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July 18, 2000
NMP2L 1976

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

RE: Nine Mile Point Unit 2
Docket No. 50-410
NPF-69

Subject: Inservice Inspections (ISI) Summary Report

Gentlemen:

Enclosed is the Nine Mile Point Unit 2 ISI Summary Report for inservice inspections performed during the period April 5, 1998 to June 27, 2000. This Summary Report addresses activities conducted during the First Period of the Second Ten-Year Interval, including those conducted during Refueling Outage Seven. This submittal is being made to satisfy the requirements of American Society of Mechanical Engineers Boiler and Pressure Vessel Code Section XI, Generic Letter 88-01, Supplement 1, and certain BWR Vessel and Internals Project documents.

Very truly yours,

Richard B. Abbott
Vice President Nuclear Engineering

RBA/JWC/kap
Enclosure

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A047

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SECOND INSERVICE INSPECTION INTERVAL

FIRST INSPECTION PERIOD

SEVENTH REFUELING (RFO-07) OUTAGE

2000 SUMMARY REPORT

Prepared For

**Nine Mile Point Nuclear Power Station Unit 2
P.O. Box 63
Lycoming, New York 13093**

Commercial Service Date: April 5, 1988
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ABSTRACT

This Inservice Inspection Summary Report summarizes the Niagara Mohawk Power Corporation (NMPC), Nine Mile Point Nuclear Power Station, Unit 2, (NMP2) Inservice Inspection (ISI) activities performed during the period April 5, 1998 to June 27, 2000. This Summary Report addresses activities performed during the Seventh Refueling Outage (RFO-07) with an additional summary of RFO6 and RFO-7 examinations for the closeout of the first period requirements. This is the second outage of the First Period, of the Second Inservice Inspection Interval. NMP2 is in compliance with the American Society of Mechanical Engineers, Boiler and Pressure Vessel Code, Section XI, 1989 Edition and the 1998 Edition for IWE and IWL Examinations, Article IWA-6000, paragraph IWA-6220, subject to the limitations and modifications of 10CFR50.55a(b) of the Code of Federal Regulation. This report provides a summary of the examinations, tests, repairs and replacements performed, conditions noted and corrective actions taken or recommended as documented on the Owners Data Report for Inservice Inspection, Form NIS-1, and Owners Data Report for Repairs or Replacements, Form NIS-2. The NIS-1 and NIS-2 forms are included as attachments to this report.

This report also summarizes the augmented examinations performed during RFO-7 that satisfy the requirements of Generic Letter 88-01 Supplement 1 and BWR Vessel and Internals Project documents (BWRVIP-7, 18, 26, 38 & 42).

ABSTRACT OF EXAMINATIONS

During RFO-7 nondestructive examinations were performed throughout the period from March 3, 2000 through April 20, 2000. This refueling outage is the last scheduled refueling outage in the First Inspection Period of the Second 10-Year Inservice Inspection Interval.

EXAMINATIONS

There were 134 ASME Code Class 1, 2 and 3 examinations and 102 augmented examinations performed during the refueling outage and since the last refueling outage. Nondestructive examinations include ultrasonic, liquid penetrant, magnetic particle, and visual examination techniques of selected components, systems, and/or their supports. Appendices A and B attached provide a summary of examinations performed during this time frame. The inservice examinations were performed in accordance with Nine Mile Point Unit 2 Second Ten-Year Inservice Inspection Program/Plan, document number NMP2-ISI-006, Containment Inservice Inspection Program, document number NMP2-CISI-006 and Inservice Inspection Pressure Test Program/Plan, document number NMP2-PT-008.

IWB EXAMINATIONS

During the refueling outage and since the last outage, NMPC examined 88 items on Class 1 pressure retaining components. These examinations included those remaining items required to fulfill the period requirements for which code credit is being applied. Appendix A provides a listing of Class 1 items examined.

Note: Two B-J components were examined, for code credit, while in the area of code category B-F component welds scheduled for examination. No other Class 1 piping category B-J welds were examined during RFO-7, in accordance with NRC approved Relief