removable Core Support Structures

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Reactor Vessel	
B13.010	Vessel Interior (B-N-1)	1

Examination Category B-N-1, B-N-2, B-N-3 (Continued)

	<i>Reactor Vessel (PWR)</i>	
B13.050	Interior Attachments Within the Beltline Region (B-N-2)	N/A
B13.060	Interior Attachments Beyond Beltline Region (B-N-2)	0
B13.070	Core Support Structure (B-N-3)	0
TOTALS		1

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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	<i>Reactor Vessel</i>	
B14.010	Welds in CRD Housing	1
TOTALS		1

Examination Category B-P All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-Q Steam Generator Tubing

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

Examination Category F-A Class 1 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.010	Class 1 Piping Supports Reference Section 4.0 of this report	12
TOTALS		12

2.2 Class 2 Inspections

Examination Category C-A Pressure Retaining Welds in Pressure Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C01.010	Shell Circumferential Welds	0
C01.020	Head Circumferential Welds	*2
C01.030	Tubesheet-to-Shell Weld	*3
TOTALS		*5

*Reference Request For Relief 98-002 and 98-003

Examination Category C-B Pressure Retaining Nozzle Welds in Vessels

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C02.010	Nozzles in Vessels $\leq 1/2$ " Nominal Thickness	
C02.011	Nozzle-to-Shell (or Head) Weld	0
C02.020	Nozzles Without Reinforcing Plate in Vessels $>1/2$ " Nominal Thickness	
C02.021	Nozzle-to-Shell (or Head) Weld	0
C02.022	Nozzle Inside Radius Section ⁴	0

Examination Category C-B

(Continued)

C02.030	Nozzles With Reinforcing Plate in Vessels >1/2" Nominal Thickness	
C02.031	Reinforcing Plate Welds to Nozzle and Vessel	0
C02.032	Nozzle-to-Shell (or Head) Welds when Inside of Vessel is Accessible	N/A
C02.033	Nozzle-to-Shell (or Head) Welds when Inside of Vessel is Inaccessible	0
TOTALS		0

⁴ (Item # C02.022) Nozzle Inside Radius Section welds are examined as required by Table IWC-2500-1 Category C-B. However, for reporting purposes, the totals do not reflect the number of Nozzle Inside Radius Section welds examined during this outage. Nozzle Inside Radius Section welds are to be examined in conjunction with C02.021. examinations.

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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pressure Vessels	
C03.010	Integral Welded Attachments	0
	Piping	
C03.020	Integrally Welded Attachments	*2
	Pumps	
C03.030	Integrally Welded Attachments	0
	Valves	
C03.040	Integrally Welded Attachments	N/A
TOTALS		*2

*These two supports are inaccessible due to guard pipe. This is acceptable per Code case N-491.

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

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

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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.010	Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4"	
C05.011	Circumferential Weld	21
C05.012	Longitudinal Weld ⁵	See Code Case N-524

Examination Category C-F-1 (Continued)

C05.020	Piping Welds > 1/5" Nominal Wall Thickness for Piping ≥ Nominal Pipe Size 2" and ≤ Nominal Pipe Size 4"	
C05.021	Circumferential Weld	13
C05.022	Longitudinal Weld ⁵	N/A
C05.030	Socket Welds	9
C05.040	Pipe Branch Connections of Branch Piping ≥ Nominal Pipe Size 2"	
C05.041	Circumferential Weld	0
C05.042	Longitudinal Weld ⁵	N/A
TOTALS		43

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

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
C05.050	Piping Welds ≥ 3/8" Nominal Wall Thickness for Piping > Nominal Pipe Size 4"	
C05.051	Circumferential Weld	11
C05.052	Longitudinal Weld ⁵	See Code Case N-524

Examination Category C-F-2

(Continued)

C05.060	Piping Welds > 1/5" Nominal Wall Thickness for Piping ≥ Nominal Pipe Size 2" and ≤ Nominal Pipe Size 4"	
C05.061	Circumferential Weld	N/A
C05.062	Longitudinal Weld ⁵	N/A
C05.070	Socket Welds	N/A
C05.080	Pipe Branch Connections of Branch Piping ≥ Nominal Pipe Size 2"	
C05.081	Circumferential Weld	N/A
C05.082	Longitudinal Weld ⁵	N/A
TOTALS		11

⁵Longitudinal welds in Examination Categories C-F-1 and C-F-2 that intersect circumferential welds are examined per Code Case N-524.

Examination Category C-G

Pressure Retaining Welds in Pumps and Valves

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
	Pumps	
C06.010	Pump Casing Welds	N/A
	Valves	
C06.020	Valve Body Welds	1
TOTALS		1

Examination Category C-H

All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category F-A Class 2 Component Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.020	Class 2 Piping Supports Reference Section 4.0 of this report	37
TOTALS		37

Examination Category F-A Supports Other than Piping Supports

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.040	Supports other than Piping Supports Class 1, 2 & 3 Reference Section 4.0 of this Report	11
TOTALS		11

Examination Category Component Supports Snubbers Class 1, 2 & 3

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
F01.050	Component Supports Snubbers Class 1, 2 & 3	* N/A
TOTALS		

* Examinations to be performed per Request for Relief 97-005

2.3 Augmented Inspection

<i>Item Number</i>	<i>Description</i>	<i>Total Examined During Outage</i>
G01.001	RCP Flywheel Exam	1
G03.001	Pipe Rupture Protection	0
TOTALS		1

3.0 Second Ten-Year Interval Inspection Status

The completion status of inspections required by the 1989 ASME Code Section XI, no Addenda is summarized in this section. The requirements are listed by the ASME Section XI Examination Category as defined in Table IWB-2500-1 for Class 1 Inspections, Table IWC-2500-1 for Class 2 Inspections, and IWF-2500-1 (Code Case N-491 applies) for Class 1,2, and 3 Component Supports. Augmented inspections are also included.

Class 1 Inspections

Examination Category	Description	Inspections Required	Inspections Completed	Percentage Completed	%Deferral Allowed
B-A	Pressure Retaining Welds in Reactor Vessel	28	8	28.57%	Yes
B-B	Pressure Retaining Welds in Vessels Other than Reactor Vessel	5	5	100%	No
B-D	Full Penetration Welds of Nozzles in Vessels Inspection Program B	36	25	69.44%	Partial
B-E	Pressure Retaining Partial Penetration Welds in Vessels	REFERENCE SECTION 11.0 OF THIS REPORT			
B-F	Pressure Retaining Dissimilar Metal Welds	38	29 1/3	77.18%	No
B-G-1	Pressure Retaining Bolting Greater than 2 " in Diameter	242	234	96.69%	No
B-G-2	Pressure Retaining Bolting 2" and Less in Diameter	31	30	96.77%	No

Class 1 Inspections (Continued)

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
B-H	Integral Attachment for Vessels	12	12	100%	No
B-J	Pressure Retaining Welds in Piping	212	180	84.90%	No
B-K-1	Integral Attachments for Piping, Pumps and Valves	N/A	N/A	N/A	No
B-L-1	Pressure Retaining Welds in Pump Casings	N/A	N/A	N/A	Yes
B-L-2	Pump Casings	1	1	100%	Yes
B-M-1	Pressure Retaining Welds in Valve Bodies	N/A	N/A	N/A	Yes
B-M-2	Valve Body > 4 in. Nominal Pipe Size	7	4	57.14%	Yes
B-N-1	Interior of Reactor Vessel	3	3	100%	No
B-N-2	Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels	2	0	0%	Yes
B-N-3	Removable Core Support Structures	1	0	0%	Yes
B-0	Pressure Retaining Welds in Control Rod Housings	3	3	100%	Yes

Class 1 Inspections (Continued)

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
B-P	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
B-Q	Steam Generator Tubing	See Note Below			
F-A F01.010	Class 1 Component Supports (Code Case N-491)	67	56	83.58%	No

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

⁶ Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB and IWC 2500-1

Class 2 Inspections

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
C-A	Pressure Retaining Welds in Pressure Vessels	23*	17	73.91%	No
C-B	Pressure Retaining Nozzle Welds in Vessels	18	11	61.11%	No
C-C	Integral Attachments for Vessels, Piping, Pumps and Valves	9	7 [#]	77.77%	No
C-D	Pressure Retaining Bolting Greater Than 2" in Diameter	N/A	N/A	N/A	N/A
C-F-1	Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping	233	188	80.68%	No
C-F-2	Pressure Retaining Welds in Carbon or Low Alloy Steel Piping	48	41	85.41%	No
C-G	Pressure Retaining Welds in Pumps and Valves	6	6	100%	No
C-H	All Pressure Retaining Components	REFERENCE SECTION 11.0 OF THIS REPORT			
F-A F01.020	Class 2 Component Supports (Code Case N-491)	189	149	78.83%	No

* Reference Request for Relief 98-002 and 98-003

[#] These two integral attachments are inaccessible due to guard pipe. This is acceptable per Code case N-491.

Additional Component Support Examinations Class 1, 2 & 3

<i>Examination Category</i>	<i>Description</i>	<i>Inspections Required</i>	<i>Inspections Completed</i>	<i>Percentage Completed</i>	<i>⁶Deferral Allowed</i>
F-A F01.040	Supports other than Piping Supports Class 1, 2 & 3	39	31	79.48%	No
F01.050	Component Supports, Snubbers Class 1, 2 & 3			*	No

⁶Deferral of inspection to the end of the interval as allowed by ASME Section XI Tables IWB-2500-1 and IWC-2500-1.

* Examinations to be performed per Request for Relief 97-005

Augmented Inspections

<i>Description</i>	<i>Percentage Complete</i>
Reactor Coolant Pump Flywheels (Item No. Series G01.)	100% of requirements for Outage 6/EOC 13
Pipe Rupture Protection (Item No. Series G03.)	62.50% through Outage 6/EOC 13

4.0 Final Inservice Inspection Plan

The final ISI Plan shown in this section lists all ASME Section XI Class 1 and ASME Section XI Class 2, and Augmented examinations credited for Outage 6 /EOC 13 at McGuire Nuclear Station Unit 1.

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

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

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

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

Pressurizer

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL	BLOCKS	COMMENTS
**** Shell-to-Head Welds; Longitudinal ****									
B02.012.001	1PZR-6	MCM 1201.01-170	NDE-620	UT	CS	91.500	50337		PRESSURIZER LOWER HEAD TO SHELL
	Longitudinal	MCM 1201.01-171	NDE-640			3.750	50236		LONGITUDUAL WELD
Class A									

Total B02.012 Items: 1

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

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

Steam Generators (Primary Side)

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Tubesheet-to-Head Weld ****								
B02.040.002	1SGB-W22	MCM 1201.01-0782	NDE-620	UT	CS	0.000	5131617	STEAM GENERATOR 1B
	Circumferential	MCM 1201.01-0791	NDE-640			6.438	50236	PRIMARY HEAD TO TUBE SHT. WELD
	Class A				Channel Head to Tubesheet			
Total B02.040 Items:		1						
Total B02 Items:		2						

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

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QUALITY ASSURANCE TECHNICAL SERVICES
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Pressurizer

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Nozzle-to-Vessel Welds ****								
B03.110.003	1PZR-13	MCM 1201.01-170	NDE-620	UT	CS	15.000	50338	PRESSURIZER SAFETY NOZZLE TO UPPER
	Circumferential	MCM 1201.01-171				1.900	50236	HEAD (W-Z AXIS)
	Class A							
<hr/>								
Total B03.110 Items:		1						

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

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

Pressurizer

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
*** Nozzle Inside Radius Section ***								
B03.120.003	1PZR-13R	MCM 1201.01-170	NDE-680	UT	CS	15.000	50338	PRESSURIZER SAFETY NOZZLE TO UPPER
	Circumferential	MCM 1201.01-171				1.900		HEAD INSIDE RADIUS (W-Z AXIS)
	Class A							
B03.120.004	1PZR-14R	MCM 1201.01-170	NDE-680	UT	CS	15.000	50338	PRESSURIZER SAFETY NOZZLE TO UPPER
	Circumferential	MCM 1201.01-171				1.900		HEAD INSIDE RADIUS (W-X AXIS)
	Class A							
Total B03.120 Items:		2						

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

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

Steam Generators (Primary Side)

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Nozzle Inside Radius Section ****								
B03.140.003	1SGB-INLET	MCM 1201.01-0782	NDE-680	UT	CS	0.000	5131617	STEAM GENERATOR 1B
	Circumferential					6.500		PRIMARY INLET NOZZLE RADIUSED SECTION
	Class A							REFERENCE 1MNS-077
B03.140.004	1SGB-OUTLET	MCM 1201.01-0782	NDE-680	UT	CS	0.000	5131617	STEAM GENERATOR 1B
	Circumferential					6.500		PRIMARY OUTLET NOZZLE RADIUSED SECTION
	Class A							REFERENCE 1MNS-077
<hr/>								
Total B03.140 Items:		2						
Total B03 Items:		5						

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

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

Reactor Vessel

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
**** NPS 4 or larger; Nozzle-to-Safe End Butt Welds ****							
B05.010.001B	1RPV 3-445B-SE	MCM 1201.01-148	NDE-35	PT	SS-CS	27.500	RV INLET NOZZLE TO SAFE END
	Circumferential	MCM 1201.01-206				2.281	PC. 445-02 TO PC. 445-03 113 DEG. TO BE DONE WITH B05.130.008B
	Class A						
	Dissimilar						
B05.010.002B	1RPV 3-445A-SE	MCM 1201.01-148	NDE-35	PT	SS-CS	27.500	RV INLET NOZZLE TO SAFE END
	Circumferential	MCM 1201.01-206				2.281	PC. 445-02 TO PC. 445-03 67 DEG. TO BE DONE WITH B05.130.004B
	Class A						
	Dissimilar						
B05.010.003B	1RPV 3-445D-SE	MCM 1201.01-148	NDE-35	PT	SS-CS	27.500	RV INLET NOZZLE TO SAFE END
	Circumferential	MCM 1201.01-206				2.281	PC. 445-02 TO PC. 445-03 293 DEG. TO BE DONE WITH B05.130.016B
	Class A						
	Dissimilar						
B05.010.004B	1RPV 3-445C-SE	MCM 1201.01-148	NDE-35	PT	SS-CS	27.500	RV INLET NOZZLE TO SAFE END
	Circumferential	MCM 1201.01-206				2.281	PC. 445-02 TO PC. 445-03 247 DEG. TO BE DONE WITH B05.130.012B
	Class A						
	Dissimilar						
Total B05.010 Items:		4					

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

Pressurizer

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger; Nozzle-to-Safe End Butt Welds ****								
B05.040.005	1PZR-W4BSE	MCM 1201.01-170	NDE-610	UT	SS-CS	8.000	50250	PRESSURIZER SAFETY NOZZLE SAFE END (Z-W AXIS) CAL BLOCKS;50250 & 50466 (2 SIDED EXAM)
	Circumferential	MCM 1201.01-171				1.200		
	Class A Dissimilar							
B05.040.005A	1PZR-W4BSE	MCM 1201.01-170	NDE-35	PT	SS-CS	8.000		PRESSURIZER SAFETY NOZZLE SAFE END (Z-W AXIS)
	Circumferential	MCM 1201.01-171				1.200		
	Class A Dissimilar							
B05.040.006	1PZR-W4CSE	MCM 1201.01-170	NDE-610	UT	SS-CS	8.000	50250	PRESSURIZER SAFETY NOZZLE SAFE END (W-X AXIS) CAL BLOCKS;50250 & 50466 (2 SIDED EXAM)
	Circumferential	MCM 1201.01-171				1.200		
	Class A Dissimilar							
B05.040.006A	1PZR-W4CSE	MCM 1201.01-170	NDE-35	PT	SS-CS	8.000		PRESSURIZER SAFETY NOZZLE SAFE END (W-X AXIS)
	Circumferential	MCM 1201.01-171				1.200		
	Class A Dissimilar							
Total B05.040 Items:		4						

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

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

Steam Generator

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger; Nozzle-to-Safe End Butt Welds ****								
B05.070.003	1SGB-INLET-W5SE	MC 1676-4	NDE-930	UT	SS-CS	31.000	5149697	SG1B INLET NOZZLE SAFE END
	Circumferential	MCM 1201.01-0708				2.500	5158172	TO BE DONE WITH B09.011.072
Class A	Term end	MCM 1201.01-0769			SG1B INLET to			REFERENCE 1MNS-078
	Dissimilar				SAFE END			
B05.070.003A	1SGB-INLET-W5SE	MC 1676-4	NDE-35	PT	SS-CS	31.000		SG1B INLET NOZZLE SAFE END
	Circumferential	MCM 1201.01-0708				2.500		TO BE DONE WITH B09.011.072A
Class A	Term end	MCM 1201.01-0769			SG1B INLET to			REFERENCE 1MNS-078
	Dissimilar				SAFE END			
B05.070.004	1SGB-OUTLET-W6SE	MC 1676-4	NDE-930	UT	SS-CS	31.000	5149697	SG1B OUTLET NOZZLE SAFE END
	Circumferential	MCM 1201.01.0708				2.500	5158172	TO BE DONE WITH B09.011.073
Class A	Term end	MCM 1201.01.0769			SG1B OUTLET to			REFERENCE 1MNS-078
	Dissimilar				SAFE END			
B05.070.004A	1SGB-OUTLET-W6SE	MC 1676-4	NDE-35	PT	SS-CS	31.000		SG1B OUTLET NOZZLE SAFE END
	Circumferential	MCM 1201.01-0708				2.500		TO BE DONE WITH B09.011.073A
Class A	Term end	MCM 1201.01-0769			SG1B OUTLET to			REFERENCE 1MNS-078
	Dissimilar				SAFE END			
Total B05.070 Items:		4						

CATEGORY B-F, Pressure Retaining
Dissimilar Metal Welds

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 QUALITY ASSURANCE TECHNICAL SERVICES
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Piping

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** NPS 4 or Larger; Dissimilar Metal Butt Welds ****								
B05.130.004B	1NC1F-1-8	MCM 1201.01-119/3	NDE-35	PT	SS-CS		27.500	TO BE DONE WITH B05.010.002B
	Circumferential	MC 1676-4					2.300	
	Dissimilar							
B05.130.008B	1NC1F-2-8	MCM 1201.01-119/6	NDE-35	PT	SS-CS		27.500	TO BE DONE WITH B05.010.001B
	Circumferential	MC 1676-4					2.300	
	Dissimilar							
B05.130.012B	1NC1F-3-8	MCM 1201.01-119/9	NDE-35	PT	SS-CS		27.500	TO BE DONE WITH B05.010.004B
	Circumferential	MC 1676-4					2.300	
	Dissimilar							
B05.130.016B	1NC1F-4-8	MCM 1201.01-119/12	NDE-35	PT	SS-CS		27.500	TO BE DONE WITH B05.010.003B
	Circumferential	MC 1676-4					2.300	
	Dissimilar							
Total B05.130 Items:		4						
Total B05 Items:		16						

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

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Reactor Vessel

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Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
**** Closure Head Nuts ****									
B06.010.012	1RPV-449-02-12	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.013	1RPV-449-02-13	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.014	1RPV-449-02-14	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.015	1RPV-449-02-15	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.037	1RPV-449-02-37	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.038	1RPV-449-02-38	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.039	1RPV-449-02-39	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT
B06.010.040	1RPV-449-02-40	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----		CLOSURE HEAD NUT

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

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QUALITY ASSURANCE TECHNICAL SERVICES
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Reactor Vessel

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Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B06.010.041	1RPV-449-02-41	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.042	1RPV-449-02-42	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.043	1RPV-449-02-43	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.044	1RPV-449-02-44	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.045	1RPV-449-02-45	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.046	1RPV-449-02-46	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.047	1RPV-449-02-47	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.048	1RPV-449-02-48	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT
B06.010.049	1RPV-449-02-49	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	----- 1.770	CLOSURE HEAD NUT

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

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
B06.010.050	1RPV-449-02-50	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----	-----	CLOSURE HEAD NUT
B06.010.051	1RPV-449-02-51	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----	-----	CLOSURE HEAD NUT
B06.010.052	1RPV-449-02-52	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----	-----	CLOSURE HEAD NUT
B06.010.053	1RPV-449-02-53	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----	-----	CLOSURE HEAD NUT
B06.010.054	1RPV-449-02-54	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	10.540	-----	-----	CLOSURE HEAD NUT

Total B06.010 Items: 22

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Closure Studs, when removed ****								
B06.030.012	1RPV-449-01-12	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS		7.000 57.688	50501 CLOSURE STUD
Class A								
B06.030.012A	1RPV-449-01-12	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS		7.000 57.688	---- CLOSURE STUD
Class A								
B06.030.013	1RPV-449-01-13	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS		7.000 57.688	50501 CLOSURE STUD
Class A								
B06.030.013A	1RPV-449-01-13	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS		7.000 57.688	---- CLOSURE STUD
Class A								
B06.030.014	1RPV-449-01-14	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS		7.000 57.688	50501 CLOSURE STUD
Class A								
B06.030.014A	1RPV-449-01-14	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS		7.000 57.688	---- CLOSURE STUD
Class A								
B06.030.015	1RPV-449-01-15	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS		7.000 57.688	50501 CLOSURE STUD
Class A								
B06.030.015A	1RPV-449-01-15	MCM 1201.01-204 MCM 1201.01-206	NDE -25	MT	CS		7.000 57.688	---- CLOSURE STUD
Class A								

CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B06.030.037	1RPV-449-01-37	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Class A								
B06.030.037A	1RPV-449-01-37	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000	-----	CLOSURE STUD
Class A								
B06.030.038	1RPV-449-01-38	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Class A								
B06.030.038A	1RPV-449-01-38	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000	-----	CLOSURE STUD
Class A								
B06.030.039	1RPV-449-01-39	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Class A								
B06.030.039A	1RPV-449-01-39	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000	-----	CLOSURE STUD
Class A								
B06.030.040	1RPV-449-01-40	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Class A								
B06.030.040A	1RPV-449-01-40	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000	-----	CLOSURE STUD
Class A								
B06.030.041	1RPV-449-01-41	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000	50501	CLOSURE STUD
Class A								

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

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B06.030.041A	1RPV-449-01-41	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.042	1RPV-449-01-42	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.042A	1RPV-449-01-42	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.043	1RPV-449-01-43	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.043A	1RPV-449-01-43	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.044	1RPV-449-01-44	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.044A	1RPV-449-01-44	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.045	1RPV-449-01-45	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.045A	1RPV-449-01-45	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B06.030.046	1RPV-449-01-46	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.046A	1RPV-449-01-46	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.047	1RPV-449-01-47	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.047A	1RPV-449-01-47	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.048	1RPV-449-01-48	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.048A	1RPV-449-01-48	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.049	1RPV-449-01-49	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.049A	1RPV-449-01-49	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.050	1RPV-449-01-50	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								

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

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Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B06.030.050A	1RPV-449-01-50	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.051	1RPV-449-01-51	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.051A	1RPV-449-01-51	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.052	1RPV-449-01-52	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.052A	1RPV-449-01-52	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.053	1RPV-449-01-53	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.053A	1RPV-449-01-53	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								
B06.030.054	1RPV-449-01-54	MCM 1201.01-204 MCM 1201.01-206	NDE-942	UT	CS	7.000 57.688	50501	CLOSURE STUD
Class A								
B06.030.054A	1RPV-449-01-54	MCM 1201.01-204 MCM 1201.01-206	NDE-25	MT	CS	7.000 57.688	----	CLOSURE STUD
Class A								

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

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
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Total B06.030 Items: 44

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Closure Washers, Bushings ****								
B06.050.012	1RPV-449-03-12	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.013	1RPV-449-03-13	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.014	1RPV-449-03-14	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.015	1RPV-449-03-15	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.037	1RPV-449-03-37	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.038	1RPV-449-03-38	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.039	1RPV-449-03-39	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								
B06.050.040	1RPV-449-03-40	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560 1.719	----	CLOSURE WASHER
Class A								

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B06.050.041	1RPV-449-03-41	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.042	1RPV-449-03-42	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.043	1RPV-449-03-43	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.044	1RPV-449-03-44	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.045	1RPV-449-03-45	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.046	1RPV-449-03-46	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.047	1RPV-449-03-47	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.048	1RPV-449-03-48	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								
B06.050.049	1RPV-449-03-49	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	----- 1.719	CLOSURE WASHER
Class A								

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
B06.050.050	1RPV-449-03-50	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	1.719	-----	CLOSURE WASHER
Class A									
B06.050.051	1RPV-449-03-51	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	1.719	-----	CLOSURE WASHER
Class A									
B06.050.052	1RPV-449-03-52	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	1.719	-----	CLOSURE WASHER
Class A									
B06.050.053	1RPV-449-03-53	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	1.719	-----	CLOSURE WASHER
Class A									
B06.050.054	1RPV-449-03-54	MCM 1201.01-204 MCM 1201.01-206	QAL-13	VT-1	CS	10.560	1.719	-----	CLOSURE WASHER
Class A									
Total B06.050 Items: 22									

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

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Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Bolts and Studs ****								
B06.090.001	1SGA-MW-X2-Y1	MCM 1201.01-0747 MCM 1201.01-0684	NDE-947	UT	CS	2.500 26.625	7C015	SG1A PRIMARY INLET MANWAY BOLTING 20 BOLTS X2-Y1 QUADRANT . REFERENCE 1MNS-079 S/G 1A MANWAY BOLTING WAS LISTED AS B07.030.001
Class A								
B06.090.002	1SGA-MW-X2-Y2	MCM 1201.01-0747 MCM 1201.01-0684	NDE-947	UT	CS	2.500 26.625	7C015	SG1A PRIMARY OUTLET MANWAY BOLTING 20 BOLTS X2-Y2 QUADRANT . REFERENCE 1MNS-079 S/G 1A MANWAY BOLTING WAS LISTED AS B07.030.002
Class A								
B06.090.007	1SGD-MW-X1-Y1	MCM 1201.01-0747 MCM 1201.01-0684	NDE-947	UT	CS	2.500 26.625	7C015	SG1D PRIMARY INLET MANWAY BOLTING 20 BOLTS X1-Y1 QUADRANT . REFERENCE 1MNS-079 S/G 1D MANWAY BOLTING WAS LISTED AS B07.030.007
Class A								
B06.090.008	1SGD-MW-X1-Y2	MCM 1201.01-0747 MCM 1201.01-0684	NDE-947	UT	CS	2.500 26.625	7C015	SG1D PRIMARY OUTLET MANWAY BOLTING 20 BOLTS X1-Y2 QUADRANT . REFERENCE 1MNS-079 S/G 1D MANWAY BOLTING WAS LISTED AS B07.030.008
Class A								

Total B06.090 Items: 4

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Flange Surface, when connection disassembled ****								
B06.100.001	1SGA-MW-X2-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1A PRIMARY INLET MANWAY FLANGE SURFACE X2-Y1 QUADRANT
Class A								
B06.100.002	1SGA-MW-X2-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1A PRIMARY OUTLET MANWAY FLANGE SURFACE X2-Y2 QUADRANT
Class A								
B06.100.003	1SGB-MW-X1-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1B PRIMARY INLET MANWAY FLANGE SURFACE X1-Y1 QUADRANT
Class A								
B06.100.004	1SGB-MW-X1-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1B PRIMARY OUTLET MANWAY FLANGE SURFACE X1-Y2 QUADRANT
Class A								
B06.100.005	1SGC-MW-X2-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1C PRIMARY INLET MANWAY FLANGE SURFACE X2-Y1 QUADRANT
Class A								
B06.100.006	1SGC-MW-X2-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1C PRIMARY OUTLET MANWAY FLANGE SURFACE X2-Y2 QUADRANT
Class A								
B06.100.007	1SGD-MW-X1-Y1	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1D PRIMARY INLET MANWAY FLANGE SURFACE X1-Y1 QUADRANT
Class A								
B06.100.008	1SGD-MW-X1-Y2	MCM 1201.01-0791	QAL-13	VT-1	CS		0.000 0.000	SG1D PRIMARY OUTLET MANWAY FLANGE SURFACE X1-Y2 QUADRANT
Class A								

Total B06.100 Items: 8

**CATEGORY B-G-1, Pressure Retaining
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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Nuts, Bushings, and Washers ****								
B06.110.001	1SGA-MW-X2-Y1	MCM 1201.01-0747 MCM 1201.01-0684	QAL-13	VT-1	CS		2.500 0.000	SG1A PRIMARY INLET MANWAY NUTS (20) X2-Y1 QUADRANT
Class A								
B06.110.002	1SGA-MW-X2-Y2	MCM 1201.01-0747 MCM 1201.01-0684	QAL-13	VT-1	CS		2.500 0.000	SG1A PRIMARY OUTLET MANWAY NUTS (20) X2-Y2 QUADRANT
Class A								
B06.110.007	1SGD-MW-X1-Y1	MCM 1201.01-0747 MCM 1201.01-0684	QAL-13	VT-1	CS		2.500 0.000	SG1D PRIMARY INLET MANWAY NUTS (20) X1-Y1 QUADRANT
Class A								
B06.110.008	1SGD-MW-X1-Y2	MCM 1201.01-0747 MCM 1201.01-0684	QAL-13	VT-1	CS		2.500 0.000	SG1D PRIMARY OUTLET MANWAY NUTS (20) X1-Y2 QUADRANT
Class A								
Total B06.110 Items:		4						

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

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

Pumps

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Nuts, Bushings, and Washers ****								
B06.200.001	1RCP-1D-F	MCM 1201.01-120	QAL-13	VT-1	CS		4.500 0.000	INSPECT 24 NUTS ON 1RCP-D

Total B06.200 Items: 1

Total B06 Items: 105

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

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

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Piping

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.050.001	1NC-5-FL1	MCFI 1NC-5 MC 1553-3.0	QAL-13	VT-1	SS	0.000 10.000		FLANGE BOLTING (12) INSPECTED OUT.1 DIAMETER 1.375
B07.050.002	1NC-5-FL2	MCFI 1NC-5 MC 1553-3.0	QAL-13	VT-1	SS	0.000 10.000		FLANGE BOLTING (12) INSPECTED OUT.1 DIAMETER 1.375
B07.050.003	1NC-5-FL3	MCFI 1NC-5 MC 1553-3.0	QAL-13	VT-1	SS	0.000 10.000		FLANGE BOLTING (12) DIAMETER 1.375
B07.050.200	1NV-25-FL2	MCFI 1NV-25 MC 1554-1.0	QAL-13	VT-1	SS	1.000 0.000	----	FLANGE BOLTING (4)
B07.050.201	1NV-125-FL1	MCFI 1NV-125 MC 1554-1.1	QAL-13	VT-1	SS	1.000 0.000	----	FLANGE BOLTING (4)
B07.050.202	1NV-137-FL1	MCFI 1NV-137 MC 1554-1.0	QAL-13	VT-1	SS	1.000 0.000	----	FLANGE BOLTING (4)
B07.050.203	1NV-143-FL2	MCFI 1NV-143 MC 1554-1.1	QAL-13	VT-1	SS	1.000 0.000	----	FLANGE BOLTING (4)

Total B07.050 Items: 7

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

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

McGuire 1

Valves

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
**** Bolts, Studs, and Nuts ****								
B07.070.001A	1NC-1	MCM 1205.09-0001 MC-1553-2.0	QAL-13	VT-1	SS		1.000 0.000	6" VALVE, MCFI-1NC5 ITEM NUMBER WAS B07.070.001 BEFORE 1MNS-050 INSPECT ONLY ONE VALVE OF THIS TYPE PER INTERVAL INSPECTED OUT.2
Class A								
B07.070.063B	1NI-129	MCM 1205.00-0006 MC 1562-3.0	QAL-13	VT-1	SS		0.000 0.000	8" VALVE DIAMETER BOLTING 1.875 MCFI-1NI53 INSPECT ONLY ONE VALVE OF THIS TYPE PER INTERVAL
Class A								
B07.070.101A	1NV-14	MCM 1205.00-0004 MC 1554-2.0	QAL-13	VT-1	SS		1.000 0.000	3" VALVE, MCFI-1NV45 ITEM NUMBER WAS B07.070.102 BEFORE 1MNS-050 INSPECT ONLY ONE VALVE OF THIS TYPE PER INTERVAL INSPECTED OUT.2
Class A								
Total B07.070 Items:		3						
Total B07 Items:		10						

CATEGORY B-H, Integral Attachments for Vessels

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

Pressurizer

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****								
B08.020.006	1PZR-W14A	MCM-1201.01-170 EDSK-379350B	NDE-25	MT	CS	10.000 2.000	----	PZR SUPPORT BRACKET TO SHELL Y-X QUADRANT
Class A								
B08.020.007	1PZR-W14B	MCM-1201.01-170 EDSK-379350B	NDE-25	MT	CS	10.000 2.000	----	PZR SUPPORT BRACKET TO SHELL Z-Y QUADRANT REVIEW DURING THE THIRD INTERVAL
Class A								
B08.020.008	1PZR-W14C	MCM-1201.01-170 EDSK-379350B	NDE-25	MT	CS	10.000 2.000	----	PZR SUPPORT BRACKET TO SHELL W-Z QUADRANT
Class A								
B08.020.009	1PZR-W14D	MCM-1201.01-170 EDSK-379350B	NDE-25	MT	CS	10.000 2.000	----	PZR SUPPORT BRACKET TO SHELL W-X QUADRANT REVIEW DURING THE THIRD INTERVAL
Class A								
Total B08.020 Items:		4						
Total B08 Items:		4						

CATEGORY B-J, Pressure Retaining Welds In Piping

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

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NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Circumferential Welds ****								
B09.011.072	1NC1F-2-2	NC MCM 1201.01-119/4 MC 1676-4	NDE-610	UT	SS	31.000 2.500	50214	UT FROM ELBOW SIDE TO BE DONE WITH B05.070.003 THIS WELD WAS LISTED AS A B05.130.006 PRIOR TO SGR REF. 1MNS-078
Class A	Circumferential	MC 1676-01.07			S/G 1B Inlet Safe-end to Elbow			
B09.011.072A	1NC1F-2-2	NC MCM 1201.01-119/4 MC 1676-4	NDE-35	PT	SS	31.000 2.500		UT FROM ELBOW SIDE TO BE DONE WITH B05.070.003A THIS WELD WAS LISTED AS A B05.130.006A PRIOR TO SGR REF. 1MNS-078
Class A	Circumferential	MC 1676-01.07			S/G 1B Inlet Safe-end to Elbow			
B09.011.073	1NC1F-2-3	NC MCM 1201.01-119/5 MC 1676-4	NDE-610	UT	SS	31.000 2.500	50214	UT FROM ELBOW SIDE TO BE DONE WITH B05.070.004 THIS WELD WAS LISTED AS A B05.130.007 PRIOR TO SGR REF. 1MNS-078
Class A	Circumferential	MC 1676-01.07			S/G 1B Outlet Safe-end to Elbow			
B09.011.073A	1NC1F-2-3	NC MCM 1201.01-119/5 MC 1676-4	NDE-35	PT	SS	31.000 2.500		TO BE DONE WITH B05.070.004A THIS WELD WAS LISTED AS A B05.130.007A PRIOR TO SGR REF. 1MNS-078
	Circumferential	MC 1676-01.07			S/G 1B Outlet Safe-end to Elbow			
B09.011.210	1NI1F-294	NI MCFI-1NI-77 MC-1562-2.0	NDE-600	UT	SS	6.000 160 0.719	50211	
Class A	Circumferential				Valve to Elbow			
B09.011.210A	1NI1F-294	NI MCFI-1NI-77 MC-1562-2.0	NDE-35	PT	SS	6.000 160 0.719		
Class A	Circumferential				Valve to Elbow			
B09.011.211	1NI1F-295	NI MCFI-1NI-77 MC-1562-2.0	NDE-600	UT	SS	6.000 160 0.719	50211	
Class A	Circumferential				Elbow to Pipe			
B09.011.211A	1NI1F-295	NI MCFI-1NI-77 MC-1562-2.0	NDE-35	PT	SS	6.000 160 0.719		
Class A	Circumferential				Elbow to Pipe			

CATEGORY B-J, Pressure Retaining Welds In Piping

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

NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
B09.011.218	1NI-458-1 Circumferential	NI MCFI-1NI-79 MC-1562-2.0	NDE-600	UT	SS 140	10.000 1.000	50209	Elbow to Pipe
Class A								
B09.011.218A	1NI-458-1 Circumferential	NI MCFI-1NI-79 MC-1562-2.0	NDE-35	PT	SS 140	10.000 1.000		Elbow to Pipe
Class A								
B09.011.220	1NI1F-275 Circumferential	NI MCFI-1NI-84 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Elbow to Pipe
Class A								
B09.011.220A	1NI1F-275 Circumferential	NI MCFI-1NI-84 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Elbow to Pipe
Class A								
B09.011.225	1NI-178-2 Circumferential	NI MCFI-1NI-85 MC-1562-3.1	NDE-600	UT	SS 160	6.000 0.719	50211	Elbow to Pipe
Class A								
B09.011.225A	1NI-178-2 Circumferential	NI MCFI-1NI-85 MC-1562-3.1	NDE-35	PT	SS 160	6.000 0.719		Elbow to Pipe
Class A								
B09.011.229	1NI1F-657 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-600	UT	SS 140	10.000 1.000	50209	Valve to Tee
Class A								
B09.011.229A	1NI1F-657 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 140	10.000 1.000		Valve to Tee
Class A								
B09.011.230	1NI1F-656 Circumferential	NI MCFI-1NI-86 MC1562-2.1	NDE-600	UT	SS 140	10.000 1.000	50209	Tee to Valve
Class A								

CATEGORY B-J, Pressure Retaining Welds In Piping

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

NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B09.011.230A	1NI1F-656 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 140	10.000 1.000		Tee to Valve
	Class A							
B09.011.231	1NI-469-6 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-600	UT	SS 160	6.000 0.719	50211	Pipe to Elbow
	Class A							
B09.011.231A	1NI-469-6 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 160	6.000 0.719		Pipe to Elbow
	Class A							
B09.011.232	1NI-469-7 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-600	UT	SS 160	6.000 0.719	50211	Elbow to Pipe
	Class A							
B09.011.232A	1NI-469-7 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 160	6.000 0.719		Elbow to Pipe
	Class A							
B09.011.233	1NI-469-8 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-600	UT	SS 160	6.000 0.719	50211	Pipe to Pipe
	Class A							
B09.011.233A	1NI-469-8 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 160	6.000 0.719		Pipe to Pipe
	Class A							
B09.011.234	1NI-469-9 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-600	UT	SS 160	6.000 0.719	50211	Pipe to Pipe
	Class A							
B09.011.234A	1NI-469-9 Circumferential	NI MCFI-1NI-86 MC-1562-2.1	NDE-35	PT	SS 160	6.000 0.719		Pipe to Pipe
	Class A							

CATEGORY B-J, Pressure Retaining Welds In Piping

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

NPS 4 or Larger

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B09.011.239A	1NI-465-4	NI MCFI-1NI-87	NDE-35	PT	SS		6.000	
	Circumferential	MC-1562-2.1			160		0.719	
	Class A			Pipe to Pipe				

Total B09.011 Items: 36

CATEGORY B-J, Pressure Retaining Welds In Piping

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

Less Than NPS 4

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL	BLOCKS	COMMENTS
**** Circumferential Welds ****									
B09.021.010	1NCP-336-2	NC MCFI-1NC-34	NDE-35	PT	SS		3.000		STRESS WELD
	Circumferential	MC-1553-1.0			160		0.438		SELECTION CRITERIA 4.2.1
Class A	Stress weld				Pipe to Elbow				
B09.021.011	1NCP-336-1	NC MCFI-1NC-34	NDE-35	PT	SS		3.000		STRESS WELD
	Circumferential	MC-1553-1.0			160		0.438		SELECTION CRITERIA 4.2.1
Class A	Stress weld				Elbow to Pipe				
B09.021.012	1NCP-337-1	NC MCFI-1NC-34	NDE-35	PT	SS		3.000		STRESS WELD
	Circumferential	MC-1553-1.0			160		0.438		SELECTION CRITERIA 4.2.1
Class A	Stress weld				Pipe to Pipe				
B09.021.019	1NC1F-1493	NC MCFI-1NC-34	NDE-35	PT	SS		1.500	-----	STRESS WELD
	Circumferential	MC-1553-1.0			160		0.281		SELECTION CRITERIA 4.2.1
Class A	Stress weld	MC-1676-4.1			Pipe to SWEEPOLET				REF. 1MNS-092 (CHANGED FROM SOCKET WELD TO BUTT WELD)
B09.021.021	1NC1F-1615	NC MCFI-1NC-44	NDE-35	PT	SS		1.500		STRESS WELD
	Circumferential	MC-1553-1.0			160		0.281		SELECTION CRITERIS 4.2.1
Class A	Stress weld	MC-1676-4.1			Pipe to SWEEPOLET				REF. 1MNS-092 (CHANGED FROM SOCKET WELD TO BUTT WELD)
B09.021.201	1NV1F-1539	NV MCFI-1NV-45	NDE-35	PT	SS		3.000		STRESS WELD
	Circumferential	MC-1554-1.2			160		0.438		SELECTION CRITERIA 4.2.1
Class A	Stress weld				Pipe to Valve				

Total B09.021 Items: 6

CATEGORY B-J, Pressure Retaining Welds In

Piping

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

Branch Pipe Connection Welds

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
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**** Less Than NPS 4 ****

B09.032.100	1NI-354-2	NI MCFI 1NI-53	NDE-35	PT	SS		2.000	
	Branch	MC 1562-3.0					0.344	
	Class A				Pipe to			WELD BOSS

Total B09.032 Items: 1

CATEGORY B-J, Pressure Retaining Welds In Piping

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

Socket Welds

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
B09.040.019	1NC1F-1941	NC MCFI-1NC-51	NDE-35	PT	SS		1.500	
	Socket	MC-1553-1.0			160		0.281	
	Class A					SWEEPOLET to Pipe		
B09.040.200	1NV1F-500	NV MCFI-1NV-12	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.2			160		0.344	
	Class A					Elbow to Pipe		
B09.040.201	1NV1F-883	NV MCFI-1NV-25	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.0			160		0.344	
	Class A					Valve to Pipe		
B09.040.202	1NV1F-881	NV MCFI-1NV-25	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.0			160		0.344	
	Class A					Tee to Pipe		
B09.040.203	1NV1F-880	NV MCFI-1NV-25	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.0			160		0.344	
	Class A					Tee to Reducing Insert		
B09.040.204	1NV1F-5411	NV MCFI-1NV-25	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.0			160		0.344	
	Class A					Full Coupling to Pipe		
B09.040.205	1NV1F-887	NV MCFI-1NV-25	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.0			160		0.344	
	Class A					Pipe to Valve		
B09.040.208	1NV1F-1555	NV MCFI-1NV-45	NDE-35	PT	SS		2.000	
	Socket	MC-1554-1.2			160		0.344	
	Class A					Pipe to Elbow		

CATEGORY B-J, Pressure Retaining Welds In Piping

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

Socket Welds

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
B09.040.210	1NV1F-4892	NV MCFI-1NV-125 MC-1554-1.2	NDE-35	PT	SS 160		2.000 0.344	Valve to Pipe
Class A								
B09.040.212	1NV1F-4885	NV MCFI-1NV-125 MC-1554-1.2	NDE-35	PT	SS 160		2.000 0.344	Pipe to Elbow
Class A								
B09.040.213	1NV1F-4880	NV MCFI-1NV-125 MC-1554-1.2	NDE-35	PT	SS 160		2.000 0.344	Elbow to Pipe
Class A								
B09.040.214	1NV1F-4877	NV MCFI-1NV-125 MC-1554-1.2	NDE-35	PT	SS 160		2.000 0.344	Pipe to Valve
Class A								

Total B09.040 Items: 12

Total B09 Items: 55

CATEGORY B-N-1, Interior of Reactor Vessel

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

Reactor Vessel

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
**** Vessel Interior ****								
B13.010.001	1RPV-INTERIOR	MCM 1201.01-146 MCM 1201.01-223	QAL-14	VT-3	SS		0.000 0.000	AREA ABOVE AND BELOW CORE MADE ACCESSIBLE DURING REF. REF PIP:1M94-1467, RFR94-10 SEE DESIGN EVAL. MC 1201.01
Class A								
Total B13.010 Items:		1						
Total B13 Items:		1						

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

Reactor Vessel

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
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****** Welds in CRD Housing ******

B14.010.013	1RPV-CRDM-67	MCM 1201.01-224	NDE-35	PT	SS-Inconel	4.000 0.642	----	CRD HOUSING WELD (PERIPHERAL)
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Class A

Total B14.010 Items: 1

Total B14 Items: 1

**CATEGORY C-A, Pressure Retaining Welds In
Pressure Vessels**

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

Head Circumferential Welds

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.020.072	5141-2-HD1 Circumferential Class B	MCM 1201.06-54	NDE-630	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER NOZZLE BELT TO HEAD (SHELL 2) TO BE DONE FROM SHELL SIDE
C01.020.073	5141-2-HD2 Circumferential Class B	MCM 1201.06-54	NDE-630	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER SHELL TO HEAD (SHELL 2) TO BE DONE FROM SHELL SIDE

Total C01.020 Items: 2

**CATEGORY C-A, Pressure Retaining Welds In
Pressure Vessels**

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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Tubesheet-to-Shell Weld

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C01.030.010	1BCSHX-SH-48 Circumferential Class B	MCM 1201.06-25	NDE-630	UT	CS	55.250 0.625	50422	CONTAINMENT SPRAY HEAT EXCHANGER 1B SHELL TO TUBESHEET CS+1/16 MIN. CLADDING
C01.030.022	5141-2-NB-TS Circumferential Class B	MCM 1201.06-54	NDE-630	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER NOZZLE BELT TO TUBESHEET(SHELL 2)
C01.030.023	5141-2-TS-SH Circumferential Class B	MCM 1201.06-54	NDE-630	UT	SS	10.920 1.075	50428	REGENERATIVE HEAT EXCHANGER TUBESHEET TO SHELL (SHELL 2)
Total C01.030 Items:		3						
Total C01 Items:		5						

**CATEGORY 1, Integral Attachments For
Vessels, Piping, Pumps, And Valves**

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

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Piping

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK CAL BLOCKS	COMMENTS
**** Integrally Welded Attachments ****							
C03.020.033	1MCR-SM-082	MC-SM-1B MCSR-D-SMA/4	NDE-25	MT	CS	0.000 0.906	Per station personell this attachment is under guard pipe making it inaccessible. Per Code Case N-491 this attachment can be exempted
Class B							
C03.020.034	1MCR-SM-095	MC-SM-1D MCSR-D-SMA/3	NDE-25	MT	CS	0.000 0.906	Per station personell this attachment is under guard pipe making it inaccessible. Per Code Case N-491 this attachment can be exempted
Class B							
Total C03.020 Items:		2					
Total C03 Items:		2					

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Circumferential Weld ****									
C05.011.051	1ND1F138	ND	MCFI-1ND33	NDE-600	UT	SS	14.000	50432	TERMINAL END RHRHX-1B TO R
Class B	Circumferential Term end		MC 1561-1.0			30	0.375		RHR HX-1B to Reducer
C05.011.051A	1ND1F138	ND	MCFI-1ND33	NDE-35	PT	SS	14.000		
Class B	Circumferential		MC 1561-1.0			30	0.375		RHR HX-1B to Reducer
C05.011.052	1ND1F113	ND	MCFI-1ND33	NDE-600	UT	SS	8.000	50210	
Class B	Circumferential		MC 1561-1.0			160	0.906		Pipe to Valve
C05.011.052A	1ND1F113	ND	MCFI-1ND33	NDE-35	PT	SS	8.000		
Class B	Circumferential		MC 1561-1.0			160	0.906		Pipe to Valve
C05.011.053	1ND1F133	ND	MCFI-1ND34	NDE-600	UT	SS	14.000	50432	TERMINAL END R TO RHRHX-1A
Class B	Circumferential Term end		MC 1561-1.0				0.375		Reducer to RHR HX-1A
C05.011.053A	1ND1F133	ND	MCFI-1ND34	NDE-35	PT	SS	14.000		TERMINAL END TO RHRHX-1A
Class B	Circumferential Term end		MC 1561-1.0			30	0.375		Reducer to RHR HX-1A
C05.011.102	1NI1F-472	NI	MCFI-1NI53	NDE-600	UT	SS	14.000	50213	
Class B	Circumferential		MC-1562-3.0			140	1.250		Pipe to Elbow
C05.011.102A	1NI1F-472	NI	MCFI-1NI53	NDE-35	PT	SS	14.000		
Class B	Circumferential		MC-1562-3.0			140	1.250		Pipe to Elbow

**CATEGORY C-F-1, Pressure Retaining Welds
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**Piping Welds >= 3/8 in. Nominal Wall Thickness
for Piping > NPS 4**

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
C05.011.142	1NI176-1	NI	MCFI-1NI85	NDE-600	UT	SS	6.000	50211	
	Circumferential		MC 1562-3.1			160	0.719		
	Class B				Pipe to Elbow				
C05.011.142A	1NI176-1	NI	MCFI-1NI85	NDE-35	PT	SS	6.000		
	Circumferential		MC 1562-3.1			160	0.719		
	Class B				Pipe to Elbow				
C05.011.143	1NI176-2	NI	MCFI-1NI85	NDE-600	UT	SS	6.000	50211	
	Circumferential		MC-1562-3.1			160	0.719		
	Class B				Elbow to Pipe				
C05.011.143A	1NI176-2	NI	MCFI-1NI85	NDE-35	PT	SS	6.000		
	Circumferential		MC-1562-3.1			160	0.719		
	Class B				Elbow to Pipe				
C05.011.145	1NI177-4	NI	MCFI-1NI85	NDE-600	UT	SS	6.000	50211	
	Circumferential		MC-1562-3.1			160	0.719		
	Class B				Elbow to Pipe				
C05.011.145A	1NI177-4	NI	MCFI-1NI85	NDE-35	PT	SS	6.000		
	Circumferential		MC-1562-3.1			160	0.719		
	Class B				Elbow to Pipe				
C05.011.151	1NI1F473A	NI	MCFI-1NI53	NDE-600	UT	SS	8.000		
	Circumferential						0.906		
	Class B				Tee to Pipe				
C05.011.151A	1NI1F473A	NI	MCFI-1NI53	NDE-35	PT	SS	8.000		
	Circumferential						0.906		
	Class B				Tee to Pipe				
C05.011.153	1NI351-1	NI	MCFI-1NI53	NDE-600	UT	SS	8.000		
	Circumferential						0.906		
	Class B				Pipe to Elbow				

**CATEGORY C-r-1, Pressure Retaining Welds
in Austenitic SS or High Alloy Piping**

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

McGuire 1

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL	BLOCKS	COMMENTS
C05.011.153A	1NI351-1	NI	MCFI-1NI53	NDE-35	PT	SS		8.000		
	Circumferential							0.906		
Class B					Pipe to Elbow					
C05.011.154	1NI201-2	NI	MCFI-1NI77	NDE-600	UT	SS		6.000		
	Circumferential							0.719		
Class B					Elbow to Pipe					
C05.011.154A	1NI201-2	NI	MCFI-1NI77	NDE-35	PT	SS		6.000		
	Circumferential							0.719		
Class B					Elbow to Pipe					
C05.011.155	1NI201-3	NI	MCFI-1NI77	NDE-600	UT	SS		6.000		
	Circumferential							0.719		
Class B					Pipe to Elbow					
C05.011.155A	1NI201-3	NI	MCFI-1NI77	NDE-35	PT	SS		6.000		
	Circumferential							0.719		
Class B					Pipe to Elbow					
C05.011.220	1SGB-W261	CA	MCFD 1592-01.00	NDE-610	UT	CS-Inconel		7.513	5142282	Steam Generator 1B Auxiliary Feedwater Nozzle to Transition Ring
	Circumferential		MCM 1201.01-0853					1.165		Transition Ring added as result of SGRP
Class B	Term end		MCM 1201.01-0782		Nozzle 1SGB to Transition Ring					
C05.011.220A	1SGB-W261	CA	MCFD 1592-01.00	NDE-35	PT	CS-Inconel		7.513		Steam Generator 1B Auxiliary Feedwater Nozzle to Transition Ring
	Circumferential		MCM 1201.01-0853					1.165		Transition Ring added as result of SGRP
Class B	Term end		MCM 1201.01-0782		Nozzle 1SGB to Transition Ring					

Total C05.011 Items: 42

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

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

C05.021.070	1NV1F-7876	NV MCFI-1NV-13 MC-1554-3.1	NDE-600	UT	SS	4.000 0.237	50438	Class B Pipe to Elbow
C05.021.070A	1NV1F-7876	NV MCFI-1NV-13 MC-1554-3.1	NDE-35	PT	SS	4.000 0.237		Class B Pipe to Elbow
C05.021.071	1NV29-1	NV MCFI-1NV-13 MC-1554-3.1	NDE-600	UT	SS 160	4.000 0.531	50275	Class B Pipe to Elbow
C05.021.071A	1NV29-1	NV MCFI-1NV-13 MC-1554-3.1	NDE-35	PT	SS 160	4.000 0.531		Class B Elbow to Pipe
C05.021.072	1NV1F-7889	NV MCFI-1NV-13 MC-1554-3.1	NDE-600	UT	SS 160	4.000 0.531	50275	Class B Tee to Valve
C05.021.072A	1NV1F-7889	NV MCFI-1NV-13 MC-1554-3.1	NDE-35	PT	SS 160	4.000 0.531		Class B Tee to Valve
C05.021.073	1NV1F-612	NV MCFI-1NV-16 MC-1554-1.2	NDE-600	UT	SS 160	2.000 0.344	50439	Class B Reducer to Pipe
C05.021.073A	1NV1F-612	NV MCFI-1NV-16 MC-1554-1.2	NDE-35	PT	SS 160	2.000 0.344		Class B Reducer to Pipe

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
C05.021.074	1NVP95-2	NV	MCFI-1NV24	NDE-600	UT			3.000 50225	
	Circumferential		MCFD 1554-03.01					0.438	
	Class B								Pipe to Reducer
C05.021.074A	1NVP95-2	NV	MCFI-1NV24	NDE-35	PT			3.000 0.438	
	Circumferential		MCFD 1554-03.01						
	Class B								Pipe to Reducer
C05.021.075	1NV1F-1892	NV	MCFI-1NV-35	NDE-600	UT	SS		4.000 50275	
	Circumferential		MC-1554-1.1			160		0.531	
	Class B								Pipe to Reducer
C05.021.075A	1NV1F-1892	NV	MCFI-1NV-35	NDE-35	PT	SS		4.000 0.531	
	Circumferential		MC-1554-1.1			160			
	Class B								Reducer to Pipe
C05.021.076	1NV1F-5289	NV	MCFI-1NV-63	NDE-600	UT	SS		3.000 50225	
	Circumferential		MC-1554-1.1					0.438	
	Class B								Elbow to Elbow
C05.021.076A	1NV1F-5289	NV	MCFI-1NV-63	NDE-35	PT	SS		3.000 0.438	
	Circumferential		MC-1554-1.1						
	Class B								Elbow to Elbow
C05.021.077	1NVP859-2	NV	MCFI-1NV-63	NDE-600	UT	SS		3.000 50225	
	Circumferential		MC-1554-1.1			160		0.438	
	Class B								Tee to Elbow
C05.021.077A	1NVP859-2	NV	MCFI-1NV-63	NDE-35	PT	SS		3.000 0.438	
	Circumferential		MC-1554-1.1			160			
	Class B								Tee to Elbow
C05.021.078	1NV1F-2112	NV	MCFI-1NV-63	NDE-600	UT	SS		2.000 50439	
	Circumferential		MC-1554-1.1			160		0.344	
	Class B								Reducer to Pipe

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI A/THK	CAL BLOCKS	COMMENTS
C05.021.078A	1NV1F-2112	NV	MCFI-1NV-63	NDE-35	PT	SS		2.000	
	Circumferential		MC-1554-1.1			160		0.344	
Class B					Reducer to Pipe				
C05.021.079	1NV1F-2179	NV	MCFI-1NV-65	NDE-600	UT	SS		3.000	50225
	Circumferential		MC-1554-3.0			160		0.438	
Class B					Pipe to Elbow				
C05.021.079A	1NV1F-2179	NV	MCFI-1NV-65	NDE-35	PT	SS		3.000	
	Circumferential		MC-1554-3.0			160		0.438	
Class B					Pipe to Elbow				
C05.021.080	1RCPSS-IN-1	NV	MCFI-1NV-144	NDE-600	UT	SS		4.000	50438
	Circumferential		MC-1554-3.0			40		0.237	TERMINAL END
Class B	Term end				Flange to Pipe				
C05.021.080A	1RCPSS-IN-1	NV	MCFI-1NV-144	NDE-35	PT	SS		4.000	TERMINAL END
	Circumferential		MC-1554-3.0			40		0.237	
Class B	Term end				Flange to Pipe				
C05.021.081	1RCPSS-OUT-1	NV	MCFI-1NV-144	NDE-600	UT	SS		4.000	50438
	Circumferential		MC-1554-3.0			40		0.237	TERMINAL END
Class B	Term end				Pipe to Flange				
C05.021.081A	1RCPSS-OUT-1	NV	MCFI-1NV-144	NDE-35	PT	SS		4.000	TERMINAL END
	Circumferential		MC-1554-3.0			40		0.237	
Class B	Term end				Pipe to Flange				
C05.021.082	1NV1F-7900	NV	MCFI-1NV-144	NDE-600	UT	SS		4.000	50438
	Circumferential		MC-1554-3.0			40		0.237	
Class B					Pipe to Elbow				
C05.021.082A	1NV1F-7900	NV	MCFI-1NV-144	NDE-35	PT	SS		4.000	
	Circumferential		MC-1554-3.0			40		0.237	
Class B					Pipe to Elbow				

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

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

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McGuire 1

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
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Total C05.021 Items: 26

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

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Socket Welds

McGuire 1

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.030.001	1NI1F-1899	NI MCFI-1NI22 MC-1562-3.0	NDE-35	PT	SS 160		2.000 0.344	Half Coupling to Pipe
	Class B							
C05.030.002	1NI1F-488	NI MCFI-1NI33 MC-1562-3.0	NDE-35	PT	SS 160		2.000 0.344	Reducing Insert to Pipe
	Class B							
C05.030.003	1NI1F-1204	NI MCFI-1NI33 MC-1562-3.0	NDE-35	PT	SS 160		2.000 0.344	Elbow to Reducing Insert
	Class B							
C05.030.004	1NI357-12	NI MCFI-1NI37 MC-1562-3.0	NDE-35	PT	SS 160		2.000 0.344	Full Coupling to Reducer
	Class B							
C05.030.005	1NI1F-1499	NI MCFI-1NI41 MC-1562-3.0	NDE-35	PT	SS 160		2.000 0.344	Pipe to Full Coupling
	Class B							
C05.030.085	1NV1F-2218	NV MCFI-1NV-173 MC-1554-3.0	NDE-35	PT	SS 160		2.000 0.344	Pipe to Valve
	Class B							
C05.030.086	1NV1FW181-8	NV MCFI-1NV-181 MC-1554-3.0	NDE-35	PT	SS 160		2.000 0.344	Pipe to Elbow
	Class B							
C05.030.087	1NV1FW183-34	NV MCFI-1NV-183 MC-1554-3.0	NDE-35	PT	SS 160		2.000 0.344	Valve to Pipe
	Class B							

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

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Socket Welds

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
C05.030.088	1NV1FW183-36	NV MCFI-1NV-183 MC-1554-3.0	NDE-35	PT	SS 160		2.000 0.344	
Class B				Pipe to PIPE CAP				

Total C05.030 Items: 9

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL	BLOCKS	COMMENTS
**** Circumferential Weld ****									
C05.051.016	1CA1FW19-2	CA MCFI-1CA19 MCFD-1592-01.00	NDE-600	UT	CS 160	6.000 0.719		*	* Reference General Requirements Section 8.1.10
	Circumferential								
	Class B								Pipe to Elbow
C05.051.016A	1CA1FW19-2	CA MCFI-1CA19 MCFD-1592-01.00	NDE-25	MT	CS 160	6.000 0.719			
	Circumferential								
	Class B								Pipe to Elbow
C05.051.057	1CF1F-665	CF MCFI-1CF-8 MC 1591-1.1	NDE-600	UT	CS 80	6.000 0.432		50331	
	Circumferential								
	Class B								Elbow to Valve
C05.051.057A	1CF1F-665	CF MCFI-1CF-8 MC 1591-1.1	NDE-25	MT	CS 80	6.000 0.432			
	Circumferential								
	Class B								Elbow to Valve
C05.051.064	1SGB-W260	CF MCM 1201.01-0853 MCM 1201.01-0782	NDE-600	UT	CS	16.896 1.300		*	Steam Generator 1B Feedwater Nozzle to Transition Ring Transition Ring added as a result of SGRP * Reference General Requirements Section 8.1.10
	Circumferential								
	Class B	Term end							Nozzle 1SGB to Transition Ring
C05.051.064A	1SGB-W260	CF MCM 1201.01-0853 MCM 1201.01-0782	NDE-25	MT	CS	16.896 1.300			Steam Generator 1B Feedwater Nozzle to Transition Ring Transition Ring added as a result of SGRP
	Circumferential								
	Class B	Term end							Nozzle 1SGB to Transition Ring
C05.051.065	1CF1FW25-28	CF MCFI-1CF25 MCFD1591-01.01	NDE-600	UT	CS 80	16.000 0.844		*	Steam Generator 1B Feedwater Nozzle Transition Ring to Elbow * Reference General Requirements Section 8.1.10
	Circumferential								
	Class B								Transition Ring to Elbow
C05.051.065A	1CF1FW25-28	CF MCFI-1CF25 MCFD1591-01.01	NDE-25	MT	CS 80	16.000 0.844			Steam Generator 1B Feedwater Nozzle Transition Ring to Elbow
	Circumferential								
	Class B								Transition Ring to Elbow

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

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

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
C05.051.202	1SM1F-423	SM	MCFI-1SM14	NDE-600	UT	CS	6.000	50331	
	Circumferential		MC 1593-1.0			80	0.432		
	Class B								Elbow to Pipe
C05.051.202A	1SM1F-423	SM	MCFI-1SM14	NDE-25	MT	CS	6.000		
	Circumferential		MC 1593-1.0			80	0.432		
	Class B								Elbow to Pipe
C05.051.205	1SM-5B-C	SM	MCFI-1SM10	NDE-600	UT	CS	6.000	*	*Reference General Requirements Section 8.1.10
	Circumferential		MC 1593-1.0				0.719		
									Transition Piece to Pipe
C05.051.205A	1SM-5B-C	SM	MCFI-1SM10	NDE-25	MT	CS	6.000		
	Circumferential		MC 1593-1.0				0.719		
									Transition Piece to Pipe
C05.051.207	1SM5A-D	SM	MCFI-1SM9	NDE-600	UT	CS	10.000	50249	
	Circumferential		MC 1593-1.0				1.500		
C05.051.207A	1SM5A-D	SM	MCFI-1SM9	NDE-25	MT	CS	10.000		
	Circumferential		MC 1593-1.0				1.500		
C05.051.209	1SM1F-3C	SM	MCFI-1SM6	NDE-600	UT	CS	34.000	50444	34" MIN. W 1.250 NOM. W 1.375
	Circumferential		MC 1593-1.3				1.250		
	Class B								
C05.051.209A	1SM1F-3C	SM	MCFI-1SM6	NDE-25	MT	CS	34.000		
	Circumferential		MC 1593-1.3				1.250		
	Class B								
C05.051.210	1SM1F-1B	SM	MCFI-1SM24	NDE-12	RT	CS	32.000		
	Circumferential		MC 1593-1.0				1.375		
	Class B								32" MIN. W 1.375 NOM. W 1.500 TO BE DONE WITH C05.051.218
									Transition Ring to Elbow

**CATEGORY C-G, Pressure Retaining Welds
in Pumps And Valves**

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

Valves

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
**** Valve Body Welds ****								
C06.020.008E	1SV-13-1	MCM 1205.09-011/1 MCFI-1SV3	NDE-35	PT	CS		6.000 1.000	INTAKE TO VALVE BODY WELD
Class B								
C06.020.008F	1SV-13-2	MCM 1205.09-011/1 MCFI-1SV3	NDE-35	PT	CS		6.000 1.000	VALVE BODY TO BONNET WELD
Total C06.020 Items:		2						
Total C06 Items:		2						

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

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QUALITY ASSURANCE TECHNICAL SERVICES
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Integral Attachment

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
D02.020.041	1-MCA-CA-308	CA MCSRD-CAF	QAL-14	VT-3	NA		4.000 0.000	INTEGRAL ATTACHMENT
	Rigid Support							
	Class C							
D02.020.042	1-MCA-CA-318	CA MCSRD-CAF	QAL-14	VT-3	NA		4.000 0.000	INTEGRAL ATTACHMENT
	Rigid Support							
	Class C							
D02.020.043	1-MCA-CA-180	CA MCSRD-CAO	QAL-14	VT-3	NA		4.000 0.000	INTEGRAL ATTACHMENT
	Rigid Support							
	Class C							
D02.020.044	1-MCA-CA-216	CA MCSRD-CAP	QAL-14	VT-3	NA		4.000 0.000	INTEGRAL ATTACHMENT
	Rigid Support							
	Class C							
D02.020.045	1-MCA-CA-227	CA MCSRD-CAP	QAL-14	VT-3	NA		4.000 0.000	INTEGRAL ATTACHMENT
	Rigid Restraint							
	Class C							
D02.020.046	1-MCA-KC-H452	KC MCSRD-KC-304SHT1 MCFD 1573-01.01	QAL-14	VT-3	NA		0.000 0.500	INTEGRAL ATTACHMENT
	Rigid Support							
	Class C							
Total D02.020 Items:		14						
Total D02 Items:		14						

CATEGORY F-A, Supports (Category A)

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Class 1 Piping Supports

McGuire 1

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.010.014C	1-MCR-NC-572	NC MCSRD WL-002	QAL-14	VT-3	NA		2.000 0.000	
	Spring Hgr							
	Class A							
F01.010.015C	1-MCR-NC-574	NC MCSRD WL-002	QAL-14	VT-3	NA		2.000 0.000	
	Hyd Snubber							
	Class A							
F01.010.019C	1-MCR-NC-762	NC MCSRD NC-002	QAL-14	VT-3	NA		6.000 0.000	
	Mech Snubber							
	Class A							
F01.010.020C	1-MCR-NC-766	NC MCSRD NC-002	QAL-14	VT-3	NA		3.000 0.000	
	Mech Snubber							
	Class A							
F01.010.021C	1-MCR-NC-767	NC MCSRD NC-002	QAL-14	VT-3	NA		3.000 0.000	
	Mech Snubber							
	Class A							
F01.010.055C	1-MCR-ND-511	ND MCSRD ND-001	QAL-14	VT-3	NA		14.000 0.000	
	Mech Snubber							
	Class A							
F01.010.114C	1-MCR-NI-589	NI MCSRD NI-003 sht. 2	QAL-14	VT-3	NA		10.000 0.000	
	Hyd Snubber							
	Class A							
F01.010.117C	1-MCR-NI-616	NI MCSRD NI-001 sht. 4	QAL-14	VT-3	NA		10.000 0.000	
	Spring Hgr							
	Class A							

CATEGORY F-A, Supports (Category A)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.010.118C	1-MCR-NI-617	NI MCSRD NI-001 sht. 4	QAL-14	VT-3	NA		10.000 0.000	
	Hyd Snubber							
	Class A							
F01.010.154C	1-MCR-NV-855	MCSRD NV-006	QAL-14	VT-3	NA		2.000 0.000	
	Hyd Snubber							
	Class A							
F01.010.157A	1-MCR-NV-1053	MCSRD NV-004	QAL-14	VT-3	NA		3.000 0.000	
	Class A							
F01.010.158A	1-MCR-NV-1056	MCSRD NV-004	QAL-14	VT-3	NA		2.000 0.000	
	Class A							
Total F01.010 Items:		12						

CATEGORY F-A, Supports (Category A)

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Class 2 Piping Supports

McGuire 1

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.020.002C	1-MCA-CA-384	CA MCSRD-CAM	QAL-14	VT-3	NA		6.000	
	Spring Hgr						0.000	
	Class B							
F01.020.009C	1-MCA-CA-417	CA MCSRD-CAN	QAL-14	VT-3	NA		6.000	
	Hyd Snubber						0.000	
	Class B							
F01.020.015C	1-MCR-CA-488	CA MCSRD-CAP	QAL-14	VT-3	NA		6.000	
	Spring Hgr						0.000	
	Class B							
F01.020.053B	1-MCA-CF-171	CF MCSRD-CFC/13 of 13	QAL-14	VT-3	NA		18.000	
	Rigid Restraint						0.000	
	Class B							
F01.020.056C	1-MCR-CF-396	CF MCSRD-CFC/12 of 13	QAL-14	VT-3	NA		18.000	
	Spring Hgr						0.000	
	Class B							
F01.020.103C	1-MCA-FW-H132	FW MCSRD-FWA Sht.1 MCFD 1571-01.00	QAL-14	VT-3	NA		0.000	
	Spring Hgr						0.000	
	Class B							
F01.020.107A	1-MCA-FW-H14	FW MCSRD-FWA Sht.1 MCFD 1571-01.00	QAL-14	VT-3	NA		0.000	
	Rigid Support						0.000	
	Class B							
F01.020.108A	1-MCA-FW-H9	FW MCSRD-FWA Sht.1 MCFD 1571-01.00	QAL-14	VT-3	NA		0.000	
	Rigid Support						0.000	
	Class B							

CATEGORY F-A, Supports (Category A)

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Class 2 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS	ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DI/THK	CAL BLOCKS	COMMENTS
F01.020.109A	1-MCA-FW-H3	FW	MCSR-D-FWA Sht.6	QAL-14	VT-3	NA		0.000	
	Rigid Support		MCFD 1571-01.00					0.000	
Class B									
F01.020.110A	1-MCA-FW-H4	FW	MCSR-D-FWA Sht.6	QAL-14	VT-3	NA		0.000	
	Rigid Support		MCFD 1571-01.00					0.000	
Class B									
F01.020.111A	1-MCA-FW-H5	FW	MCSR-D-FWA Sht.6	QAL-14	VT-3	NA		0.000	
	Rigid Support		MCFD 1571-01.00					0.000	
Class B									
F01.020.116C	1-MCA-FW-H134	FW	MCSR-D-FWA Sht.8	QAL-14	VT-3	NA		0.000	
	Hyd Snubber		MCFD 1571-01.00					0.000	
Class B									
F01.020.117C	1-MCA-FW-H130	FW	MCSR-D-FWA Sht.1	QAL-14	VT-3	NA		0.000	
	Mech Snubber		MCFD 1571-01.00					0.000	
Class B									
F01.020.159C	1-MCA-ND-070	ND	MCSR-D-NDA sht. 8	QAL-14	VT-3	NA		8.000	
	Spring Hgr							0.000	
Class B									
F01.020.164C	1-MCA-ND-086	ND	MCSR-D-NDA sht. 1	QAL-14	VT-3	NA		8.000	
	Spring Hgr							0.000	
Class B									
F01.020.165C	1-MCA-ND-152	ND	MCSR-D-NDA sht. 6	QAL-14	VT-3	NA		8.000	
	Spring Hgr							0.000	
Class B									
F01.020.166A	1-MCA-ND-157	ND	MCSR-D-NDA sht. 3	QAL-14	VT-3	NA		12.000	
	Rigid Support							0.000	
Class B									

CATEGORY A Supports (Category A)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.171C	1-MCA-ND-258	ND MCSRD-FWA	QAL-14	VT-3	NA	14.000	0.000	
	Hyd Snubber							
	Class B							
F01.020.201C	1-MCA-NI-001	NI MCSRD NIA sht. 1	QAL-14	VT-3	NA	6.000	0.000	
	Spring Hgr							
	Class B							
F01.020.204C	1-MCA-NI-016	NI MCSRD NIA sht. 1	QAL-14	VT-3	NA	6.000	0.000	
	Spring Hgr							
	Class B							
F01.020.210C	1-MCR-NI-556	NI MCSRD NI-003 sht. 3	QAL-14	VT-3	NA	6.000	0.000	
	Mech Snubber							
	Class B							
F01.020.227B	1-MCR-NI-784	NI MCSRD NI-009 sht. 3	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class B							
F01.020.228C	1-MCR-NI-786	NI MCSRD NI-009 sht. 3	QAL-14	VT-3	NA	4.000	0.000	
	Hyd Snubber							
	Class B							
F01.020.269B	1-MCA-NS-114	MCSRD-NSA	QAL-14	VT-3	NA	10.000	0.000	
	Class B							
F01.020.270B	1-MCR-NS-510	MCSRD-NS-001	QAL-14	VT-3	NA	8.000	0.000	
	Class B							
F01.020.271A	1-MCR-NS-506	MCSRD-NS-001	QAL-14	VT-3	NA	8.000	0.000	
	Rigid Support							
	Class B							

CATEGORY F-A, Supports (Category A)

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Class 2 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.272B	1-MCR-NS-611	MCSR-NS-003	QAL-14	VT-3	NA	8.000	0.000	
Class B								
F01.020.273B	1-MCR-NS-602	MCSR-NS-003	QAL-14	VT-3	NA	8.000	0.000	
Rigid Restraint								
Class B								
F01.020.330A	1-MCA-NV-042	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000	0.000	
Class B								
F01.020.331A	1-MCA-NV-043	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000	0.000	
Class B								
F01.020.332B	1-MCA-NV-048	MC 1190-NV-01-03	QAL-14	VT-3	NA	3.000	0.000	
Class B								
F01.020.333A	1-MCA-NV-049	MC 1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	
Class B								
F01.020.334A	1-MCA-NV-051	MC 1190-NV-01-01	QAL-14	VT-3	NA	4.000	0.000	
Class B								
F01.020.335B	1-MCA-NV-053	MCSR-NVA	QAL-14	VT-3	NA	3.000	0.000	
Class B								
F01.020.336A	1-MCA-NV-094	MCSR-NVE	QAL-14	VT-3	NA	4.000	0.000	
Class B								

CATEGORY F-A, Supports (Category A)

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Class 2 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.020.559C	1-MCA-SM-105	SM MCSRD-SMA/3 of 5	QAL-14	VT-3	NA	42.000	0.000	
	Spring Hgr							
Class B								
F01.020.654C	1-MCR-VQ-507	MCSRD-VQA	QAL14	VT-3	NA	6.000	0.000	
Class B								
Total F01.020 Items:		37						

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CATEGORY F-A, Supports (Category A)

Class 3 Piping Supports

McGuire 1

Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.011B	1-MCA-CA-63	CA MCSRD-CAC	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Restraint							
	Class C							
F01.030.012A	1-MCA-CA-223	CA MCSRD-CAD	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							
F01.030.013A	1-MCA-CA-68	CA MCSRD-CAD	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							
F01.030.014A	1-MCA-CA-303	CA MCSRD-CAF	QAL-14	VT-3	NA		4.000 0.375	
	Rigid Support							
	Class C							
F01.030.015A	1-MCA-CA-308	CA MCSRD-CAF	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							
F01.030.016A	1-MCA-CA-318	CA MCSRD-CAF	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							
F01.030.017A	1-MCA-CA-180	CA MCSRD-CAO	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							
F01.030.018A	1-MCA-CA-216	CA MCSRD-CAP	QAL-14	VT-3	NA		4.000 0.125	
	Rigid Support							
	Class C							

CATEGORY F-A, Supports (Category A)

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Class 3 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.030.019B	1-MCA-CA-227	CA MCSRD-CAP	QAL-14	VT-3	NA	4.000	0.125	
	Rigid Restraint							
	Class C							
F01.030.020A	1-MCA-CA-462	CA MCSRD-CAP	QAL-14	VT-3	NA	4.000	0.000	
	Rigid Support							
	Class C							
F01.030.068B	MC 1683-NV-13-R5	MC 1683-NV-13	QAL-14	VT-3	NA	3.000	0.000	
	Class C							
F01.030.069B	MC 1683-NV-49-R1	MC 1683-NV-49	QAL-14	VT-3	NA	3.000	0.000	
	Class C							
F01.030.071A	MC 1683-NV-50-R7	MC 1683-NV-50	QAL-14	VT-3	NA	3.000	0.000	
	Class C							
F01.030.072A	MC 1683-NV-50-R11	MC 1683-NV-50	QAL-14	VT-3	NA	3.000	0.000	
	Class C							
F01.030.105A	1-MCR-KC-556	KC MCSRD-KC-01SHT1	QAL-14	VT-3	NA	0.000	0.000	
	Rigid Restraint	MCFD 1573-03-00						
	Class C							
F01.030.106B	1-MCR-KC-561	KC MCSRD-KC-01SHT1	QAL-14	VT-3	NA	0.000	0.000	
	Rigid Restraint	MCFD 1573-03-00						
	Class C							
F01.030.107B	1-MCR-KC-553	KC MCSRD-KC-01SHT7	QAL-14	VT-3	NA	0.000	0.000	
	Rigid Restraint	MCFD 1573-03-00						
	Class C							

CATEGORY F..., Supports (Category A)

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Class 3 Piping Supports

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIATHK	CAL BLOCKS	COMMENTS
F01.030.161C	1-MCA-LD-65	LD MCSRD-LD-301/SHT. 2	QAL-14	VT-3	NA		0.000	
	Spring Hgr	MCFD 1609-02.00					0.000	
Class C								
F01.030.166B	1-MCA-RN-2026	RN MCSRD-RN-301/SHT.1	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-02.00					0.000	
Class C								
F01.030.170B	1-MCA-RN-2054	RN MCSRD-RN-302	QAL-14	VT-3	NA		0.000	
	Rigid Restraint	MCFD 1574-02.00					0.000	
Class C								
Total F01.030 Items:		29						

CATEGORY F-A, Supports

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Supports other than Piping Supports (Class 1, 2, 3)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.040.004	1PZR-SUPPORT	MC 1070-4 MC 1070-6 MC 1070-22	QAL-14	VT-3	NA		0.000 0.000	PRESSURIZER LOWER AND UPPER SUPPORT FRAME HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.018	1NSP-SUP-1A	MCM 1201.05-41 MC 1220-74	QAL-14	VT-3	NA		0.000 0.000	CONTAINMENT SPRAY PUMP 1A HANGER FUNCTION CATEGORIZATION B
F01.040.019	1RCP-SUP	MC 1222-1 MC 1222-33	QAL-14	VT-3	NA		0.000 0.000	RECIPRICATING CHARGING PUMP HANGER FUNCTION CATEGORIZATION B
F01.040.020	1CCP-SUP-1A	MCM 1201.05-228 MC 1222-1	QAL-14	VT-3	NA		0.000 0.000	CENTRIFICAL CHARGING PUMP 1A MC 1222-32 HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.023	1RV-SUPPORT-C	NC MCM 1201.01-78 MCM 1201.01-79 MCM 1117.00-10	QAL-14	VT-3	NA		0.000 0.000	HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.024	1RV-SUPPORT-D	NC MCM 1201.01-78 MCM 1201.01-79 MCM 1117.00-10	QAL-14	VT-3	NA		0.000 0.000	HANGER FUNCTION CATEGORIZATION B
	Class A							
F01.040.030	1KDHX-SUP-1A	MCM 1201.06-42 SHT5 MC 1231-18	QAL-14	VT-3	NA		0.000 0.000	1A DIESEL GENERATOR COOLING WATER HX SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.031	1KDC-SUP-1A	MCM 1301.00-50 MC 1231-19	QAL-14	VT-3	NA		0.000 0.000	1A LUBE OIL COOLER SUPPORT HANGER FUNCTION CATEGORIZATION B

CATEGORY F-A, Supports

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Supports other than Piping Supports (Class 1, 2, 3)

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ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
F01.040.032	1KDP-SUP-1A	MCM 1301.00-45	QAL-14	VT-3	NA		0.000 0.000	1A JACKET WATER PUMP SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.037	1CAP-SUP-1A	MCM 1201.05-063	QAL-14	VT-3	NA		0.000 0.000	1A AUXILLARY FEEDWATER PUMP SUPPORT HANGER FUNCTION CATEGORIZATION B
F01.040.038	1RNST-SUP-1A	MCM 1218.02-008 MCM 1218.02-009	QAL-14	VT-3	NA		0.000 0.000	1A NUCLEAR SERVICE WATER STRAINER SUPPORT HANGER FUNCTION CATEGORIZATION B

Total F01.040 Items: 11

Total F01 Items: 89

CATEGORY AUG, Augmented Inspections

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**Augmented Exam, Reactor Coolant Pump
Flywheel**

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Inservice Inspection Plan for Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYS ISO/DWG NUMBERS	PROC	INSP REQ	MAT/SCH	DIA/THK	CAL BLOCKS	COMMENTS
G01.001.003	1RCP-1C	MCM 1201.01-7	NDE-900	UT	CS		0.000 0.000	REACTOR COOLANT PUMP 1C FLYWHEEL GREATER THAN 90% EXAMINED. AUGMENTED EXAMINATION

Class A

Total G01.001 Items: 1

Total G01 Items: 1

5.0 ***Results Of Inspections Performed***

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

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

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

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 McGuire 1 Inservice Inspection Listing

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EOC 13
 Plant: McGuire 1

Interval 2 Outage 6

ITEM NUMBER	ID NUMBER	SYSTEM	INSP DATE	INSP STATUS	INSP LIMITED	GEO REF	RFR	COMMENTS
B02.012.001	1PZR-6		10/15/1999	CLR	---	N	N	
B02.040.002	1SGB-W22		10/09/1999	REC	---	Y	N	
B03.110.003	1PZR-13		09/30/1999	REC	64.04%	N	Y	See Request for Relief 99-003
B03.120.003	1PZR-13R		09/30/1999	CLR	62.79%	N	Y	See Request for Relief 99-003
B03.120.004	1PZR-14R		09/30/1999	CLR	62.79%	N	Y	See Request for Relief 99-003
B03.140.003	1SGB-INLET		10/12/1999	CLR	83.28%	N	Y	See Request for Relief 99-003
B03.140.004	1SGB-OUTLET		10/12/1999	CLR	83.28%	N	Y	See Request for Relief 99-003
B05.010.001B	1RPV 3-445B-SE		09/22/1999	CLR	---	N	N	
B05.010.002B	1RPV 3-445A-SE		09/22/1999	CLR	---	N	N	
B05.010.003B	1RPV 3-445D-SE		09/22/1999	CLR	---	N	N	
B05.010.004B	1RPV 3-445C-SE		09/22/1999	CLR	---	N	N	
B05.040.005	1PZR-W4BSE		09/30/1999	CLR	---	N	N	
B05.040.005A	1PZR-W4BSE		09/30/1999	CLR	---	N	N	
B05.040.006	1PZR-W4CSE		09/30/1999	CLR	---	N	N	
B05.040.006A	1PZR-W4CSE		09/30/1999	CLR	---	N	N	
B05.070.003	1SGB-INLET-W5SE		10/12/1999	CLR	75.00%	N	Y	See Request for Relief 99-003
B05.070.003A	1SGB-INLET-W5SE		10/11/1999	CLR	---	N	N	
B05.070.004	1SGB-OUTLET-W6SE		10/12/1999	CLR	75.00%	N	Y	See Request for Relief 99-003
B05.070.004A	1SGB-OUTLET-W6SE		10/11/1999	CLR	---	N	N	
B05.130.004B	1NC1F-1-8		09/22/1999	CLR	---	N	N	
B05.130.008B	1NC1F-2-8		09/22/1999	CLR	---	N	N	
B05.130.012B	1NC1F-3-8		09/22/1999	CLR	---	N	N	
B05.130.016B	1NC1F-4-8		09/22/1999	CLR	---	N	N	
B06.010.012	1RPV-449-02-12		09/29/1999	CLR	---	N	N	
B06.010.013	1RPV-449-02-13		09/29/1999	CLR	---	N	N	
B06.010.014	1RPV-449-02-14		10/05/1999	CLR	---	N	N	
B06.010.015	1RPV-449-02-15		10/05/1999	CLR	---	N	N	
B06.010.037	1RPV-449-02-37		10/05/1999	CLR	---	N	N	
B06.010.038	1RPV-449-02-38		10/05/1999	CLR	---	N	N	
B06.010.039	1RPV-449-02-39		10/05/1999	CLR	---	N	N	
B06.010.040	1RPV-449-02-40		10/05/1999	CLR	---	N	N	
B06.010.041	1RPV-449-02-41		10/05/1999	CLR	---	N	N	
B06.010.042	1RPV-449-02-42		10/05/1999	CLR	---	N	N	
B06.010.043	1RPV-449-02-43		10/05/1999	CLR	---	N	N	
B06.010.044	1RPV-449-02-44		09/29/1999	CLR	---	N	N	
B06.010.045	1RPV-449-02-45		09/29/1999	CLR	---	N	N	
B06.010.046	1RPV-449-02-46		09/29/1999	CLR	---	N	N	

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B06.010.047	1RPV-449-02-47		09/29/1999	CLR	---	N	N	
B06.010.048	1RPV-449-02-48		09/29/1999	CLR	---	N	N	
B06.010.049	1RPV-449-02-49		09/29/1999	CLR	---	N	N	
B06.010.050	1RPV-449-02-50		09/29/1999	CLR	---	N	N	
B06.010.051	1RPV-449-02-51		09/29/1999	CLR	---	N	N	
B06.010.052	1RPV-449-02-52		09/29/1999	CLR	---	N	N	
B06.010.053	1RPV-449-02-53		09/29/1999	CLR	---	N	N	
B06.010.054	1RPV-449-02-54		09/29/1999	CLR	---	N	N	
B06.030.012	1RPV-449-01-12		09/29/1999	CLR	---	N	N	
B06.030.012A	1RPV-449-01-12		09/29/1999	CLR	---	N	N	
B06.030.013	1RPV-449-01-13		09/29/1999	CLR	---	N	N	
B06.030.013A	1RPV-449-01-13		09/29/1999	CLR	---	N	N	
B06.030.014	1RPV-449-01-14		10/05/1999	CLR	---	N	N	
B06.030.014A	1RPV-449-01-14		10/05/1999	CLR	---	N	N	
B06.030.015	1RPV-449-01-15		10/05/1999	CLR	---	N	N	
B06.030.015A	1RPV-449-01-15		10/05/1999	CLR	---	N	N	
B06.030.037	1RPV-449-01-37		10/05/1999	REC	---	N	N	
B06.030.037A	1RPV-449-01-37		10/05/1999	CLR	---	N	N	
B06.030.038	1RPV-449-01-38		10/05/1999	CLR	---	N	N	
B06.030.038A	1RPV-449-01-38		10/05/1999	CLR	---	N	N	
B06.030.039	1RPV-449-01-39		10/05/1999	CLR	---	N	N	
B06.030.039A	1RPV-449-01-39		10/05/1999	CLR	---	N	N	
B06.030.040	1RPV-449-01-40		10/05/1999	CLR	---	N	N	
B06.030.040A	1RPV-449-01-40		10/05/1999	CLR	---	N	N	
B06.030.041	1RPV-449-01-41		10/05/1999	CLR	---	N	N	
B06.030.041A	1RPV-449-01-41		10/05/1999	CLR	---	N	N	
B06.030.042	1RPV-449-01-42		10/05/1999	CLR	---	N	N	
B06.030.042A	1RPV-449-01-42		10/05/1999	CLR	---	N	N	
B06.030.043	1RPV-449-01-43		10/05/1999	CLR	---	N	N	
B06.030.043A	1RPV-449-01-43		10/05/1999	CLR	---	N	N	
B06.030.044	1RPV-449-01-44		09/29/1999	CLR	---	N	N	
B06.030.044A	1RPV-449-01-44		09/29/1999	CLR	---	N	N	
B06.030.045	1RPV-449-01-45		09/29/1999	CLR	---	N	N	
B06.030.045A	1RPV-449-01-45		09/29/1999	CLR	---	N	N	
B06.030.046	1RPV-449-01-46		09/29/1999	CLR	---	N	N	
B06.030.046A	1RPV-449-01-46		09/29/1999	CLR	---	N	N	
B06.030.047	1RPV-449-01-47		09/29/1999	CLR	---	N	N	

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B06.030.047A	1RPV-449-01-47		09/29/1999	CLR	---	N	N	
B06.030.048	1RPV-449-01-48		09/29/1999	CLR	---	N	N	
B06.030.048A	1RPV-449-01-48		09/29/1999	CLR	---	N	N	
B06.030.049	1RPV-449-01-49		09/29/1999	CLR	---	N	N	
B06.030.049A	1RPV-449-01-49		09/29/1999	CLR	---	N	N	
B06.030.050	1RPV-449-01-50		09/29/1999	CLR	---	N	N	
B06.030.050A	1RPV-449-01-50		09/29/1999	CLR	---	N	N	
B06.030.051	1RPV-449-01-51		09/29/1999	CLR	---	N	N	
B06.030.051A	1RPV-449-01-51		09/29/1999	CLR	---	N	N	
B06.030.052	1RPV-449-01-52		09/29/1999	CLR	---	N	N	
B06.030.052A	1RPV-449-01-52		09/29/1999	CLR	---	N	N	
B06.030.053	1RPV-449-01-53		09/29/1999	CLR	---	N	N	
B06.030.053A	1RPV-449-01-53		09/29/1999	CLR	---	N	N	
B06.030.054	1RPV-449-01-54		09/29/1999	CLR	---	N	N	
B06.030.054A	1RPV-449-01-54		09/29/1999	CLR	---	N	N	
B06.050.012	1RPV-449-03-12		09/29/1999	CLR	---	N	N	
B06.050.013	1RPV-449-03-13		09/29/1999	CLR	---	N	N	
B06.050.014	1RPV-449-03-14		10/05/1999	CLR	---	N	N	
B06.050.015	1RPV-449-03-15		10/05/1999	CLR	---	N	N	
B06.050.037	1RPV-449-03-37		10/05/1999	CLR	---	N	N	
B06.050.038	1RPV-449-03-38		10/05/1999	CLR	---	N	N	
B06.050.039	1RPV-449-03-39		10/05/1999	CLR	---	N	N	
B06.050.040	1RPV-449-03-40		10/05/1999	CLR	---	N	N	
B06.050.041	1RPV-449-03-41		10/05/1999	CLR	---	N	N	
B06.050.042	1RPV-449-03-42		10/05/1999	CLR	---	N	N	
B06.050.043	1RPV-449-03-43		10/05/1999	CLR	---	N	N	
B06.050.044	1RPV-449-03-44		09/29/1999	CLR	---	N	N	
B06.050.045	1RPV-449-03-45		09/29/1999	CLR	---	N	N	
B06.050.046	1RPV-449-03-46		09/29/1999	CLR	---	N	N	
B06.050.047	1RPV-449-03-47		09/29/1999	CLR	---	N	N	
B06.050.048	1RPV-449-03-48		09/30/1999	CLR	---	N	N	
B06.050.049	1RPV-449-03-49		09/30/1999	CLR	---	N	N	
B06.050.050	1RPV-449-03-50		09/29/1999	CLR	---	N	N	
B06.050.051	1RPV-449-03-51		09/30/1999	CLR	---	N	N	
B06.050.052	1RPV-449-03-52		09/30/1999	CLR	---	N	N	
B06.050.053	1RPV-449-03-53		09/30/1999	CLR	---	N	N	
B06.050.054	1RPV-449-03-54		09/30/1999	CLR	---	N	N	

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B06.090.001	1SGA-MW-X2-Y1		10/01/1999	CLR	---	N	N	
B06.090.002	1SGA-MW-X2-Y2		10/01/1999	CLR	---	N	N	
B06.090.007	1SGD-MW-X1-Y1		10/01/1999	CLR	---	N	N	
B06.090.008	1SGD-MW-X1-Y2		10/01/1999	CLR	---	N	N	
B06.100.001	1SGA-MW-X2-Y1		10/06/1999	CLR	---	N	N	
B06.100.002	1SGA-MW-X2-Y2		10/06/1999	CLR	---	N	N	
B06.100.003	1SGB-MW-X1-Y1		10/05/1999	CLR	---	N	N	
B06.100.004	1SGB-MW-X1-Y2		10/05/1999	CLR	---	N	N	
B06.100.005	1SGC-MW-X2-Y1		10/05/1999	CLR	---	N	N	
B06.100.006	1SGC-MW-X2-Y2		10/05/1999	CLR	---	N	N	
B06.100.007	1SGD-MW-X1-Y1		10/06/1999	CLR	---	N	N	
B06.100.008	1SGD-MW-X1-Y2		10/06/1999	CLR	---	N	N	
B06.110.001	1SGA-MW-X2-Y1		10/04/1999	CLR	---	N	N	
B06.110.002	1SGA-MW-X2-Y2		10/04/1999	CLR	---	N	N	
B06.110.007	1SGD-MW-X1-Y1		10/05/1999	CLR	---	N	N	
B06.110.008	1SGD-MW-X1-Y2		10/05/1999	CLR	---	N	N	
B06.200.001	1RCP-1D-F		10/18/1999	CLR	---	N	N	
B07.050.001	1NC-5-FL1		10/14/1999	CLR	---	N	N	
B07.050.002	1NC-5-FL2		09/24/1999	CLR	---	N	N	
B07.050.003	1NC-5-FL3		10/18/1999	CLR	---	N	N	
B07.050.200	1NV-25-FL2		10/18/1999	CLR	---	N	N	
B07.050.201	1NV-125-FL1		10/18/1999	CLR	---	N	N	
B07.050.202	1NV-137-FL1		10/18/1999	CLR	---	N	N	
B07.050.203	1NV-143-FL2		10/18/1999	CLR	---	N	N	
B07.070.001A	1NC-1		10/14/1999	CLR	---	N	N	
B07.070.063B	1NI-129		10/19/1999	CLR	---	N	N	
B07.070.101A	1NV-14		09/30/1999	CLR	---	N	N	
B08.020.006	1PZR-W14A		09/29/1999	CLR	---	N	N	
B08.020.007	1PZR-W14B		09/29/1999	CLR	---	N	N	
B08.020.008	1PZR-W14C		09/29/1999	CLR	---	N	N	
B08.020.009	1PZR-W14D		09/30/1999	CLR	---	N	N	
B09.011.072	1NC1F-2-2	NC	10/12/1999	CLR	---	N	N	
B09.011.072A	1NC1F-2-2	NC	10/11/1999	CLR	---	N	N	
B09.011.073	1NC1F-2-3	NC	10/12/1999	CLR	---	N	N	
B09.011.073A	1NC1F-2-3	NC	10/11/1999	CLR	---	N	N	
B09.011.210	1NI1F-294	NI	09/25/1999	CLR	---	N	N	
B09.011.210A	1NI1F-294	NI	09/24/1999	CLR	---	N	N	

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B09.011.211	1NI1F-295	NI	09/25/1999	CLR	---	N	N	
B09.011.211A	1NI1F-295	NI	09/24/1999	CLR	---	N	N	
B09.011.218	1NI-458-1	NI	10/01/1999	REC	---	Y	N	
B09.011.218A	1NI-458-1	NI	10/01/1999	CLR	---	N	N	
B09.011.220	1NI1F-275	NI	10/04/1999	REC	---	Y	N	
B09.011.220A	1NI1F-275	NI	10/02/1999	CLR	---	N	N	
B09.011.225	1NI-178-2	NI	10/04/1999	REC	---	Y	N	
B09.011.225A	1NI-178-2	NI	10/02/1999	CLR	---	N	N	
B09.011.229	1NI1F-657	NI	09/27/1999	CLR	---	N	N	
B09.011.229A	1NI1F-657	NI	09/24/1999	CLR	---	N	N	
B09.011.230	1NI1F-656	NI	09/27/1999	CLR	---	N	N	
B09.011.230A	1NI1F-656	NI	09/24/1999	CLR	---	N	N	
B09.011.231	1NI-469-6	NI	09/27/1999	CLR	---	N	N	
B09.011.231A	1NI-469-6	NI	09/24/1999	CLR	---	N	N	
B09.011.232	1NI-469-7	NI	09/27/1999	CLR	---	N	N	
B09.011.232A	1NI-469-7	NI	09/24/1999	CLR	---	N	N	
B09.011.233	1NI-469-8	NI	09/27/1999	REC	---	Y	N	
B09.011.233A	1NI-469-8	NI	09/24/1999	CLR	---	N	N	
B09.011.234	1NI-469-9	NI	09/27/1999	CLR	---	N	N	
B09.011.234A	1NI-469-9	NI	09/24/1999	CLR	---	N	N	
B09.011.235	1NI1F-649	NI	09/25/1999	CLR	---	N	N	
B09.011.235A	1NI1F-649	NI	09/24/1999	CLR	---	N	N	
B09.011.236	1NI1F-648	NI	09/25/1999	CLR	---	N	N	
B09.011.236A	1NI1F-648	NI	09/24/1999	CLR	---	N	N	
B09.011.237	1NI-465-5	NI	09/25/1999	CLR	---	N	N	
B09.011.237A	1NI-465-5	NI	09/24/1999	CLR	---	N	N	
B09.011.238	1NI-465-6	NI	09/25/1999	CLR	---	N	N	
B09.011.238A	1NI-465-6	NI	09/24/1999	CLR	---	N	N	
B09.011.239	1NI-465-4	NI	09/25/1999	CLR	---	N	N	
B09.011.239A	1NI-465-4	NI	09/24/1999	CLR	---	N	N	
B09.021.010	1NCP-336-2	NC	09/24/1999	CLR	---	N	N	
B09.021.011	1NCP-336-1	NC	09/29/1999	CLR	---	N	N	
B09.021.012	1NCP-337-1	NC	09/29/1999	CLR	---	N	N	
B09.021.019	1NC1F-1493	NC	09/29/1999	CLR	---	N	N	
B09.021.021	1NC1F-1615	NC	09/25/1999	CLR	---	N	N	
B09.021.201	1NV1F-1539	NV	09/25/1999	CLR	---	N	N	
B09.032.100	1NI-354-2	NI	09/27/1999	CLR	---	N	N	

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B09.040.019	1NC1F-1941	NC	09/30/1999	CLR	---	N	N	
B09.040.200	1NV1F-500	NV	09/28/1999	CLR	---	N	N	
B09.040.201	1NV1F-883	NV	09/25/1999	CLR	---	N	N	
B09.040.202	1NV1F-881	NV	09/25/1999	CLR	---	N	N	
B09.040.203	1NV1F-880	NV	09/25/1999	CLR	---	N	N	
B09.040.204	1NV1F-5411	NV	09/29/1999	CLR	---	N	N	
B09.040.205	1NV1F-887	NV	09/25/1999	CLR	---	N	N	
B09.040.208	1NV1F-1555	NV	09/29/1999	CLR	---	N	N	
B09.040.210	1NV1F-4892	NV	09/25/1999	CLR	---	N	N	
B09.040.212	1NV1F-4885	NV	09/25/1999	CLR	---	N	N	
B09.040.213	1NV1F-4880	NV	09/25/1999	CLR	---	N	N	
B09.040.214	1NV1F-4877	NV	09/25/1999	CLR	---	N	N	
B13.010.001	1RPV-INTERIOR		10/25/1999	REC	---	N	N	
B14.010.013	1RPV-CRDM-67		10/04/1999	CLR	---	N	N	
C01.020.072	5141-2-HD1		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.020.073	5141-2-HD2		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.030.010	1BCSHX-SH-48		09/17/1999	REC	22.14%	Y	Y	See Request for Relief 99-003
C01.030.022	5141-2-NB-TS		//		0.00%	N	Y	See Request for Relief 98-002 & 98-003
C01.030.023	5141-2-TS-SH		//	CLR	0.00%	N	Y	See Request for Relief 98-002 & 98-003
C03.020.033	1MCR-SM-082		//		---	N	N	Inaccessible, Per Code Case N-491 this attachment will be exempted
C03.020.034	1MCR-SM-095		//		---	N	N	Inaccessible, Per Code Case N-491 this attachment will be exempted
C05.011.051	1ND1F138	ND	09/16/1999	CLR	---	N	N	
C05.011.051A	1ND1F138	ND	09/27/1999	CLR	---	N	N	
C05.011.052	1ND1F113	ND	09/14/1999	CLR	---	N	N	
C05.011.052A	1ND1F113	ND	09/14/1999	CLR	---	N	N	
C05.011.053	1ND1F133	ND	09/16/1999	CLR	---	N	N	
C05.011.053A	1ND1F133	ND	09/27/1999	CLR	---	N	N	
C05.011.102	1NI1F-472	NI	09/28/1999	CLR	---	N	N	
C05.011.102A	1NI1F-472	NI	09/27/1999	CLR	---	N	N	
C05.011.103	1NI350-1	NI	09/28/1999	CLR	---	N	N	
C05.011.103A	1NI350-1	NI	09/27/1999	CLR	---	N	N	
C05.011.104	1NI350-2	NI	09/28/1999	CLR	---	N	N	
C05.011.104A	1NI350-2	NI	09/27/1999	CLR	---	N	N	
C05.011.105	1NI350-3	NI	09/28/1999	CLR	---	N	N	
C05.011.105A	1NI350-3	NI	09/27/1999	CLR	---	N	N	

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C05.011.106	1NI1F-473	NI	09/28/1999	CLR	---	N	N	
C05.011.106A	1NI1F-473	NI	09/27/1999	CLR	---	N	N	
C05.011.107	1NI355-1	NI	09/28/1999	CLR	---	N	N	
C05.011.107A	1NI355-1	NI	09/27/1999	CLR	---	N	N	
C05.011.108	1NI1F-474	NI	09/28/1999	CLR	---	N	N	
C05.011.108A	1NI1F-474	NI	09/27/1999	CLR	---	N	N	
C05.011.112	1NI118-2	NI	09/15/1999	CLR	---	N	N	
C05.011.112A	1NI118-2	NI	09/27/1999	CLR	---	N	N	
C05.011.116	1NI201-7	NI	09/25/1999	CLR	---	N	N	
C05.011.116A	1NI201-7	NI	09/24/1999	CLR	---	N	N	
C05.011.128	1NI198-2	NI	09/25/1999	CLR	---	N	N	
C05.011.128A	1NI198-2	NI	09/24/1999	CLR	---	N	N	
C05.011.142	1NI176-1	NI	10/04/1999	CLR	---	N	N	
C05.011.142A	1NI176-1	NI	10/02/1999	CLR	---	N	N	
C05.011.143	1NI176-2	NI	10/04/1999	CLR	---	N	N	
C05.011.143A	1NI176-2	NI	10/02/1999	CLR	---	N	N	
C05.011.145	1NI177-4	NI	10/04/1999	REC	---	Y	N	
C05.011.145A	1NI177-4	NI	10/02/1999	CLR	---	N	N	
C05.011.151	1NI1F473A	NI	09/28/1999	CLR	---	N	N	
C05.011.151A	1NI1F473A	NI	09/27/1999	CLR	---	N	N	
C05.011.153	1NI351-1	NI	09/28/1999	CLR	---	N	N	
C05.011.153A	1NI351-1	NI	09/27/1999	CLR	---	N	N	
C05.011.154	1NI201-2	NI	09/25/1999	CLR	---	N	N	
C05.011.154A	1NI201-2	NI	09/24/1999	CLR	---	N	N	
C05.011.155	1NI201-3	NI	09/25/1999	REC	---	Y	N	
C05.011.155A	1NI201-3	NI	09/24/1999	CLR	---	N	N	
C05.011.220	1SGB-W261	CA	10/07/1999	CLR	50.00%	N	Y	See Request for Relief 99-003
C05.011.220A	1SGB-W261	CA	10/06/1999	CLR	---	N	N	
C05.021.070	1NV1F-7876	NV	09/15/1999	CLR	---	N	N	
C05.021.070A	1NV1F-7876	NV	09/15/1999	CLR	---	N	N	
C05.021.071	1NV29-1	NV	09/14/1999	CLR	---	N	N	
C05.021.071A	1NV29-1	NV	09/14/1999	CLR	---	N	N	
C05.021.072	1NV1F-7889	NV	09/14/1999	CLR	---	N	N	
C05.021.072A	1NV1F-7889	NV	09/14/1999	CLR	---	N	N	
C05.021.073	1NV1F-612	NV	09/29/1999	CLR	---	N	N	
C05.021.073A	1NV1F-612	NV	09/29/1999	CLR	---	N	N	
C05.021.074	1NVP95-2	NV	09/15/1999	CLR	---	N	N	

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C05.021.074A	1NVP95-2	NV	09/15/1999	CLR	---	N	N	
C05.021.075	1NV1F-1892	NV	10/04/1999	CLR	---	N	N	
C05.021.075A	1NV1F-1892	NV	10/02/1999	CLR	---	N	N	
C05.021.076	1NV1F-5289	NV	09/14/1999	CLR	---	N	N	
C05.021.076A	1NV1F-5289	NV	09/14/1999	CLR	---	N	N	
C05.021.077	1NVP859-2	NV	09/14/1999	CLR	---	N	N	
C05.021.077A	1NVP859-2	NV	09/24/1999	CLR	---	N	N	
C05.021.078	1NV1F-2112	NV	09/14/1999	CLR	---	N	N	
C05.021.078A	1NV1F-2112	NV	09/24/1999	CLR	---	N	N	
C05.021.079	1NV1F-2179	NV	09/13/1999	CLR	---	N	N	
C05.021.079A	1NV1F-2179	NV	09/24/1999	CLR	---	N	N	
C05.021.080	1RCPSS-IN-1	NV	09/15/1999	CLR	---	N	N	
C05.021.080A	1RCPSS-IN-1	NV	09/24/1999	CLR	---	N	N	
C05.021.081	1RCPSS-OUT-1	NV	09/15/1999	CLR	---	N	N	
C05.021.081A	1RCPSS-OUT-1	NV	09/24/1999	CLR	---	N	N	
C05.021.082	1NV1F-7900	NV	09/15/1999	CLR	---	N	N	
C05.021.082A	1NV1F-7900	NV	09/24/1999	CLR	---	N	N	
C05.030.001	1NI1F-1899	NI	09/09/1999	CLR	---	N	N	
C05.030.002	1NI1F-488	NI	10/04/1999	CLR	---	N	N	
C05.030.003	1NI1F-1204	NI	10/04/1999	CLR	---	N	N	
C05.030.004	1NI357-12	NI	10/04/1999	CLR	---	N	N	
C05.030.005	1NI1F-1499	NI	10/06/1999	CLR	---	N	N	
C05.030.085	1NV1F-2218	NV	09/16/1999	CLR	---	N	N	
C05.030.086	1NV1FW181-8	NV	09/15/1999	CLR	---	N	N	
C05.030.087	1NV1FW183-34	NV	09/27/1999	CLR	---	N	N	
C05.030.088	1NV1FW183-36	NV	09/27/1999	CLR	---	N	N	
C05.051.016	1CA1FW19-2	CA	10/07/1999	REC	---	Y	N	
C05.051.016A	1CA1FW19-2	CA	10/06/1999	CLR	---	N	N	
C05.051.057	1CF1F-665	CF	10/13/1999	REC	---	Y	N	
C05.051.057A	1CF1F-665	CF	10/13/1999	CLR	---	N	N	
C05.051.064	1SGB-W260	CF	10/07/1999	CLR	---	N	N	
C05.051.064A	1SGB-W260	CF	10/06/1999	CLR	---	N	N	
C05.051.065	1CF1FW25-28	CF	10/07/1999	REC	---	Y	N	
C05.051.065A	1CF1FW25-28	CF	10/06/1999	CLR	---	N	N	
C05.051.202	1SM1F-423	SM	09/22/1999	CLR	---	N	N	
C05.051.202A	1SM1F-423	SM	09/23/1999	CLR	---	N	N	
C05.051.205	1SM-5B-C	SM	10/14/1999	CLR	---	N	N	

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C05.051.205A	1SM-5B-C	SM	10/14/1999	CLR	---	N	N	
C05.051.207	1SM5A-D	SM	10/13/1999	CLR	---	N	N	
C05.051.207A	1SM5A-D	SM	10/13/1999	CLR	---	N	N	
C05.051.209	1SM1F-3C	SM	10/07/1999	CLR	---	N	N	
C05.051.209A	1SM1F-3C	SM	10/06/1999	CLR	---	N	N	
C05.051.210	1SM1F-1B	SM	10/02/1999	REC	---	N	N	
C05.051.210A	1SM1F-1B	SM	10/02/1999	CLR	---	N	N	
C05.051.218	1SGB-W138	SM	10/02/1999	REC	---	Y	N	
C05.051.218A	1SGB-W138	SM	10/02/1999	CLR	---	N	N	
C05.051.252	1SV1F-138	SV	10/14/1999	REC	---	Y	N	
C05.051.252A	1SV1F-138	SV	10/14/1999	CLR	---	N	N	
C06.020.008E	1SV-13-1		09/22/1999	CLR	---	N	N	
C06.020.008F	1SV-13-2		09/22/1999	CLR	---	N	N	
D02.020.003	1-MCA-CA-279	CA	07/29/1999	CLR	---	N	N	
D02.020.004	1-MCA-CA-280	CA	07/29/1999	CLR	---	N	N	
D02.020.029	1-MCA-CA-452	CA	07/28/1999	CLR	---	N	N	
D02.020.030	1-MCA-CA-5	CA	07/29/1999	CLR	---	N	N	
D02.020.031	1-MCA-CA-6	CA	07/29/1999	CLR	---	N	N	
D02.020.037	1-MCA-CA-63	CA	07/29/1999	CLR	---	N	N	
D02.020.038	1-MCA-CA-223	CA	07/29/1999	CLR	---	N	N	
D02.020.039	1-MCA-CA-68	CA	07/29/1999	CLR	---	N	N	
D02.020.041	1-MCA-CA-308	CA	07/29/1999	CLR	---	N	N	
D02.020.042	1-MCA-CA-318	CA	07/29/1999	CLR	---	N	N	
D02.020.043	1-MCA-CA-180	CA	07/29/1999	CLR	---	N	N	
D02.020.044	1-MCA-CA-216	CA	07/29/1999	CLR	---	N	N	
D02.020.045	1-MCA-CA-227	CA	07/26/1999	CLR	---	N	N	
D02.020.046	1-MCA-KC-H452	KC	07/29/1999	CLR	---	N	N	
F01.010.014C	1-MCR-NC-572	NC	09/28/1999	CLR	---	N	N	
F01.010.015C	1-MCR-NC-574	NC	10/05/1999	CLR	---	N	N	
F01.010.019C	1-MCR-NC-762	NC	10/11/1999	CLR	---	N	N	
F01.010.020C	1-MCR-NC-766	NC	10/15/1999	CLR	---	N	N	
F01.010.021C	1-MCR-NC-767	NC	10/11/1999	CLR	---	N	N	
F01.010.055C	1-MCR-ND-511	ND	10/05/1999	CLR	---	N	N	
F01.010.114C	1-MCR-NI-589	NI	09/28/1999	REC	---	N	N	
F01.010.117C	1-MCR-NI-616	NI	09/28/1999	CLR	---	N	N	
F01.010.118C	1-MCR-NI-617	NI	09/28/1999	CLR	---	N	N	
F01.010.154C	1-MCR-NV-855		10/05/1999	CLR	---	N	N	

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F01.010.157A	1-MCR-NV-1053		10/05/1999	CLR	---	N	N	
F01.010.158A	1-MCR-NV-1056		09/28/1999	REC	---	N	N	
F01.020.002C	1-MCA-CA-384	CA	07/28/1999	CLR	---	N	N	
F01.020.009C	1-MCA-CA-417	CA	07/28/1999	REC	---	N	N	
F01.020.015C	1-MCR-CA-488	CA	10/05/1999	CLR	---	N	N	
F01.020.053B	1-MCA-CF-171	CF	07/29/1999	CLR	---	N	N	
F01.020.056C	1-MCR-CF-396	CF	10/05/1999	CLR	---	N	N	
F01.020.103C	1-MCA-FW-H132	FW	07/28/1999	CLR	---	N	N	
F01.020.107A	1-MCA-FW-H14	FW	07/28/1999	CLR	---	N	N	
F01.020.108A	1-MCA-FW-H9	FW	07/29/1999	CLR	---	N	N	
F01.020.109A	1-MCA-FW-H3	FW	07/29/1999	CLR	---	N	N	
F01.020.110A	1-MCA-FW-H4	FW	07/29/1999	CLR	---	N	N	
F01.020.111A	1-MCA-FW-H5	FW	07/29/1999	CLR	---	N	N	
F01.020.116C	1-MCA-FW-H134	FW	07/29/1999	CLR	---	N	N	
F01.020.117C	1-MCA-FW-H130	FW	07/29/1999	CLR	---	N	N	
F01.020.159C	1-MCA-ND-070	ND	07/29/1999	CLR	---	N	N	
F01.020.164C	1-MCA-ND-086	ND	07/29/1999	CLR	---	N	N	
F01.020.165C	1-MCA-ND-152	ND	07/29/1999	CLR	---	N	N	
F01.020.166A	1-MCA-ND-157	ND	07/29/1999	CLR	---	N	N	
F01.020.171C	1-MCA-ND-258	ND	07/29/1999	CLR	---	N	N	
F01.020.201C	1-MCA-NI-001	NI	07/29/1999	REC	---	N	N	
F01.020.204C	1-MCA-NI-016	NI	07/29/1999	CLR	---	N	N	
F01.020.210C	1-MCR-NI-556	NI	10/02/1999	CLR	---	N	N	
F01.020.227B	1-MCR-NI-784	NI	09/28/1999	CLR	---	N	N	
F01.020.228C	1-MCR-NI-786	NI	09/28/1999	CLR	---	N	N	
F01.020.269B	1-MCA-NS-114		07/29/1999	CLR	---	N	N	
F01.020.270B	1-MCR-NS-510		09/29/1999	CLR	---	N	N	
F01.020.271A	1-MCR-NS-506		10/13/1999	REC	---	N	N	
F01.020.272B	1-MCR-NS-611		09/29/1999	CLR	---	N	N	
F01.020.273B	1-MCR-NS-602		10/12/1999	CLR	---	N	N	
F01.020.330A	1-MCA-NV-042		07/29/1999	CLR	---	N	N	
F01.020.331A	1-MCA-NV-043		07/29/1999	CLR	---	N	N	
F01.020.332B	1-MCA-NV-048		07/29/1999	CLR	---	N	N	
F01.020.333A	1-MCA-NV-049		07/29/1999	CLR	---	N	N	
F01.020.334A	1-MCA-NV-051		07/29/1999	CLR	---	N	N	
F01.020.335B	1-MCA-NV-053		07/29/1999	CLR	---	N	N	
F01.020.336A	1-MCA-NV-094		07/29/1999	CLR	---	N	N	

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F01.020.559C	1-MCA-SM-105	SM	07/28/1999	CLR	---	N	N	
F01.020.654C	1-MCR-VQ-507		10/02/1999	REC	---	N	N	
F01.030.011B	1-MCA-CA-63	CA	07/29/1999	CLR	---	N	N	
F01.030.012A	1-MCA-CA-223	CA	07/29/1999	CLR	---	N	N	
F01.030.013A	1-MCA-CA-68	CA	07/29/1999	CLR	---	N	N	
F01.030.014A	1-MCA-CA-303	CA	07/29/1999	CLR	---	N	N	
F01.030.015A	1-MCA-CA-308	CA	07/29/1999	CLR	---	N	N	
F01.030.016A	1-MCA-CA-318	CA	07/29/1999	CLR	---	N	N	
F01.030.017A	1-MCA-CA-180	CA	07/29/1999	CLR	---	N	N	
F01.030.018A	1-MCA-CA-216	CA	07/29/1999	CLR	---	N	N	
F01.030.019B	1-MCA-CA-227	CA	07/26/1999	CLR	---	N	N	
F01.030.020A	1-MCA-CA-462	CA	07/28/1999	CLR	---	N	N	
F01.030.068B	MC 1683-NV-13-R5		07/29/1999	CLR	---	N	N	
F01.030.069B	MC 1683-NV-49-R1		10/02/1999	CLR	---	N	N	
F01.030.071A	MC 1683-NV-50-R7		07/29/1999	CLR	---	N	N	
F01.030.072A	MC 1683-NV-50-R11		07/29/1999	CLR	---	N	N	
F01.030.105A	1-MCR-KC-556	KC	09/28/1999	REC	---	N	N	
F01.030.106B	1-MCR-KC-561	KC	09/28/1999	CLR	---	N	N	
F01.030.107B	1-MCR-KC-553	KC	09/28/1999	REC	---	N	N	
F01.030.108B	1-MCR-KC-506	KC	09/28/1999	CLR	---	N	N	
F01.030.109A	1-MCA-KC-1039	KC	07/29/1999	CLR	---	N	N	
F01.030.110A	1-MCA-KC-2283	KC	07/29/1999	CLR	---	N	N	
F01.030.113A	1-MCA-KC-H452	KC	07/29/1999	CLR	---	N	N	
F01.030.121B	1-MCR-KC-557	KC	09/28/1999	CLR	---	N	N	
F01.030.126A	1-MCA-KC-2228	KC	10/02/1999	CLR	---	N	N	
F01.030.127B	1-MCA-KC-H328	KC	07/29/1999	CLR	---	N	N	
F01.030.137C	1-MCA-KC-1312	KC	07/29/1999	CLR	---	N	N	
F01.030.160A	1-MCA-LD-171	LD	07/27/1999	CLR	---	N	N	
F01.030.161C	1-MCA-LD-65	LD	07/28/1999	CLR	---	N	N	
F01.030.166B	1-MCA-RN-2026	RN	07/29/1999	CLR	---	N	N	
F01.030.170B	1-MCA-RN-2054	RN	07/29/1999	CLR	---	N	N	
F01.040.004	1PZR-SUPPORT		10/12/1999	CLR	---	N	N	
F01.040.018	1NSP-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.019	1RCP-SUP		07/29/1999	CLR	---	N	N	
F01.040.020	1CCP-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.023	1RV-SUPPORT-C	NC	09/22/1999	CLR	---	N	N	
F01.040.024	1RV-SUPPORT-D	NC	09/22/1999	CLR	---	N	N	

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F01.040.030	1KDX-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.031	1KDC-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.032	1KDP-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.037	1CAP-SUP-1A		07/29/1999	CLR	---	N	N	
F01.040.038	1RNST-SUP-1A		07/29/1999	CLR	---	N	N	
G01.001.003	1RCP-1C		09/23/1999	CLR	---	N	N	

- 5.2** Limited examinations (i.e., 90% or less of the required examination coverage obtained) identified during Outage 6/EOC 13 are shown below. A Request for Relief will be submitted to the NRC for approval. See Section 9.0 of this report for additional information.

<u>Item Number</u>	<u>Request for Relief Serial Number</u>
B03.110.003	99-003
B03.120.003	99-003
B03.120.004	99-003
B03.140.003	99-003
B03.140.004	99-003
B05.070.003	99-003
B05.070.004	99-003
C01.020.072	98-002 & 98-003
C01.020.073	98-002 & 98-003
C01.030.010	99-003
C01.030.022	98-002 & 98-003
C01.030.023	98-002 & 98-003
C05.011.220	99-003

6.0 Reportable Indications

Outage 6 /EOC 13 had no reportable indications.

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from July 02, 1998 to November 05, 1999 at McGuire Nuclear Station, Unit 1, were certified in accordance with the requirements of 1989 Edition of ASME Section XI with no addenda. The appropriate certification records for each inspector are on file at McGuire Nuclear Station or can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

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

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

8.0 Corrective Action

No corrective action was required as a result of examinations performed during Outage 6 /EOC 13.

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 6/EOC-13 at McGuire Unit 1. A copy of these can be obtained by contacting the ISI Plan Manager at Duke Energy's Corporate Office in Charlotte, North Carolina:

- (1) Request for Relief 98-002
- (2) Request for Relief 98-003
- (3) Request for Relief 99-003

10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record of (Form NIS-2) the Class 1 and Class 2 Repairs and Replacements for work performed from July 02, 1998 to November 05, 1999 is provided and is included in this section of the report. The individual work request documents are on file at McGuire Nuclear Station.

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

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

1a. Date January 14, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 96071240

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC b Reactor Coolant 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Steam Generator 1B	BWI	769301	146	N/A	1996	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Manway stud

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 1/4/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-25-98 to 1-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NB853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 1-21, 19 99

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

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

1a. Date January 14, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 96071243
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC p Reactor Coolant 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Steam Generator 1D	BWI	770102	154	N/A	1996	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Manway stud

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed JL Grass Jr. FL Grass Jr., QA Tech Specialist Date 1/14/99, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-25-98 to 1-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 1-21, 19 99

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

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

1a. Date August 11, 1998
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 97037871
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NC-680	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 08/06/98
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97109258
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NI 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	ATWOOD & MORRILL	4-154-36-02	372	1NI-70	1986	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED DISC

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 08/06 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-8-98 to 8-6-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 8-6, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 08/03/98
 Sheet 1 of 1

2. Plant Address: Mcquire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97109259
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NI 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	ATWOOD & MORRILL	4-15436-01	366	1NI-71	1986	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09/01/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98057646/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	EE9-5	7520	INV-79	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE DISC.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 09/01 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-22-98 to 9-2-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 9-2, 19 98

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09/01/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98057648/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	MA2-6	7925	1NV-813	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE DISC.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> <small>Owner or Owner's Designee, Title</small>	Date	<u>09/01</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>6-22-98</u> to <u>9-2-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>9-2</u> , 19 <u>98</u>	

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

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

1a. Date October 20, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98143666
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1B Steam Generator	B&W	7693-01	146	PO# C23355	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date October 20, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98143668
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, _____ Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1D Steam Generator	B&W	7701-02	154	PO# C2335E	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced #3 Cold Leg Stud

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/20/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-5-99 to 10-22-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 10-22-1999

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

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

1a. Date October 21, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98169852
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCR-NC-0685	Duke Power	3129	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Pivot Pin

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/21/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-15-99 to 10-22-99 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 10-22-1999

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

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

1a. Date October 17, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98205011
Repair Organization Job # _____

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

3b. NSM or MM #: MM-11267

4. (a) Identification of System: NV - Chemical Volume and Control 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NV-1293	Duke Power	8943	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCR-NV-1293	Duke Power	61257 / 49	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/17/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-15-99 to 10-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 10-20-99

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

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

1a. Date October 28, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98211002
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant

4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NC-0680	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bent rod

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed FL Grass Jr. FL Grass Jr., QA Tech Specialist Date 10/28/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-28-99 to 10-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R.D. Klein R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 10-29-1999

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

As Required By The Provisions Of The ASME Code Section XI

JRG

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

1a. Date 07/29/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 96065221
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NM 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	DRESSER	TJ17695	1952	1NM-92	1992	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	DRESSER	TK61806	1966	1NM-92	1995	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE WITH LIKE KIND

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 07/29 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-29-98 to 7-30-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
Date 7-30, 19 98

FORM NV-1 CERTIFICATE HOLDERS' DATA REPORT FOR PRESSURE OR VACUUM RELIEF VALVES*

As Required by the Provisions of the ASME Code, Section III, Division 1 Pg. 1 of 2

1. Manufactured and certified by DRESSER INDUSTRIAL VALVE OPERATIONS, DRESSER INDUSTRIES
P.O. BOX 1430, HWY. 71 NORTH @ 3225, ALEXANDRIA, LA 71301
(Name and address of NV Certificate Holder)

2. Manufactured for Duke Power Company P. O. Box 1015 Charlotte, NC 28201-1015
(Name and address of Purchaser)

3. Location of installation Duke Power Co. McGuire Site, 13225 Hagers Ferry Rd. Huntsville, NC 28708
(Name and address)

4. Valve 1910-30F/S4 Orifice size 0.674 Nom. Inlet size 1-1/2" Outlet size 2"
(model no., series no.) (in.) (in.) (in.)

5. ASME Code, Section III, Division 1: 1971 Summer 1973 2 N/A
(edition) (addenda date) (class) (Code Case no.)

6. Type Safety Relief 150 N/A 200Deg. F **See Below Sat.
(Spring, pilot or power operated) (set pressure, psig) (blowdown, psig) (rated temp.) (Hydro. test, psig, inlet) AT

7. Identification TK-61806 N/A 3NC3135 1966 1995
(Cert. Holder's serial no.) (CRNI) (drawing no.) (Mfg. Bd. no.) (year built)

8. Control ring settings -10 Notches

9. Pressure retaining items:

	Serial No. or Identification	Mat'l. Spec. Including Type or Grade	Tensile Strength
Body	ACR72	SA351 Gr. CF8M	70 KSI
Bonnet or Yoke	ACR65	SA351 Gr. CF8M	70 KSI
Support Rods			
Nozzle	ACR49	SA182 Gr. F316	75 KSI
Disk	ACR33	SA479 Type 316	75 KSI
Spring Washers			
Adjusting Screws			
Spindle			
Spring			
Bolting Stud Nut	Ht. No. AAS	SA194 Gr. 6	
Other Items Stud	Ht. No. 1PQ	SA453 Gr. 660 Cond. B	95 KSI

10. Relieving capacity 2627 lb/hr. steam 15 overpressure as certified by the National Board 10/11/54
(steam or fluid, lb/hr) (psi) (date)

11. Remarks: ** Base - 450 PSIG
Bonnet - 1125 PSIG
Nozzle - 4500 PSIG
Disc - 4500 PSIG

CERTIFICATION OF DESIGN

Design Specification certified by R. E. Miller P.E. State N.C. Reg. no. 4860
 Design Report certified by _____ P.E. State _____ Reg. no. _____

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

NV Certificate of Authorization No. N1747 Expires May 20, 1998

Date 10/30/95 Name SEE ITEM 1. ABOVE Signed _____
(NV Certificate Holder) (Authorized representative)

* Supplemental information in form of lists, sketches, or drawings may be used provided (1) size is 8 1/2 x 11, (2) information in items 1 through 4 on this Data Report is included on each sheet, (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

Certificate Holder's Serial No. TK-61806

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of LOUISIANA and employed by H. S. B. I. & I COMPANY

W. B. G. L. of Hartford, CT have inspected the valve described in this Data Report in accordance with the ASME Code, Section III, Division 1.

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

Date: 12/20/64 Signed [Signature] Inspector
Commissioner W. B. G. L. W. B. G. L.
Regt. Bd. (incl. endorsement and date of prev. and no. 1)

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

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

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

1a. Date 10/7/99
Sheet 1 of 1

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97066845-08
Repair Organization Job #

3b. NSM or MM # 9421

4. (a) Identification of System: BW (S.G. WET LAYUP RECIRC.) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1 BW VALVE 003	BORG WARNER	11943	324	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1 BW VALVE 003	ANCHOR DARLING	E1581-63-9	1068	N/A	1988	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE BW 3 VALVE

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1089</u>	psig	Test Temp	<u>72.2</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/4 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-20-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 11-4, 1999

FORM NPV-1 (back)

8. Remarks for 2"-1700#-DD Gate Valve w/10" Tee Handle (06J-336)

9. Design conditions 3043 psi 650 °F or Valve pressure class 1700 (1)
(pressure) (temperature)

10. Cold working pressure 4198 psi at 100°F

11. Hydrostatic test 6300 psi. Disk differential test pressure 4618 psi

CERTIFICATION OF DESIGN

Design Specification certified by Daniel G. Gardner P.E. State SC Reg. no. 8234
Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF SHOP COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/89

Date 6/27/88 Name Anchor/Darling Valve Co. Signed [Signature]
(N Certificate Holder) (authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State ~~XXXXXX~~ Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this ~~Data~~ Report on 5-27-88, 19 88, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 6-29-88 Signed [Signature] Commissions BB9544
CHARLES KOUNG (authorized inspector) Pennsylvania 2392
(Nat'l. Bd. (incl. endorsements) state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date 06/30/98
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97067325
Repair Organization Job # _____

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

3b. NSM or MM # MM-9421

4. (a) Identification of System: BW 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	BORG WARNER	11929	291	1BW-30	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ANCHOR/DARLING	E1581-63-24	1083	1BW-30	1988	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE AT WELD CA1F522

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>07/06</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>6-4-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u>  Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

8. Remarks for 2"-1700#-DD Gate Valve w/10" Tee Handle (06J-336)

9. Design conditions 3043 (pressure) psi 650 (temperature) °F or valve pressure class 1700 (1)

10. Cold working pressure 4198 psi at 100°F

11. Hydrostatic test 6300 psi. Disk differential test pressure 4618 psi

CERTIFICATION OF DESIGN

Design Specification certified by Daniel G. Gardner P.E. State SC Reg. no. 8234
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF SHOP COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/89

Date 6/27/88 Name Anchor/Darling Valve Co. Signed [Signature]
(N Certificate Holder) (Authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State ~~XXXXXX~~ Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 6-27-88, 19 88, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 6-29-88 Signed [Signature] Commissions NB 4544
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) state or prov. and no.)
Charles Young Pennsylvania 2392

(1) For manually operated valves only.

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

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

1a. Date 10/7/99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97067376-08
Repair Organization Job #

3b. NSM or MM # 9421

4. (a) Identification of System: BW (S.G. WET LAYUP RECIRC.) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1 BW VALVE 21	BORG WARNER	11932	294	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1 BW VALVE 21	ANCHOR DARLING	E1581-63-38	1097	N/A	1988	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE BW 21 VALVE

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1089</u>	psig	Test Temp	<u>69.6</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/4 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-20-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 11-4, 19 99

8. Remarks for 2"-1700#-DD Gate Valve w/10" Tee Handle (06J-336)

9. Design conditions 3043 psi 650 °F or valve pressure class 1700 (1)
(pressure) (temperature)

10. Cold working pressure 4198 psi at 100°F

11. Hydrostatic test 6300 psi. Disk differential test pressure 4618 psi

CERTIFICATION OF DESIGN

Design Specification certified by Daniel G. Gardner P.E. State SC Reg. no. 8234
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF SHOP COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/89

Date 6/27/88 Name Anchor/Darling Valve Co. Signed [Signature]
(N Certificate Holder) (Authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State ~~XXXXXX~~ Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 5-27-88 6-29, 19 88, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 6-29-88 Signed [Signature] Commissions NB 9544
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) state or prov. and no.)
CHARLES YOUNG Pennsylvania 2392

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/7/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 97067498
Repair Organization Job #

3b. NSM or MM # 9421

4. (a) Identification of System: BW (S.G. WET LAYUP RECIRC.) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1 BW VALVE 012	BORG WARNER	11925	287	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1 BW VALVE 012	ANCHOR DARLING	E1581-63-7	1066	N/A	1988	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE BW 12 VALVE

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1089</u>	psig	Test Temp	<u>72</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/4 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-20-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 11-4, 19 99

FORM NPV-1 (back)

8. Remarks for 2"-1700#-DD Gate Valve w/10" Tee Handle (06J-336)

9. Design conditions 3043 psi 650 °F or Valve pressure class 1700 (1)

(pressure) (temperature)

10. Cold working pressure 4198 psi at 100°F

11. Hydrostatic test 6300 psi. Disk differential test pressure 4618 psi

CERTIFICATION OF DESIGN

Design Specification certified by Daniel G. Gardner P.E. State SC Reg. no. 8234
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF SHOP COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/89

Date 6/27/88 Name Anchor/Darling Valve Co. Signed [Signature]
(N Certificate Holder) (Authorized Representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State ~~XXXXXX~~ Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this ~~Data~~ Report on 5-27-88, 19 88, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 6-29-88 Signed [Signature] Commissions OB9544
CHARLES YOUNG (Authorized Inspector) (Nat'l. Bd. (incl. endorsements) state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date 06/23/98
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97091840
Repair Organization Job #

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

3b. NSM or MM # MM-10337

4. (a) Identification of System: KC 4. (b) Class of System: B & C

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	TD2-3	8577	1KC412	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	KEROTEST	97EP0309	N/A	1KC412	1997	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING SYSTEM	DUKE POWER	N/A	38	1KC	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE AND 2" PIPE AT WELDS
KC1F1296 AND 1297

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 100 psig Test Temp 75 °F
 Pressure _____ psig Test Temp _____ °F
 Pressure _____ psig Test Temp _____ °F

9. Remarks :
MCFI-1KC121 AND 124

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow Exec. Supp. *F. Sorrow* Date 07/06 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-1-98 to 7-6-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-6, 1998

11/26/97

97EP0309
THRU
97EP0311

Certificate Holder's Serial No. _____

8. Design conditions 3600 psi 100 °F or valve pressure class 1500# (1)
(pressure) (temperature)

9. Cold working pressure 3600 psi at 100°F

10. Hydrostatic test 5400-5450 psi. Disk differential test pressure 3960-4010 psi

11. Remarks: MATERIAL COVER: SA182 GR F316 NAMEPLATE ATTACHED BY WIRE

11/26/97

CERT HOLDERS SN	COVER SN
97EP0309	328293 SN 7
97EP0310	328293 SN 8
97EP0311	328293 SN 9

CERTIFICATION OF DESIGN

Design Specification certified by ROBERT EUGENE MILLER P.E. State N.C. Reg. no. 4860
Design Report certified by DAVID A. WURANGIAN P.E. State CA. Reg. no. ML9547

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-1130 Expires JUNE 10, 1999

Date Nov 26, 1997 Name BW/IP INTERNATIONAL INC. Signed [Signature]
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by *ARKWRIGHT MUTUAL INS. CO. of NORWOOD, MASS. have inspected the pump, or valve, described in this Data Report on November 26, 1997, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

*FACTORY MUTUAL ENGINEERING ASSOCIATION

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

Date 11/26/97 Signed [Signature] Commissions CA 1574 "N"
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 08/06/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97091844
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: KC 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	KEROTEST	TD2-8	8579	1KC-393	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE DISC AND BONNET

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

PRESSURE TEST PERFORMED ON W/O 97091844/03

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 08/06 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-30-98 to 8-6-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
 Date 8-6, 1998

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/15/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97098663/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	DRESSER	TE-09056	267	INV-486	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED DISC

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. F.R. Sorrow Date 10/15 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-28-99 to 10-16-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.

Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury

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

R. D. Klein R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-16, 1999

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

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

1a. Date October 18, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 97109198
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CF - Feedwater

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-CF-VA-0162	Walworth	A0162	N/A	V File# 3	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced body to bonnet nuts

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/10/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-99 to 10-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements
Date 10-19-99

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

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

1a. Date 09/14/98
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97109260/05
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NS 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	A0251	151	1NS-30	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 08/10/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 97109503
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NS 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING SYSTEM	DUKE POWER	N/A	40	1NS	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED 7/8" STUD ON FLANGE JOINT BETWEEN SPOOL PIECE AND VALVE 1NS-140

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed F.R. Sorrow Exec. Supp. Date 08/10 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-5-98 to 8-10-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Providence and Endorsements

Date 8-10, 1998

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98018246
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	C-57355	429	1CA46	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	15-11023-01	N/A	1CA46	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	1-MCA-CA-H380	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Valve ICA46 and replaced 3/4"
bolt and nut on 4" pipe clamp (item B)

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Certificate of Authorization No.	<u>N/A</u>
		Expiration Date	<u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp. <i>F.R. Sorrow</i></u>	Date	<u>07/06</u> 19 <u>98</u>
	Owner or Owner's Designee, Title		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-7-98 to 7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R.D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

Certificate Holder's Serial No. 15-11023-01

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT #J7124 S/N: 15
- _____
- _____
- _____

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/28/98 Name Atwood & Morrill Co., Inc. Signed Brian D. Fuller
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NH and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MARCH 22, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/28/98 Signed [Signature] Commissions NH 202 "N"
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98019288
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WESTERN HYDRAULICS	3868	31	1CA54	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	6-11023-01	N/A	1CA54	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING SYSTEM	DUKE POWER	N/A	32	1CAFÉ-5100	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced valve 1CA54

Replaced studs and nuts in ICAFÉ-5100

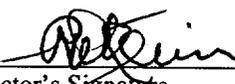
8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date
Signed	<u>F.R. Sorrow Exec. Supp.</u> <small>Owner or Owner's Designee, Title</small>	Date	<u>07/06</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-7-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

Certificate Holder's Serial No. 6-11023-01

- 8. Design conditions 1730 (pressure) psi 567 (temperature) °F or valve pressure class 1500 (1)
- 9. Cold working pressure 3705 psi at 100°F
- 10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
- 11. Remarks: Load Key - SA182 F6A CL. 2 HT # J7124 S/N: 6

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.
 N Certificate of Authorization No. N-2606 Expires 6-13-98
 Date 3/30/98 Name Atwood & Morrill Co., Inc. Signed Brian D. Sullivan
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MA and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MAR 30, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.
 By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
 Date 3/30/98 Signed Willie W. Wood Commissions MA-1337
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98019626
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	C-57358	230	1CA58	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	12-11023-01	N/A	1CA58	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE ICA58

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp. <i>F.R. Sorrow</i></u>	Date <u>07/06</u> 19 <u>98</u>
	Owner or Owner's Designee, Title	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-7-98 to 7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R.D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

Certificate Holder's Serial No. 12-11023-01

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT # J7124 S/N: 12

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/30/98 Name Atwood & Morrill Co., Inc. Signed Brian D. Sullivan
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MA. and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MAR. 30, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/30/98 Signed Walter W. Wall Commissions MA-1337
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98019701
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WESTERN HYDRAULICS	3875	38	1CA50	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	4-11023-01	N/A	1CA50	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	1-MCA-CA-H498	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced valve 1CA50. **SEE REMARKS

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :
DELETED ITEMS 1 AND 5, ADDED ITEMS 6 THRU 9 ON 1-MCA-CA-H498

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>07/06</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-8-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT # J7124 , S/N: 4

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/31/98 Name Atwood & Morrill Co., Inc. Signed Brian J. Sullivan
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NH and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MARCH 31, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/31/98 Signed [Signature] Commissions NH 202 "N"
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98020082
Repair Organization Job #

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	C-57534	235	1CA42	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	16-11023-01	N/A	1CA42	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	1-MCA-CA-H183	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced valve 1CA42, and added items 7
thru 11, deleted items 1 thru 6 on hanger

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>	
Certificate of Authorization No. <u>N/A</u>		
Signed <u>F.R. Sorrow Exec. Supp. <i>F.R. Sorrow</i></u>	Date <u>07/06</u>	19 <u>98</u>
Owner or Owner's Designee, Title		

CERTIFICATE OF INSERVICE INSPECTION		
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-6-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.		
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.		
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u>	National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>		

Certificate Holder's Serial No. 16-11023-01

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT #J7124 S/N: 16

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/28/98 Name Atwood & Morrill Co., Inc. Signed Brian D. Sullivan
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NH and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MARCH 28, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/28/98 Signed [Signature] Commissions NH 202 "N"
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09/01/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98020082
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	C-58080	439	1CA-41	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98020094
Repair Organization Job #

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

3b. NSM or MM # nsm-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	38	3869	32	1CA38	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	8-11023-01	N/A	1CA38	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	PIPING SYSTEM	DUKE POWER	N/A	32	1CAFÉ-5120	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
D	1-MCA-CA-H456	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E	1-MCA-CA-H379	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced valve 1CA38, Studs and nuts in
1CAFÉ-5120 **SEE REMARKS

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 1100 psig Test Temp 111 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :
ADDED ITEM 6 ON 1-MCA-CA- H456
ADDED ITEM 7 ON 1-MCA-CA-H379

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 07/06 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-8-98 to 7-6-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements
Date 7-6, 1998

5-11023-01
 7-11023-01
 8-11023-01
 9-11023-01

Certificate Holder's Serial No. 9-11023-01

8. Design conditions 1730 (pressure) psi 567 (temperature) °F or valve pressure class 1500 (1)

9. Cold working pressure 3705 psi at 100°F

10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi

11. Remarks: Load Key - SAI82 F6A CL. 2 HT #: J7124 S/N 5 for S/N 5-11023-01
 HT #: J7124 S/N 7 for S/N 7-11023-01
 HT #: J7124 S/N 8 for S/N 8-11023-01
 HT #: J7124 S/N 9 for S/N 9-11023-01

CERTIFICATION OF DESIGN

Design Specification certified by R. L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/25/98 Name Atwood & Morrill Co., Inc. Signed Bruce D. Sullivan
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MA and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MAR 25, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/25/98 Signed Willie W. Will Commissions MA-1337
 (Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98020217
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WALWORTH	C-57454	268	1CA62	1974	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	1-11023-01	N/A	1CA62	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE 1CA62

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>07/06</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-7-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT # J7124 S/N: 3
- _____
- _____
- _____

CERTIFICATION OF DESIGN

Design Specification certified by R. L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-98

Date 3/31/98 Name Atwood & Morrill Co., Inc. Signed Bonnie D. Sullivan
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NH and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on MARCH 31, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 3/31/98 Signed [Signature] Commissions NH202 N"
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 06/22/98
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98020225
Repair Organization Job #

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

3b. NSM or MM # NSM-12475

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	WESTERN HYDRAULICS	3872	35	1CA66	1975	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	ATWOOD & MERRILL	2-11023-01	N/A	1CA66	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE ICA66

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1100</u>	psig	Test Temp	<u>111</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>F.R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>07/06</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>5-8-98</u> to <u>7-6-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-6</u> , 19 <u>98</u>	

Certificate Holder's Serial No. 2-11023-01

8. Design conditions 1730 psi 567 °F or valve pressure class 1500 (1)
(pressure) (temperature)
9. Cold working pressure 3705 psi at 100°F
10. Hydrostatic test 5625 psi. Disk differential test pressure 4125 psi
11. Remarks: Load Key - SA182 F6A CL. 2 HT #: J7124 S/N: 1

CERTIFICATION OF DESIGN			
Design Specification certified by	<u>R.L. Williams</u>	P.E. State	<u>NC</u> Reg. no. <u>8010</u>
Design Report certified by	<u>N/A</u>	P.E. State	<u>N/A</u> Reg. no. <u>N/A</u>

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.			
N Certificate of Authorization No. <u>N-2606</u>		Expires <u>6-13-98</u>	
Date <u>3/30/98</u>	Name <u>Atwood & Morrill Co., Inc.</u>	Signed <u>Brian D. Sullivan</u>	
	<small>(N Certificate Holder)</small>	<small>(authorized representative)</small>	

CERTIFICATE OF INSPECTION			
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>MA</u> and employed by <u>H.S.B.I. & I. Co.</u> of <u>Hartford, CT</u> have inspected the pump, or valve, described in this Data Report on <u>MAR 30, 1998</u> , and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.			
By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the component described in this Data Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.			
Date <u>3/30/98</u>	Signed <u>Willie W. Wells</u>	Commissions <u>MA-1337</u>	
	<small>(Authorized Inspector)</small>	<small>(Nat'l. Bd. (incl. endorsements) and state or prov. and no.)</small>	

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09/01/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98020225
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: CA 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	ATWOOD MORRILL CO.	3-15403-01	349	1CA-65	1986	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE DISC.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed F.R. Sorrow Exec. Supp. Date 09/01 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-5-98 to 9-2-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 9-2, 1998

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

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

1a. Date July 9, 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98023694
Repair Organization Job #

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

3b. NSM or MM #: NSM 12505

4. (a) Identification of System: GN - Nitrogen 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Piping	Duke Power	N/A	N/A	GN	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Add new nitrogen piping to valve 1CF35

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 350 psig Test Temp. 88.7 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Ref welding isometric _____ Ref welding isometric MCFI-1GN2 & Welds GN1FW2-1 thru GN1FW2-11.

(Applicable Manufacturer's Data Records to be attached).

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/9/19 98
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-7-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB7728, NC 853, N-1
National Board, State, Province and Endorsements

Date 7-9, 1998

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

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

1a. Date July 9, 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98023729

Repair Organization Job #

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

3b. NSM or MM #: NSM 12505

4. (a) Identification of System: GN - Nitrogen 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Piping	Duke Power	N/A	N/A	GN	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Add new nitrogen piping to valve 1CF26

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 350 psig Test Temp. 82 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Ref welding isometric _____ Ref welding isometric MCFI-1GN1 & Welds GN1FW1-1 thru GN1FW1-11.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/9/19 98
 Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-7-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NC 853, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 7-9-98 19 98

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

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

1a. Date July 9, 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98023732
Repair Organization Job #

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

3b. NSM or MM #: NSM 12505

4. (a) Identification of System: GN - Nitrogen 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Piping	Duke Power	N/A	N/A	GN	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Add new nitrogen piping to valve 1CF30

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 365 psig Test Temp. 78 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Ref welding isometric _____ Ref welding isometric MCFI-1GN5 & Welds GN1FW5-1 thru GN1FW5-11.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/9/98 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-1-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 7-9 19 98

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

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

1a. Date July 9, 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98023737
Repair Organization Job #

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

3b. NSM or MM #: NSM 12505

4. (a) Identification of System: GN - Nitrogen 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Piping	Duke Power	N/A	N/A	GN	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Add new nitrogen piping to valve 1CF28

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 355 psig Test Temp. 78 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Ref welding isometric Ref welding isometric MCFI-1GN6 & Welds GN1FW6-1 thru GN1FW6-11.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/9/ 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-4-98 to 7-9-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-1
National Board, State, Province and Endorsements

Date 7-9 19 98

ORIGINAL LOST COPY NOW IS ORIGINAL
 JH 1/13/2000

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

As Required By The Provisions Of The ASME Code Section XI

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

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

1a. Date 08/26/98
 Sheet 1 of 1

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98026510
Repair Organization Job #

3b. NSM or MM # MGMM-10509

4. (a) Identification of System: STEEL CONTAINMENT VESSEL 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamp# (yes or no)
A	PERSONNEL AIRLOCK	W.J. WOOLLEY TRENTEC	AIRLOCK S/N 30805	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

ORIGINAL LOST COPY IS NOW ORIGINAL JH 1/13/2000

Form NIS -2 (Back)

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

7. Description of work : REPLACED STUDS AND NUTS IN EMERGENCY AIR PENETRATION FLANGE COVER (BLIND FLANGE) **

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

**LOCATED IN UPPER PERSONNEL AIRLOCK

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow Exec. Supp.
Owner or Owner's Designee, Title

Date 08/26 19 98

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8-26-98 to 8-27-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein
Inspector's Signature

Commission NB7728, NC853, N-1

National Board, State, Province and Endorsements

Date 8-27 1998

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

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

1a. Date 10/11/99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98027627-28
Repair Organization Job #

3b. NSM or MM # 12509

4. (a) Identification of System: NI (SAFETY INJECTION) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1NI VALVE 10B	WALWORTH	C-54506	7	N/A	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1NI VALVE 10B	BW/IP	E492A-1-2	2101	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	1-MCA-NI-H379	DUKE POWER	N/A	N/A	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE 1NI 10B WITH NEW VALVE & REPLACED ROD SIZE FOR HANGER 1MCA-NI-H379.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 2640 psig Test Temp 88 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E. P. Robinson* Date 10-20 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-5-99 to 10-20-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 10-20, 1999

Certificate Holder's Serial No. _____

- 8. Design conditions 2800 (pressure) psi 250 (temperature) °F or valve pressure class 1500 (1)
- 9. Cold working pressure 3600 psi at 100°F
- 10. Hydrostatic test 5400 psi. Disk differential test pressure 3960 psi
- 11. Remarks: Materials: Vent Pipe; SA312-TP304 Disc Guide; SA479-316.
Gasket Retainer; SA240-316

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by Ronald S. Farrell P.E. State PA Reg. no. PE-035216E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/01
 Date 11/25/98 Name BW/IP International, Inc.
Valve Division Signed PR Decker
 (IN Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or ~~XXXX~~ of Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 8-17 ch 11-25-98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 11-25-98 Signed Charles Young Commissions Pennsylvania NB 9544 N
Charles Young 2392
 (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date October 19, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98028209
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SV - Main Steam Vent to Atmosphere

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-SV-VA-0019	Babcock & Wilcock	15958-2-4	10	V File# 1076	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 07/06/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98031778
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: CF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	BORG-WARNER	4081	23	1CF26	1975	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : BWIP MODIFICATION OF FEEDWATER ISOLATION VALVES

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1022</u>	psig	Test Temp	<u>416</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :
Ref. McGuire Procedure TT/1/A/8140/001-Reconfigure by
Modification of valve internals A 18 x 16 Flex Gate Valve to
a Parallel Slide Gate Valve.

**Pressure Test to be performed IAW W.O. 98032477

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>Greg Holbrooks Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>07/07</u> 19 <u>98</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>6-1-98</u> to <u>7-7-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-7</u> , 19 <u>98</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 07/06/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98032106
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: CF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	BORG-WARNER	4084	26	1CF35	1975	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : BWIP MODIFICATION OF FEEDWATER ISOLATION VALVES

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1023</u>	psig	Test Temp	<u>416</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :
Ref. McGuire Procedure TT/1/A/8140/001- Reconfigure by
Modification of valve internals A 18 x 16 Flex Gate Valve to
a Parallel Slide Gate Valve.

** Pressure Test to be performed IAW W.O. 98032972

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed Greg Holbrooks Exec. Supp. Greg Holbrooks Date 07/07 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-1-98 to 7-7-98 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein R. D. Klein Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Providence and Endorsements

Date 7-7, 1998

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

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

1a. Date 07/06/98
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98032209
Repair Organization Job # _____

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: CF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	BORG-WARNER	4082	24	1CF28	1975	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : BWIP MODIFICATION OF FEEDWATER ISOLATION VALVES

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1028</u>	psig	Test Temp	<u>416</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :
Ref. McGuire Procedure TT/1/A/8140/001- Reconfigure by
Modification of valve internals A 18 x 16 Flex Gate Valve to
a Parallel Slide Gate Valve.
** Pressure Test to be performed IAW W.O. 98032974

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	
	Expiration Date	<u>N/A</u>
Signed	<u>Greg Holbrooks Exec. Supp.</u>	Date <u>07/07</u> 19 <u>98</u>
	<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>6-1-98</u> to <u>7-7-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-7</u> , 19 <u>98</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 07/06/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98032210
Repair Organization Job #

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

3b. NSM or MM # NSM-12505

4. (a) Identification of System: CF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	BORG-WARNER	4083	25	1CF30	1975	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : BWIP MODIFICATION OF FEEDWATER ISOLATION VALVES

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1034</u>	psig	Test Temp	<u>417</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :
Ref. McGuire Procedure TT/1/A/8140/001-Reconfigure by
Modification of valve internals A 18 x 16 Flex Gate Valve to
a Parallel Slide Gate Valve.
**Pressure Test to be performed IAW W.O. 98032975

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>Greg Holbrooks Exec. Supp.</u>	Date	<u>07/07</u> 19 <u>98</u>
	<small>Owner or Owner's Designee, Title</small>		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>6-1-98</u> to <u>7-7-98</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Providence and Endorsements
Date <u>7-7</u> , 19 <u>98</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 07/13/98

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98051419
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: FW 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-FW-134B	DUKE POWER	20444	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-FW-134B	DUKE POWER	18159	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 8/17/1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98053219
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-966	Duke Power	14847	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NV-966	Duke Power	21513	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 8/17/ 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 8-17-98 to 8-17-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 8-17, 19 98

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

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

1a. Date 8/17/1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98053589
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CA - Auxiliary Feedwater | 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCR-CA-484	Duke Power	4663	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-CA-484	Duke Power	00272	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 8/17/, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-26-98 to 8-17-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature
 Date 8-17, 19 98

Commissions NB7728, NC 853, N-I
 National Board, State, Province and Endorsements

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

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

1a. Date July 6 1998
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98060828
Repair Organization Job #

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

3b. NSM or MM #: MGMM10411

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VI Piping	Duke Power	N/A	34	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Install VI tubing header #1 for the CF Isolation valves.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 97 psig Test Temp. 84 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/6/ 19 98
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-29-98 to 7-7-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions NB 7728, NC 853, N-I
 National Board, State, Province and Endorsements

Date 7-7 19 98

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

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

1a. Date July 6 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98060963
Repair Organization Job #

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

3b. NSM or MM #: MGMM10411

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VI Piping	Duke Power	N/A	34	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Install VI tubing header #3 for the CF Isolation valves.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 90 psig Test Temp. 84.6 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/6/, 19 98
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-29-98 to 7-7-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 7-7, 19 98

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

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

1a. Date July 6 1998
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98060971
Repair Organization Job #

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

3b. NSM or MM #: MGMM10411

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VI Piping	Duke Power	N/A	34	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Install VI tubing header #5 for the CF Isolation valves.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 97 psig Test Temp. 84 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/6/1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-29-98 to 7-7-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions NB7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 7-7, 1998

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

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

1a. Date July 6 1998
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98060972
Repair Organization Job #

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

3b. NSM or MM #: MGMM10411

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N416-1 Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	VI Piping	Duke Power	N/A	34	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Install VI tubing header #7 for the CF Isolation valves.

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 97 psig Test Temp. 75 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/6/1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-29-98 to 7-7-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NC 853, N-I
 Inspector's Signature National Board, State, Province and Endorsements

Date 7-7-98

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

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

1a. Date September, 26 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98061804
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW -Refueling Water System

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-FW-118	Duke Power	19153	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-FW-118	Duke Power	14752	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 9/26/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-27-99 to 9-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-29-99

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

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

1a. Date September, 26 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98061858

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW -Refueling Water System

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCA-FW-120	Duke Power	19514	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-FW-120	Duke Power	20666	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 9/26/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB! and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-27-99 to 9-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-29-99

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

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

1a. Date 09/20/99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98062344/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-NV-471	DUKE POWER	N/A	N/A	18174	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-NV-471	DUKE POWER	N/A	N/A	21690	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : PM REPLACEMENT OF SNUBBERS

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Certificate of Authorization No.	<u>N/A</u>
		Expiration Date	<u>N/A</u>
Signed	<u>F. R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>09/20</u> 19 <u>99</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-20-99</u> to <u>9-21-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>9-21, 1999</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09/20/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98062389/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-NV-433	DUKE POWER	N/A	N/A	20842	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-NV-433	DUKE POWER	N/A	N/A	21681	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : PM REPLACEMENT OF SNUBBERS

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Certificate of Authorization No.	<u>N/A</u>
		Expiration Date	<u>N/A</u>
Signed	<u>F. R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>09/20</u> 19 <u>99</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-20-99</u> to <u>9-21-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u>  Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>9-21</u> , 19 <u>99</u>	

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

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

1a. Date 09/21/99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98062411/01
Repair Organization Job # _____

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-NV-435	DUKE POWER	N/A	N/A	14934	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-NV-435	DUKE POWER	N/A	N/A	19881	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : PM REPLACEMENT OF SNUBBERS

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 09/21 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-99 to 9-21-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 9-21, 19 99

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

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

1a. Date September, 26 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98063679

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW -Refueling Water System

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCA-FW-126	Duke Power	19159	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-FW-126	Duke Power	20804	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 9/26/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-27-99 to 9-29-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-29-99

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

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

1a. Date September, 26 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98064319

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV -Chemical and Volume Control System 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-NV-5522	Duke Power	18121	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-NV-5522	Duke Power	20519	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date September 26 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98064700
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: FW -Refueling Water System

4. (b) Class of System: E

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-FW-160 (A)	Duke Power	17374	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-FW-160 (A)	Duke Power	19552	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	1MCA-FW-160 (B)	Duke Power	17415	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	1MCA-FW-160 (B)	Duke Power	16541	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date October 15, 1998

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98081414
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCA-SM-H011	Duke Power	15726	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-SM-H011	Duke Power	22391	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/15/1998
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-14-98 to 10-16-98; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB 7728 NC 853, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 10-16, 1998

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/11/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98098728-29
Repair Organization Job #

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

3b. NSM or MM # 12509

4. (a) Identification of System: NI (SAFETY INJECTION) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	INI VALVE 9A	WALWORTH	C-54502	3	N/A	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	INI VALVE 9A	BW/IP	E492A-1-4	2103	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACED VALVE 1NI 9A WITH NEW VALVE

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>2640</u>	psig	Test Temp	<u>88</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Expiration Date	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u>E. P. Robinson Exec. Supp.</u> <i>E.P. Robinson</i>	Date	<u>10-20</u> 19 <u>99</u>
Owner or Owner's Designee, Title			

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-8-99</u> to <u>10-20-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <i>R.D. Klein</i> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>10-20</u> , 19 <u>99</u>	

Certificate Holder's Serial No. _____

- 8. Design conditions _____ 2800 _____ psi _____ 250 _____ °F or valve pressure class _____ 1500 _____ (1)
(pressure) (temperature)
- 9. Cold working pressure _____ 3600 _____ psi at 100°F
- 10. Hydrostatic test _____ 5400 _____ psi. Disk differential test pressure _____ 3960 _____ psi
- 11. Remarks: Materials: Vent Pipe; SA312-TP304 Disc Guide; SA479-316

Gasket Retainer; SA240-316 Pipe Cap, Vent: SA182-F316L.

CERTIFICATION OF DESIGN

Design Specification certified by R.L. Williams P.E. State NC Reg. no. 8010
 Design Report certified by Ronald S. Farrell P.E. State PA Reg. no. PE-035216E

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N1712 Expires 4/15/01

Date 12/7/98 Name BW/IP International, Inc. Valve Division Signed RR Decker
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or ~~XXXX~~ of Pennsylvania and employed by Commercial Union Ins. Co. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 7-10 thru 12-7-98, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 12-7-98 Signed Charles Young Commissions Pennsylvania 2392 NB9544 N
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

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

1a. Date October 20, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98125280
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1A Steam Generator	B&W	7701-04	157	PO# C23355	1996	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced #2 and #19 Stud and # 19 Nut (Secondary Manway)

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 10/20/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-28-99 to 10-27-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-27-1999

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

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

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98128903
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NC - Reactor Coolant 4. (b) Class of System: A

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1MCR-NC-574	Duke Power	14835	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NC-574	Duke Power	20512	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/13/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-13-99 to 10-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-16-99

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

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

1a. Date June 3, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98129650
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCA-ND-H277	Duke Power	14804	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-ND-H277	Duke Power	20703	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 6/3/99, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-27-99 to 6-4-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-1
National Board, State, Province and Endorsements

Date 6-4, 19 99 Σ1-2021

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/20/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98143777
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: FW 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	ITT GRINNELL	73-8013-7-8	WR786	1FW-13	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE BONNET NUT

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F. R. Sorrow Exec. Supp. [Signature] Date 10/20 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-12-99 to 10-22-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 10-22, 1999

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

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

1a. Date October 5, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98143978
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: CF - Feedwater System 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-CF-VA-0160	Walworth	A0169	N/A	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced Bonnet Cover Nuts

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/5/99, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-21-99 to 10-7-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 10-7, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/15/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98151074/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	FISHER	5921348	789	INV-238	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE PLUG ASSEMBLY

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 10/15 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-99 to 10-22-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.

Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R. D. Klein*
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-22, 1999

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

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

1a. Date October 18, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98152994
Repair Organization Job #

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

3b. NSM or MM #: MM - 11069

4. (a) Identification of System: RF - Fire Protection 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-RF-VA-0823	TRW	15290	81	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-RF-VA-0823	Anderson - Greenwood	N15029	12	N/A	1982	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced valve

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 10/13/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-30-99 to 10-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-19-99

1 hr.

MA016

RECEIVING INSPECTION REPORT

Purchase Order No: G 37498
Station: MNS MEDB ID. 235200081N QA Acpt. No. MC38632

Vendor: Anderson-Greenwood Manufacture: _____

Item No.	Quantity	Pt. No.	Ht. No.	Lot No.	Serial No.
<u>N/A</u>	<u>7</u>	_____	_____	_____	<u>see below</u>

Description: Valve, Check Swing Wafer 4" 1MU181 150lbs. Class 2
 S/N's N15027 N.B.# 10 S/N N15030 N.B.# 13 S/N N15032 N.B.# 15 S/N N15035
N15029 " " 12 " N15031 " " 14 " N15033 N.B.# 16 N.B.# 18

CK'd By	Sample Size/Pass/Fail	Duke/Vendor	Inspection, Examination and Testing Performed (specify)		Procedures/Standards Used
			D	V	
<u>MBL</u>	<u>7 7</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Visual/Configuration	<u>1. NPP-311 Rev. 2</u>
<u>MBL</u>	<u>7 7</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dimensional <input checked="" type="checkbox"/> App. <input type="checkbox"/> Tolerance	<u>2. NPP-315 Rev. 0</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electrical	<u>3. _____</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Magnetic	<u>4. _____</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weight	<input checked="" type="checkbox"/> QA Condition <u>1</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> On-Site Cert. # <u>NPP-315</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chem. Analysis	<input type="checkbox"/> Commercial Grade
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physical Properties	<input type="checkbox"/> Salvaged/Repaired
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	

Comments/Test Results:
NPP-315 Upgrade

Test, Examination and Inspection Equipment Used:

Instrument Type	Model Number	Serial Number	Calibration Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditional Release
QA Hold Tag No.: _____
Post Installation Test Procedure: _____

I. Description of Anomaly
Discussion: _____

Inspector: _____
 Accepted By: MB Laney (Level II Receiving Inspector) Date: 6-16-93
 Final QA Approval: _____ Date: 6/21/93

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

(As Required by the Provisions of the ASME Code, Section III, Div. 1) S.O. # 94.0256/02

1. Manufactured by Anderson, Greenwood & Company, 5425 South Rice Avenue, Houston, TX 77081
(Name and Address of Manufacturer)
2. Manufactured for Duke Power Company, P.O. Box 32307, Charlotte, N.C. 28232
(Name and Address of Purchaser or Owner)
3. Location of Installation Mcquire Nuclear Station, Hwy. 73 Cowans Ford, N.C. 28216
(Name and Address)
4. Pump or Valve valve Nominal Inlet Size 4 " Outlet Size 4 "
(inch) (inch)

	(a) Model No., Series No. or Type	(b) Manufacturers' Serial No.	(c) Canadian Registration No.	(d) Drawing No.	(e) Class	(f) Nat'l. Std. No.	(g) Year Built
(1)	Wafer Check Valve	N15026 ✓	N/A	N04-2493-520	2	9	1982
(2)		N15027 ✓	N/A	N04-2493-520	2	10	1982
(3)	CV1B-0415-	N15028 ✓	N/A	N04-2493-520	2	11	1982
(4)	SSE-N	N15029 ✓	N/A	N04-2493-520	2	12	1982
(5)		N15030 ✓	N/A	N04-2493-520	2	13	1982
(6)		N15031 ✓	N/A	N04-2493-520	2	14	1982
(7)		N15032 ✓	N/A	N04-2493-520	2	15	1982
(8)		N15033 ✓	N/A	N04-2493-520	2	16	1982
(9)		N15034 ✓	N/A	N04-2493-520	2	17	1982
(10)		N15035 ✓	N/A	N04-2493-520	2	18	1982

5. _____
(Brief description of service for which equipment was designed)

6. Design Conditions N/A psi N/A °F or Valve Pressure Class 150 # (1)
(Pressure) (Temperature)

7. Cold Working Pressure 285 psi at 100°F.

8. Pressure Retaining Pieces

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings	N/A		
(b) Forgings			
N04-2473-002 (A124)	SA182-F316	AGCO	Body

(1) For manually operated valves only.
 * Supplemental sheets in form of lists, sketches or drawings may be used provided (1) size is 8-1/2" x 11", (2) information in items 1, 2 and 5 on this data report is included on each sheet, and (3) each sheet is numbered and number of sheets is recorded at top of this form.

FORM NO. 1 (REV. 11/81)

Mark No.	Material Spec. No.	Manufacturer	Remarks
(c) Bolting N04-2309-203 (A119)	SA193-B3M	Texas Bolt	Bolt
(d) Other Parts N04-2325-002 (A128)	SA479-316	AGCO	Disc
N04-2474-001 (A114) (A120)	SA564-630-H1100	AGCO	Bushing Hinge Pin
<i>Pa. Power 11/10/82</i> <i>10/1/82</i>			

9. Hydrostatic test 425 psi.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump, or valve, conforms to the rules of construction of the ASME Code for Nuclear Power Plant Components, Section III, Div. I, Edition 1980.

Addenda S-80 Code Case No. N/A Date 2/8/82

Signed Anderson, Greenwood & Company by Grant C. Young
 (Date) (Manufacturer)

Our ASME Certificate of Authorization No. 2203 to use the N symbol expires 8/4/84
 (N) (NFV) (Date)

CERTIFICATION OF DESIGN

Design information on file at Anderson, Greenwood & Company

Stress analysis report (Class 1 only) on file at N/A

Design specifications certified by (1) Robert E. Miller

PE State N. Carolina Reg. No. 4860

Stress analysis certified by (1) George Findlay

PE State Texas Reg. No. 49905

(1) Signature not required. List name only.

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas and employed by C.U.I.C. of Boston, Mass. have inspected the pump, or valve, described in this Data Report on 2/9 19 82, and state that to the best of my knowledge and belief, the Manufacturer has constructed this pump, or valve, in accordance with the ASME Code, Section III.

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

Date 2/10 19 82
Demetrius
 (Inspector)

Commissions State Bd # 9099
 (Nat'l Bd., State, Prov. and No.)

Form NPP- 315A

PAGE 1 of 2

REVISION 0

CERTIFICATION OF QA CONDITION

MC38632

1. **PURPOSE:**

To change item

FROM: Non-QA QA Condition NA; Protection level NATO: QA Condition 1; Protection level B.

The Item to be certified must be a direct replacement for items already evaluated for QA Condition applications in the nuclear plant.

2. **DESCRIPTION OF ITEMS:****EXISTING APPLICATION ITEM:**MEDB No. 2352 000 81NDescription: 4" SWING CHECK VALVEManufacturer ANDERSON-GREENWOODSerial No./Model No.: VARIOUSPurchase Order Number/Date: G37498Application: LMV-181 DESIGN APPLICATIONSRestrictions: NONE

Attach original specifications and documentation for existing item:

ITEM TO BE CERTIFIED:Current MEDB No. 2352 000 81NDescription: 4" SWING CHECK VALVEQuantity: 1Manufacturer ANDERSON-GREENWOODSupplier ANDERSON-GREENWOODSerial No./Model No.: N15029

Heat number: _____

Original Purchase Order Number/Date: _____

Is the Vendor on the Approved Supplier List for item? YES NO Is item prohibited by the Prohibited Items List? YES NO

(Items on the Prohibited Items List may not be certified)

Application: EXISTING LMV181 APPLICATIONSRestrictions: NONE

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/15/99
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98153415/01
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	FISHER	5921350	791	INV-241	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE PLUG ASSEMBLY

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F. R. Sorrow Exec. Supp. Date 10/15 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-30-99 to 10-22-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein R. D. Klein Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 10-22, 19 99

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

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

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

1a. Date 10/7/99
Sheet 1 of 1

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98157116-31
Repair Organization Job # _____

3b. NSM or MM # MM 9421

4. (a) Identification of System: NS (CONTAINMENT SPRAY) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases
(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1NS VALVE 161	ATWOOD/MORRILL	3-11382-01	398	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-MCA-NS-H1	DUKE POWER	N/A	N/A	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : ADDED VALVE INS 161 AND CHANGED HANGER
ITEMS 3,4,5,10,&11 ON HANGER 1-MCA-NS-H1

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 208 psig Test Temp 78 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 10-25 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-25-99 to 10-27-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.

Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R.D. Klein*
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-27, 1999

Certificate Holder's Serial No. 3-11382-01

8. Design conditions 290 (pressure) psi 100 (temperature) °F or valve pressure class 150 SPL (1)
9. Cold working pressure 290 psi at 100°F
10. Hydrostatic test 450 psi. Disk differential test pressure 375 psi
11. Remarks: Stud - SA193 B7 HT#: M69130 Tr: Q242
Stud - SA193 B7 HT#: 8860674 Tr: Q207
Hex Nut - SA194 2H HT#: 792583 Tr: N125
Hex Nut - SA194 2H HT#: 792658 Tr: N126-1
Brg. Cover - SA479 316 HT#: 49672 S/N: 5 & 6

CERTIFICATION OF DESIGN

Design Specification certified by Robert E. Miller P.E. State NC Reg. no. 4806
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-01

Date 12/30/98 Name Atwood & Morrill Co., Inc. Signed [Signature]
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MA and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on Dec. 30, 1998 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 12/31/98 Signed [Signature] Commissions NB3962 N MA 1337
(Authorized Inspector) (Nat'l. Bd. (incl. endorsements) and state or prov. and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/15/99
 Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98158646/01
Repair Organization Job #

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	FISHER	5921338	764	INV-127	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE PLUG ASSEMBLY

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. Sorrow* Date 10/15 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-28-99 to 10-22-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.

Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R. D. Klein*
Inspector's Signature

Commissions NB7728, NC853, N-I
National Board, State, Province and Endorsements

Date 10-22, 19 99

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

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

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

1a. Date 10/7/99
Sheet 1 of 1

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98163325-27
Repair Organization Job #

3b. NSM or MM # 12514

4. (a) Identification of System: NS (CONTAINMENT SPRAY) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	INS VALVE 163	ATWOOD/MORRILL	4-11382-01	399	N/A	1998	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-MCA-NS-H7	DUKE POWER	N/A	N/A	N/A	1999	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADDED VALVE 1NS 163 AND CHANGED
ITEMS 2,3,4,5, & 11 ON HANGER 1-MCA-NS-H7

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>212</u>	psig	Test Temp	<u>84</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed	<u>E. P. Robinson Exec. Supp.</u> Owner or Owner's Designee, Title	Date <u>10-25</u> 19 <u>99</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>8-25-99</u> to <u>10-27-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>10-27</u> , 19 <u>99</u>	

Certificate Holder's Serial No. 4-11382-01

8. Design conditions 290 (pressure) psi 100 (temperature) °F or valve pressure class 150 SPL (1)
9. Cold working pressure 290 psi at 100°F
10. Hydrostatic test 450 psi. Disk differential test pressure 375 psi
11. Remarks: Stud - SA193 B7 HT#: M69130 Tr: Q242
Stud - SA193 B7 HT#: 8860674 Tr: Q207
Hex Nut - SA194 2H HT#: 792583 Tr: N125
Hex Nut - SA194 2H HT#: 792658 Tr: N126-1
Brg. Cover - SA479 316 HT#: 49672 S/N: 7 & 8

CERTIFICATION OF DESIGN

Design Specification certified by Robert E. Miller P.E. State NC Reg. no. 4806
 Design Report certified by N/A P.E. State N/A Reg. no. N/A

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this pump or valve conforms to the rules for construction of the ASME Code, Section III, Division 1.

N Certificate of Authorization No. N-2606 Expires 6-13-01

Date 12/30/98 Name Atwood & Morrill Co., Inc. Signed Brian D. Sullivan
 (N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MA and employed by H.S.B.I. & I. Co. of Hartford, CT have inspected the pump, or valve, described in this Data Report on DEC. 30, 1998, and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code, Section III, Division 1.

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

Date 12/30/98 Signed Willa W. Will Commissions AB3962N MA-1337
 (Authorized Inspector) [Nat'l. Bd. (incl. endorsements) and state or prov. and no.]

(1) For manually operated valves only.

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

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

1a. Date 10/13/99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98174969-32
Repair Organization Job #

3b. NSM or MM # MM-10697

4. (a) Identification of System: NV (CHEM. & VOLUME CONTROL 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N-416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPE	DUKE POWER	N/A	37	1NV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADDED 2" WELD FOR INSTR. LINE INVL5760 TO
VOLUME CONTROL TANK

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>27.6</u>	psig	Test Temp	<u>72</u>	°F
Pressure	_____	psig	Test Temp	_____	°F
Pressure	_____	psig	Test Temp	_____	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/3 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-13-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 11-4, 19 99

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

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

1a. Date October 18, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98190839
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SV - Main Steam Vent to Atmosphere 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-SV-VA-0007ABC	Babcock & Wilcox	15958-2-2	8	V File# 1075	1977	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced plug

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. Grass Jr. FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 10/19/99, 99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-8-99 to 10-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R.D. Klein R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-19-99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/06/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98190965
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: SV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE	CROSBY	N60951-01-0029	N/A	ISV-22	1980	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE	CROSBY	N60951-01-0012	N/A	ISV-22	1980	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACED VALVE BECAUSE OF SEAT LEAK

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 10/06 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-28-99 to 11-8-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.
Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 11-8, 1999



CROSBY VALVE & GAGE COMPANY
 WRENTHAM, MASS

FORM NV-1 FOR SAFETY AND SAFETY RELIEF VALVES
 As Required by the Provisions of the ASME Code Rules

Q.C.-44D

DATA REPORT
 Safety and Safety Relief Valves

1. Manufactured By Crosby Valve & Gage Company, 43 Kendrick St., Wrentham, MA 02093
 Name and Address
- Model No. HA-75-FN Order No. N70729 Contract Date 12/16/76 National Board No. --
Public Service Co. of Indiana Inc.
2. Manufactured For 1000 E. Main St., Plainfield, Ind. Order No. 1097-89-0
 Name and Address
3. Owner Marble Hill Nuclear Generating Station, Units 1 & 2
 Name and Address
4. Location of Plant Saluda Township, Jefferson County, Indiana
5. Valve Identification 1MS015D Serial No. N60951-00-0012 Drawing No. DS-C-60951 Rev. C
 Type Safety Orifice Size R Pipe Size -- Inlet 6 Outlet 10
Safety, Safety Relief, Pilot, Inch Inch Inch Inch
Power Actuated
6. Set Pressure (psig) 1205 600 F
 Rated Temperature
- Stamped Capacity 908050 lbs/hr sat @ 3 %overpressure -- Blowdown xx% 5% of S.P.
- Hydrostatic Test (psig) Inlet 1860 Outlet N/A
 (Applicable to Valves for Closed Systems Only)

Pressure Retaining Pieces

	Serial No. Identification	Material Specification Including Type or Grade
a. Bar Stock & Forgings		
xxxxxxx		
Body	<u>N92300-33-0017</u>	<u>ASME SA105</u>
Bonnet	<u>N92307-31-0023</u>	<u>ASME SA105</u>
b. Bar Stock & Forgings		
xxxxxxx		
xxxxxxx		
Bearing Adapter	<u>N92644-31-0017</u>	<u>ASME SA193 Gr. B6</u>
Nozzle	<u>N92302-31-0018</u>	<u>ASME SA182 Gr. F316</u>
Disc Insert	<u>N92898-32-0009</u>	<u>ASME SA637 Type 718</u>
	<u>N92304-33-0029</u>	
Spring Washers	<u>K61732-32-0012 N92305-32-0029</u>	<u>ASME SA105</u>
Adjusting Bolt	<u>N92645-32-0015</u>	<u>ASME SA193 Gr. B6</u>
Spindle Point	<u>K61776-31-0010 N92643-31-0029</u>	<u>ASME SA193 Gr. B6</u>
c. Spring	<u>K61732-32-0012 NX3122-0024</u>	<u>ASTM A689-74</u>
d. Bolting		
e. Other Pieces		
Inlet Stud	<u>N92310</u>	<u>ASME SA540 Gr. B22 Class 1</u>
Bonnet Stud	<u>N92308</u>	<u>ASME SA193 Gr. B7</u>
Bonnet Nut	<u>N92309</u>	<u>ASME SA194 Gr. 2H</u>

**Remarks: Corrected report to show dashes and N/A in Code Case Block per customer comments.

P. L. Wettelet 4/4/83
Crosby Quality Assurance

J. L. Lucas 4-4-83
Factory Mutual - ANI

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that this valve conforms to the rules of construction of the ASME Code for Nuclear Power Plant Components, Section III, Div. 1, 1974 Edition, Addenda Winter 1975, Code Case No. *** -- N/A.
Class 2 (Date)

Date 1/25/80 Signed Crosby Valve & Gage Co. by J. L. Lucas
(N Certificate Holder)

Our ASME Certificate of Authorization No. 1878 to use the NV
symbol expires September 30, 1980.
(Date)

CERTIFICATION OF DESIGN

Design information on file at Crosby Valve & Gage Company
Stress analysis report (Class 1 only) on file at _____

Design specifications certified by ¹ P. L. Wettelet

PE State Indiana Reg. No. 17756

Stress report certified by ¹ _____

PE State --- Reg. No. ---

¹Signature not required - list name only.

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Massachusetts and employed by Factory Mutual Systems* of Norwood, Massachusetts have inspected the pump, or valve, described in this Data Report on 1/30, 1980 and state that to the best of my knowledge and belief, the N Certificate Holder has constructed this pump, or valve, in accordance with the ASME Code for Nuclear Power Plant Components.

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

Date 1/30 1980
Signed John E. Moran Commissions MASS 1266
(Inspector) (Nat'l. Bd., State, Prov. and No.)

*Arkwright-Boston Manufacturers Mutual Insurance Company - Mutual Boiler & Machinery Div.

CROSBY

CROSBY VALVE & GAGE COMPANY WRENTHAM, MASS

Q.C.-292A

REPAIR AND REPLACEMENT TO NUCLEAR COMPONENTS AND SYSTEMS IN NUCLEAR POWER PLANTS

1. Work performed by Crosby Valve & Gage Co. R1730400
(Name) (Repair organization's PO No., Job No., etc.)
43 Kendrick Street Wrentham, MA 02093
(Address)
2. Owner Duke Power Company
(Name)
P.O.Box 1002 Charlotte NC 28201-1002
(Address)
3. Name and Identification of Nuclear Power Plant McGuire Nuclear Station, Units 1 + 2
4. Address of Nuclear Power Plant Cornelius, NC 28031
5. Identification of System Main Steam
6. a. Identification of component repaired or replacement component Safety Valve
b. Name of manufacturer Crosby Valve & Gage Company
c. Identifying Nos. N60951-01-0012 -- -- 1980
(Mfr's. Serial No.) (Nat'l. Bd. No.) (Jurisdiction No.) (Other) (Yr. built)
7. Applicable Section(s) XI of ASME Code, 19 80 Edition VB80 Addenda Code Case --
8. Tests conducted: Hydrostatic (X) Pneumatic () Design Pressure () Pressure 1860 psi G
9. Description of work Disassembly inspection, Hydrostatic testing of the
Nozzle and Disc Insert, Set Pressure and Seat Leakage Testing, attaching
Name Plate.
(Use of additional sheet(s) or sketch(es) is acceptable, if properly identified)
10. Remarks:

CERTIFICATE OF COMPLIANCE

We hereby certify that the statements made in this report are correct and all design, material, and workmanship on this repair conforms to the applicable section of the ASME Code.

Signed Lawrence J. Price QA Eng. Manager 10-18, 19 91
(Authorized rep. of repair organization) (Title) (Date)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid Commission issued by the National Board of Boiler & Pressure Vessel Inspectors and the State or Province of Massachusetts and employed by Factory Mutual Systems of Norwood have inspected the repair or replacement described in this report on 10-18, 19 91 and state that to the best of my knowledge and belief, this repair or replacement has been made or constructed in accordance with the applicable section of the ASME Code. By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the repair or replacement described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 10-18-91 W. S. Hall Commissions MA 1507
(Inspector) (State or Province, National Board)

DUKE POWER COMPANY

QA RECORDS APPROVED

D. G. Gooding
QA RECORDSDATE 10/23/91

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

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

1a. Date October 17, 1999

Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98203145
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: N/V - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mig	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCR-NV-1213	Duke Power	21679	N/A	N/A	N/A	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced nut on bolt that holds snubber to bracket

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 10/18/99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-15-99 to 10-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-19-99

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

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

1a. Date October 18, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98204108
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-NV-VA-0006	Dresser	TD36317	204	N/A	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date October 17, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98204208
Repair Organization Job # _____

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

3b. NSM or MM #: MM - 11267

4. (a) Identification of System: BB - Steam Generator Blowdown Recycle 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-MCR-BB-709	Duke Power	14177	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCR-BB-709	Duke Power	61257 / 53	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	1-MCR-BB-709	Duke Power	8952	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D	1-MCR-BB-709	Duke Power	61224 / 68	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced snubbers

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 10/20/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-18-99 to 10-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-T
National Board, State, Province and Endorsements

Date 10-20-99

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

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

1a. Date 10/7/1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98206379
Repair Organization Job # _____

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

3b. NSM or MM #: NA

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, NONE Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	HANGER 1-MCA-NV-H396	DUKE POWER	NA	NA	SNUBBER S/N 21456	NA	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	HANGER 1-MCA-NV-H396	DUKE POWER	NA	NA	SNUBBER S/N 21192	NA	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Changed out snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks Snubber was not tested before installation. Snubber was tested after rebuild prior to returning to stock.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] Technical Specialist II Date 10/7, 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-15-99 to 10-19-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC P53, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 10-19-99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 11-1-99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98209759
Repair Organization Job #

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

3b. NSM or MM # 11308

4. (a) Identification of System: SM (MAIN STEAM) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N 416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE POWER	N/A	17	SM	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE PIPE AND RESTRICTING FULL CPLG
BELOW VALVE ISM 83.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1090</u>	psig	Test Temp	<u>560</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/4 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-19-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 11-4, 19 99

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

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

1a. Date 11-1-99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98209764
Repair Organization Job #

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

3b. NSM or MM # 11308

4. (a) Identification of System: SM (MAIN STEAM) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N 416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE POWER	N/A	17	SM	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE PIPE AND RESTRICTING FULL CPLG
BELOW VALVE 1SM 89

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1090</u>	psig	Test Temp	<u>560</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	
	Expiration Date	<u>N/A</u>
Signed	<u>E. P. Robinson Exec. Supp.</u>	Date <u>11/4</u> 19 <u>99</u>
	<small>Owner or Owner's Designee, Title</small>	

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>10-7-99</u> to <u>11-4-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>11-4</u> , 19 <u>99</u>	

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

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

1a. Date 11-1-99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98209767
Repair Organization Job # _____

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

3b. NSM or MM # 11308

4. (a) Identification of System: SM (MAIN STEAM) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N 416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE POWER	N/A	17	SM	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE PIPE AND RESTRICTING FULL CPLG
BELOW VALVE ISM 95

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure	<u>1090</u>	psig	Test Temp	<u>560</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE		
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.		
Type Code Symbol Stamp	<u>N/A</u>	
Certificate of Authorization No.	<u>N/A</u>	Expiration Date <u>N/A</u>
Signed	<u>E. P. Robinson Exec. Supp.</u> <small>Owner or Owner's Designee, Title</small>	Date <u>11/4</u> 19 <u>99</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>10-19-99</u> to <u>11-4-99</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u> <small>Inspector's Signature</small>	Commissions <u>NB7728, NC853, N-I</u> <small>National Board, State, Province and Endorsements</small>
Date <u>11-4</u> , 19 <u>99</u>	

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

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

1a. Date 11-1-99
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

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

3a. Work Order # 98209768
Repair Organization Job # _____

3b. NSM or MM # 11308

4. (a) Identification of System: SM (MAIN STEAM) 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N 416-1 Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PIPING	DUKE POWER	N/A	17	SM	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE PIPE AND RESTRICTING FULL CPLG
BELOW VALVE ISM 101.

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure 1090 psig Test Temp 560 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 11/4 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-19-99 to 11-4-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 11-4, 19 99

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10/25/99

Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
 Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98209945/06
Repair Organization Job #

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

3b. NSM or MM # 11322

4. (a) Identification of System: RF 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	IMCA-RF-4-R2	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : ADDED ITEMS NUMBER 11 AND 12

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 10/25 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-22-99 to 10-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report.

Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R. D. Klein*
 Inspector's Signature

Commissions NB7728, NC853, N-I
 National Board, State, Province and Endorsements

Date 10-28, 19 99

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

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

1a. Date November 2, 1999
Sheet 1 of 1

2. Plant Address: McGuire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98213514
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NV - Chemical and Volume Control

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-1048	Duke Power	00087	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-NV-1048	Duke Power	20492	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 11/21, 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-2-99 to 11-4-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein Commissions NB7728, NC853, N-1
Inspector's Signature National Board, State, Province and Endorsements

Date 11-4 1999

11.0 Pressure Testing

There are two refueling outages scheduled for the third period of the second inspection interval for Duke Energy's McGuire Nuclear Station Unit 1. This section describes Pressure Tests performed during the third period through the first refueling outage (also referred to as EOC-13).

Examination Category	Test Requirement	Total Examinations Required For This Period	Total Examinations Credited For This Period	(%) Examinations Complete For This Period
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	1	1	100%
B-P	System Hydrostatic Test (IWB-5222)	1	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	0	0	0%
C-H	System Hydrostatic Test (IWC-5222)	47	13	27.66%

A detailed description of each Examination Category examined during EOC-13 is located in subsection 11.1 of this report. Results of each Examination Category examined during EOC-13 are located in subsection 11.2 of this report. A detailed description of each Examination Category examined during the third inspection period is located in subsection 11.3 of this report. Results of each Examination Category examined during the third inspection period are located in subsection 11.4 of this report.

11.1 Required Examinations This Outage:

A listing of each VT-2 Visual Examination required for EOC-13 is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 13

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	NC SYSTEM	VT-2	QAL-15	Class A Leakage Boundary Dwgs: MCL-1553-1.0/2, MCL-1553-2.0/2, MCL-1553-2.1/5, MCL-1554-1.0/3, MCL-1554-1.1/3, MCL-1554-1.2/5, MCL-1561-1.0/5, MCL-1562-1.0/3, MCL-1562-2.0/4, MCL-1562-2.1/4, MCL-1562-3.0/5, MCL-1562-3.1/4

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 13

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.040.004	MCH-1553-4.0	HYDRO	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-326 and M-361
C07.040.008	MCH-1554-1.3	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342
C07.040.016	MCH-1556-3.0	HYDRO	NB SYSTEM	VT-2	QAL-15	Class B penetration M-259
C07.040.017	MCH-1558-4.0	HYDRO	NF SYSTEM	VT-2	QAL-15	Class B penetrations M-371, M-372, M-373, and M-39
C07.040.020	MCH-1562-2.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-321
C07.040.023	MCH-1562-3.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.025	MCH-1565-1.0	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-348 and M-374
C07.040.027	MCH-1565-7.0	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-221
C07.040.030	MCH-1571-1.0	HYDRO	FW SYSTEM	VT-2	QAL-15	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-235 and M-309
C07.040.032	MCH-1572-1.1	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetration M-280
C07.040.036	MCH-1573-3.1	HYDRO	KC SYSTEM	VT-2	QAL-15	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.042	MCH-1574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	Class B penetration M-307 and M-315
C07.040.046	MCH-1599-2.2	HYDRO	RF SYSTEM	VT-2	QAL-15	Class B penetration M-353
C07.040.047	MCH-1601-2.4	HYDRO	YM SYSTEM	VT-2	QAL-15	Class B penetration M-337
C07.040.048	MCH-1604-3.0	HYDRO	RV SYSTEM	VT-2	QAL-15	Class B penetrations M-240, M-279, M-385 and M-390

Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing

Outage 13

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.040.051	MCH-1605-1.2	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-317 and M-386
C07.040.052	MCH-1605-1.3	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-220 and M-359
C07.040.053	MCH-1605-3.1	HYDRO	VB SYSTEM	VT-2	QAL-15	Class B penetration M-215
C07.040.055	MCH-1573-4.0	HYDRO	KC SYSTEM	VT-2	QAL-15	Class B penetration M-322
C07.040.056	MCH-1605-2.2	HYDRO	VS SYSTEM	VT-2	QAL-15	Class B penetration M-219

11.2 Examination Results For This Outage:

The results of each VT-2 Visual Examination required for EOC-13 are included in this section.

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

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear (No Evidence Of Leakage), Recordable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage).
VT-2 Date	=	VT-2 Examination Date
Comments	=	General and/or Detail Description

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 13**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B15.050.001	SEE COMMENTS	LEAK	COMPLETE	CLEAR	11/03/1999	Class A Leakage Boundary Dwgs: MCL-1553-1.0/2, MCL-1553-2.0/2, MCL-1553-2.1/5, MCL-1554-1.0/3, MCL-1554-1.1/3, MCL-1554-1.2/5, MCL-1561-1.0/5, MCL-1562-1.0/3, MCL-1562-2.0/4, MCL-1562-2.1/4, MCL-1562-3.0/5, MCL-1562-3.1/4

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 13**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.004	MCH-1553-4.0	HYDRO	COMPLETE	CLEAR	10/04/1999	Class B penetrations M-326 and M-361
C07.040.008	MCH-1554-1.3	HYDRO	COMPLETE	CLEAR	09/23/1999	Class B penetration M-342
C07.040.016	MCH-1556-3.0	HYDRO	COMPLETE	CLEAR	09/22/1999	Class B penetration M-259
C07.040.017	MCH-1558-4.0	HYDRO	COMPLETE	CLEAR	10/20/1999	Class B penetrations M-371, M-372, M-373, and M-39
C07.040.020	MCH-1562-2.0	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-321
C07.040.023	MCH-1562-3.1	HYDRO	PARTIAL	CLEAR	09/22/1999	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.025	MCH-1565-1.0	HYDRO	COMPLETE	CLEAR	10/19/1999	Class B penetration M-348 and M-374
C07.040.027	MCH-1565-7.0	HYDRO	COMPLETE	CLEAR	10/17/1999	Class B penetration M-221
C07.040.030	MCH-1571-1.0	HYDRO	PARTIAL	CLEAR	09/24/1999	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	PARTIAL	CLEAR	11/03/1999	Class B penetrations M-235 and M-309
C07.040.032	MCH-1572-1.1	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-280
C07.040.036	MCH-1573-3.1	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.042	MCH-1574-4.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetration M-307 and M-315
C07.040.046	MCH-1599-2.2	HYDRO	COMPLETE	CLEAR	10/04/1999	Class B penetration M-353
C07.040.047	MCH-1601-2.4	HYDRO	COMPLETE	CLEAR	09/22/1999	Class B penetration M-337
C07.040.048	MCH-1604-3.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-240, M-279, M-385 and M-390

Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 13

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.051	MCH-1605-1.2	HYDRO	COMPLETE	CLEAR	10/01/1999	Class B penetrations M-317 and M-386
C07.040.052	MCH-1605-1.3	HYDRO	COMPLETE	CLEAR	09/23/1999	Class B penetrations M-220 and M-359
C07.040.053	MCH-1605-3.1	HYDRO	COMPLETE	CLEAR	09/21/1999	Class B penetration M-215
C07.040.055	MCH-1573-4.0	HYDRO	COMPLETE	CLEAR	10/03/1999	Class B penetration M-322
C07.040.056	MCH-1605-2.2	HYDRO	COMPLETE	CLEAR	09/21/1999	Class B penetration M-219

11.3 Required Examinations For Third Inspection Period:

A listing of each VT-2 Visual Examination required for the Third Inspection Period is included in this section.

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

Item No.	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
System Name	=	Name of Pressure Retaining Component System
Required Inspection	=	Type of Visual Examination Required
Required Procedure	=	Required Inspection Procedure
Comments	=	General and/or Detail Description

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
B04.012.001	MCM-1201.01-2	VISUAL	RPV-CRDM	VT-2	QAL-15	78 Welds CRDM to RPV Closure Head-Examine during Cl.1 Hydro Test
B04.013.001	MCM-1201.01-1	VISUAL	RPV-INCORE	VT-2	QAL-15	58 Welds INCORE to RPV Bottom Head-Examine during Cl.1 Hydro Test
B04.020.001	MCM-1201.01-0	VISUAL	PZR-HEATER	VT-2	QAL-15	78 Heater Penetrations in Lower Head-Examine during Cl.1 Hydro Test
B15.050.001	SEE COMMENTS	LEAK	NC SYSTEM	VT-2	QAL-15	Class A Leakage Boundary Dwgs: MCL-1553-1.0/2, MCL-1553-2.0/2, MCL-1553-2.1/5, MCL-1554-1.0/3, MCL-1554-1.1/3, MCL-1554-1.2/5, MCL-1561-1.0/5, MCL-1562-1.0/3, MCL-1562-2.0/4, MCL-1562-2.1/4, MCL-1562-3.0/5, MCL-1562-3.1/4
B15.051.001	SEE COMMENTS	HYDRO	NC SYSTEM	VT-2	QAL-15	Class A Hydro Boundary Dwgs: MCH-1553-1.0/2, MCH-1553-2.0/2, MCH-1553-2.1/3, MCH-1554-1.0/2, MCH-1554-1.1/2, MCH-1554-1.2/2, MCH-1561-1.0/4, MCH-1562-1.0/1, MCH-1562-2.0/3, MCH-1562-2.1/2, MCH-1562-3.0/2, MCH-1562-3.1/1
C07.040.003	MCH-1553-2.1	HYDRO	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-212, M-216 and M-274
C07.040.004	MCH-1553-4.0	HYDRO	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-326 and M-361
C07.040.005	MCH-1554-1.0	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-339 and M-350
C07.040.006	MCH-1554-1.1	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-256, M-343 and M-344
C07.040.007	MCH-1554-1.2	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-228, M-329 and M-347
C07.040.008	MCH-1554-1.3	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342
C07.040.009	MCH-1554-2.0	HYDRO	NV SYSTEM	VT-2	QAL-15	

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.040.010	MCH-1554-3.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.011	MCH-1554-3.1	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.013	MCH-1554-5.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.016	MCH-1556-3.0	HYDRO	NB SYSTEM	VT-2	QAL-15	Class B penetration M-259
C07.040.017	MCH-1558-4.0	HYDRO	NF SYSTEM	VT-2	QAL-15	Class B penetrations M-371, M-372, M-373, and M-39
C07.040.018	MCH-1561-1.0	HYDRO	ND SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required
C07.040.019	MCH-1562-1.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-351
C07.040.020	MCH-1562-2.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-321
C07.040.022	MCH-1562-3.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-277, M-316 and M-319
C07.040.023	MCH-1562-3.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.024	MCH-1563-1.0	HYDRO	NS SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required
C07.040.025	MCH-1565-1.0	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-348 and M-374
C07.040.026	MCH-1565-1.1	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-360 and M-375
C07.040.027	MCH-1565-7.0	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-221
C07.040.030	MCH-1571-1.0	HYDRO	FW SYSTEM	VT-2	QAL-15	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-235 and M-309

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.040.032	MCH-1572-1.1	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetration M-280
C07.040.034	MCH-1572-3.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-335, M-338, M-340 and M-341
C07.040.036	MCH-1573-3.1	HYDRO	KC SYSTEM	VT-2	QAL-15	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.038	MCH-1580-1.0	HYDRO	BB SYSTEM	VT-2	QAL-15	Class B penetration M-300, M-301, M-303 and M-304
C07.040.039	MCH-1584-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	
C07.040.040	MCH-1591-1.1	HYDRO	CF SYSTEM	VT-2	QAL-15	Class B penetrations M-153, M-262, M-308 and M-440
C07.040.041	MCH-1592-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	Class B penetrations M-156, M-286, M-465 and M-3100
C07.040.042	MCH-1574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	Class B penetration M-307 and M-315
C07.040.043	MCH-1593-1.0	HYDRO	SM/SV SYSTEM	VT-2	QAL-15	Class B penetrations M-154 and M-261
C07.040.044	MCH-1593-1.2	HYDRO	SA/TE SYSTEM	VT-2	QAL-15	
C07.040.045	MCH-1593-1.3	HYDRO	SM/SV SYSTEM	VT-2	QAL-15	Class B penetrations M-393 and M-441
C07.040.046	MCH-1599-2.2	HYDRO	RF SYSTEM	VT-2	QAL-15	Class B penetration M-353
C07.040.047	MCH-1601-2.4	HYDRO	YM SYSTEM	VT-2	QAL-15	Class B penetration M-337
C07.040.048	MCH-1604-3.0	HYDRO	RV SYSTEM	VT-2	QAL-15	Class B penetrations M-240, M-279, M-385 and M-390
C07.040.049	MCH-1605-1.14	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations for instrument air system (no penetration number)
C07.040.050	MCH-1605-1.17	HYDRO	VI SYSTEM	VT-2	QAL-15	
C07.040.051	MCH-1605-1.2	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-317 and M-386
C07.040.052	MCH-1605-1.3	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations M-220 and M-359

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.040.053	MCH-1605-3.1	HYDRO	VB SYSTEM	VT-2	QAL-15	Class B penetration M-215
C07.040.054	MCH-1617-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	
C07.040.055	MCH-1573-4.0	HYDRO	KC SYSTEM	VT-2	QAL-15	Class B penetration M-322
C07.040.056	MCH-1605-2.2	HYDRO	VS SYSTEM	VT-2	QAL-15	Class B penetration M-219
D01.012.002	MCH-1554-2.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
D01.012.003	MCH-1554-3.1	HYDRO	NV SYSTEM	VT-2	QAL-15	
D01.012.004	MCH-1554-5.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
D02.011.019	MCL-1609-3.0	FUNCT	FD SYSTEM	VT-2	QAL-15	This test is required for periods 1, 2 and 3. 2nd Period Station Pkg. Nos: #7
D02.011.020	MCL-1609-3.1	FUNCT	FD SYSTEM	VT-2	QAL-15	This test is required for periods 1, 2 and 3 - Stm. Pkg.# 8
D02.012.002	MCH-1573-1.0	HYDRO	KC SYSTEM	VT-2	QAL-15	
D02.012.003	MCH-1573-1.1	HYDRO	KC SYSTEM	VT-2	QAL-15	
D02.012.010	MCH-1574-1.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.011	MCH-1574-1.1	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.012	MCH-1574-2.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.013	MCH-1574-2.1	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.014	MCH-1574-3.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.015	MCH-1574-3.1	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.016	MCH-1574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.017	MCH-1581-1.0	HYDRO	WZ SYSTEM	VT-2	QAL-15	

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
D02.012.018	MCH-1592-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	
D02.012.019	MCH-1592-1.1	HYDRO	CA SYSTEM	VT-2	QAL-15	
D02.012.020	MCH-1593-1.2	HYDRO	SA/TE SYSTEM	VT-2	QAL-15	
D02.012.021	MCH-1604-3.0	HYDRO	RV SYSTEM	VT-2	QAL-15	
D02.012.023	MCH-1609-1.0	HYDRO	KD SYSTEM	VT-2	QAL-15	
D02.012.024	MCH-1609-1.1	HYDRO	KD SYSTEM	VT-2	QAL-15	
D02.012.025	MCH-1609-2.0	HYDRO	LD SYSTEM	VT-2	QAL-15	
D02.012.026	MCH-1609-2.1	HYDRO	LD SYSTEM	VT-2	QAL-15	
D02.012.027	MCH-1609-3.0	HYDRO	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg.#7
D02.012.028	MCH-1609-3.1	HYDRO	FD SYSTEM	VT-2	QAL-15	This test is required for periods 2 and 3 - 2nd Period Station Pkg. #8
D02.012.029	MCH-1609-4.0	HYDRO	VG SYSTEM	VT-2	QAL-15	
D02.012.030	MCH-2574-1.1	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.031	MCH-2574-3.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.032	MCH-2574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.033	MCH-2604-3.0	HYDRO	RN SYSTEM	VT-2	QAL-15	
D02.012.034	MCH-1618-1.0	HYDRO	YC SYSTEM	VT-2	QAL-15	
D02.012.035	MCH-1618-2.0	HYDRO	YC SYSTEM	VT-2	QAL-15	
D02.012.036	MCH-1618-4.0	HYDRO	YC SYSTEM	VT-2	QAL-15	

Duke Power Company - McGuire Unit 1
Listing Of All Pressure Tests For Period = 3rd

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
D03.012.001	MCH-1570-1.0	HYDRO	KF SYSTEM	VT-2	QAL-15	

11.4 Examination Results For Third Inspection Period:

The results of each VT-2 Visual Examination required for the Third Inspection Period are included in this section.

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

Item Number	=	ASME Section XI Tables IWB-2500-1 (Class 1), IWC-2500-1 (Class 2), and IWD-2500-1 (Class 3)
ISI Drawing	=	Detail Drawing of Inspection Boundary
Required Test	=	Type of Pressure Test
Test Status	=	Complete, Partial, Not Tested, or Not Required
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage).
VT-2 Date	=	VT-2 Examination Date
Comments	=	General and/or Detail Description

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For 3rd Period**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B04.012.001	MCM-1201.01-2	VISUAL	NOT TESTED	N/A	//	78 Welds CRDM to RPV Closure Head-Examine during Cl.1 Hydro Test
B04.013.001	MCM-1201.01-1	VISUAL	NOT TESTED	N/A	//	58 Welds INCORE to RPV Bottom Head-Examine during Cl.1 Hydro Test
B04.020.001	MCM-1201.01-0	VISUAL	NOT TESTED	N/A	//	78 Heater Penetrations in Lower Head-Examine during Cl.1 Hydro Test
B15.050.001	SEE COMMENTS	LEAK	COMPLETE	CLEAR	11/03/1999	Class A Leakage Boundary Dwgs: MCL-1553-1.0/2, MCL-1553-2.0/2, MCL-1553-2.1/5, MCL-1554-1.0/3, MCL-1554-1.1/3, MCL-1554-1.2/5, MCL-1561-1.0/5, MCL-1562-1.0/3, MCL-1562-2.0/4, MCL-1562-2.1/4, MCL-1562-3.0/5, MCL-1562-3.1/4
B15.051.001	SEE COMMENTS	HYDRO	NOT TESTED	N/A	//	Class A Hydro Boundary Dwgs: MCH-1553-1.0/2, MCH-1553-2.0/2, MCH-1553-2.1/3, MCH-1554-1.0/2, MCH-1554-1.1/2, MCH-1554-1.2/2, MCH-1561-1.0/4, MCH-1562-1.0/1, MCH-1562-2.0/3, MCH-1562-2.1/2, MCH-1562-3.0/2, MCH-1562-3.1/1
C07.040.003	MCH-1553-2.1	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-212, M-216 and M-274
C07.040.004	MCH-1553-4.0	HYDRO	COMPLETE	CLEAR	10/04/1999	Class B penetrations M-326 and M-361
C07.040.005	MCH-1554-1.0	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-339 and M-350
C07.040.006	MCH-1554-1.1	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-256, M-343 and M-344
C07.040.007	MCH-1554-1.2	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-228, M-329 and M-347
C07.040.008	MCH-1554-1.3	HYDRO	COMPLETE	CLEAR	09/23/1999	Class B penetration M-342

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For 3rd Period**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.009	MCH-1554-2.0	HYDRO	NOT TESTED	N/A	//	
C07.040.010	MCH-1554-3.0	HYDRO	NOT TESTED	N/A	//	
C07.040.011	MCH-1554-3.1	HYDRO	NOT TESTED	N/A	//	
C07.040.013	MCH-1554-5.0	HYDRO	NOT TESTED	N/A	//	
C07.040.016	MCH-1556-3.0	HYDRO	COMPLETE	CLEAR	09/22/1999	Class B penetration M-259
C07.040.017	MCH-1558-4.0	HYDRO	COMPLETE	CLEAR	10/20/1999	Class B penetrations M-371, M-372, M-373, and M-39
C07.040.018	MCH-1561-1.0	HYDRO	NOT TESTED	N/A	//	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required
C07.040.019	MCH-1562-1.0	HYDRO	NOT TESTED	N/A	//	Class B penetration M-351
C07.040.020	MCH-1562-2.0	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-321
C07.040.022	MCH-1562-3.0	HYDRO	NOT TESTED	N/A	//	Class B penetration M-277, M-316 and M-319
C07.040.023	MCH-1562-3.1	HYDRO	PARTIAL	CLEAR	09/22/1999	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.024	MCH-1563-1.0	HYDRO	NOT TESTED	N/A	//	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required
C07.040.025	MCH-1565-1.0	HYDRO	COMPLETE	CLEAR	10/19/1999	Class B penetration M-348 and M-374
C07.040.026	MCH-1565-1.1	HYDRO	NOT TESTED	N/A	//	Class B penetration M-360 and M-375
C07.040.027	MCH-1565-7.0	HYDRO	COMPLETE	CLEAR	10/17/1999	Class B penetration M-221
C07.040.030	MCH-1571-1.0	HYDRO	PARTIAL	CLEAR	09/24/1999	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	PARTIAL	CLEAR	11/03/1999	Class B penetrations M-235 and M-309
C07.040.032	MCH-1572-1.1	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-280

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For 3rd Period**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.034	MCH-1572-3.0	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-335, M-338, M-340 and M-341
C07.040.036	MCH-1573-3.1	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.038	MCH-1580-1.0	HYDRO	NOT TESTED	N/A	//	Class B penetration M-300, M-301, M-303 and M-304
C07.040.039	MCH-1584-1.0	HYDRO	NOT TESTED	N/A	//	
C07.040.040	MCH-1591-1.1	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-153, M-262, M-308 and M-440
C07.040.041	MCH-1592-1.0	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-156, M-286, M-465 and M-3100
C07.040.042	MCH-1574-4.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetration M-307 and M-315
C07.040.043	MCH-1593-1.0	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-154 and M-261
C07.040.044	MCH-1593-1.2	HYDRO	NOT TESTED	N/A	//	
C07.040.045	MCH-1593-1.3	HYDRO	NOT TESTED	N/A	//	Class B penetrations M-393 and M-441
C07.040.046	MCH-1599-2.2	HYDRO	COMPLETE	CLEAR	10/04/1999	Class B penetration M-353
C07.040.047	MCH-1601-2.4	HYDRO	COMPLETE	CLEAR	09/22/1999	Class B penetration M-337
C07.040.048	MCH-1604-3.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-240, M-279, M-385 and M-390
C07.040.049	MCH-1605-1.14	HYDRO	NOT TESTED	N/A	//	Class B penetrations for instrument air system (no penetration number)
C07.040.050	MCH-1605-1.17	HYDRO	NOT TESTED	N/A	//	
C07.040.051	MCH-1605-1.2	HYDRO	COMPLETE	CLEAR	10/01/1999	Class B penetrations M-317 and M-386

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For 3rd Period**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.052	MCH-1605-1.3	HYDRO	COMPLETE	CLEAR	09/23/1999	Class B penetrations M-220 and M-359
C07.040.053	MCH-1605-3.1	HYDRO	COMPLETE	CLEAR	09/21/1999	Class B penetration M-215
C07.040.054	MCH-1617-1.0	HYDRO	NOT TESTED	N/A	//	
C07.040.055	MCH-1573-4.0	HYDRO	COMPLETE	CLEAR	10/03/1999	Class B penetration M-322
C07.040.056	MCH-1605-2.2	HYDRO	COMPLETE	CLEAR	09/21/1999	Class B penetration M-219
D01.012.002	MCH-1554-2.0	HYDRO	NOT TESTED	N/A	//	
D01.012.003	MCH-1554-3.1	HYDRO	NOT TESTED	N/A	//	
D01.012.004	MCH-1554-5.0	HYDRO	NOT TESTED	N/A	//	
D02.011.019	MCL-1609-3.0	FUNCT	NOT TESTED	N/A	//	This test is required for periods 1, 2 and 3. 2nd Period Station Pkg. Nos: #7
D02.011.020	MCL-1609-3.1	FUNCT	NOT TESTED	N/A	//	This test is required for periods 1, 2 and 3 - Stm. Pkg.# 8
D02.012.002	MCH-1573-1.0	HYDRO	NOT TESTED	N/A	//	
D02.012.003	MCH-1573-1.1	HYDRO	NOT TESTED	N/A	//	
D02.012.010	MCH-1574-1.0	HYDRO	NOT TESTED	N/A	//	
D02.012.011	MCH-1574-1.1	HYDRO	NOT TESTED	N/A	//	
D02.012.012	MCH-1574-2.0	HYDRO	NOT TESTED	N/A	//	
D02.012.013	MCH-1574-2.1	HYDRO	NOT TESTED	N/A	//	
D02.012.014	MCH-1574-3.0	HYDRO	NOT TESTED	N/A	//	
D02.012.015	MCH-1574-3.1	HYDRO	NOT TESTED	N/A	//	
D02.012.016	MCH-1574-4.0	HYDRO	NOT TESTED	N/A	//	
D02.012.017	MCH-1581-1.0	HYDRO	NOT TESTED	N/A	//	

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For 3rd Period**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
D02.012.018	MCH-1592-1.0	HYDRO	NOT TESTED	N/A	//	
D02.012.019	MCH-1592-1.1	HYDRO	NOT TESTED	N/A	//	
D02.012.020	MCH-1593-1.2	HYDRO	NOT TESTED	N/A	//	
D02.012.021	MCH-1604-3.0	HYDRO	NOT TESTED	N/A	//	
D02.012.023	MCH-1609-1.0	HYDRO	NOT TESTED	N/A	//	
D02.012.024	MCH-1609-1.1	HYDRO	NOT TESTED	N/A	//	
D02.012.025	MCH-1609-2.0	HYDRO	NOT TESTED	N/A	//	
D02.012.026	MCH-1609-2.1	HYDRO	NOT TESTED	N/A	//	
D02.012.027	MCH-1609-3.0	HYDRO	NOT TESTED	N/A	//	This test is required for periods 2 and 3 - 2nd Period Station Pkg.#7
D02.012.028	MCH-1609-3.1	HYDRO	NOT TESTED	N/A	//	This test is required for periods 2 and 3 - 2nd Period Station Pkg. #8
D02.012.029	MCH-1609-4.0	HYDRO	NOT TESTED	N/A	//	
D02.012.030	MCH-2574-1.1	HYDRO	NOT TESTED	N/A	//	
D02.012.031	MCH-2574-3.0	HYDRO	NOT TESTED	N/A	//	
D02.012.032	MCH-2574-4.0	HYDRO	NOT TESTED	N/A	//	
D02.012.033	MCH-2604-3.0	HYDRO	NOT TESTED	N/A	//	
D02.012.034	MCH-1618-1.0	HYDRO	NOT TESTED	N/A	//	
D02.012.035	MCH-1618-2.0	HYDRO	NOT TESTED	N/A	//	
D02.012.036	MCH-1618-4.0	HYDRO	NOT TESTED	N/A	//	
D03.012.001	MCH-1570-1.0	HYDRO	NOT TESTED	N/A	//	

11.5 Reportable Indications:

None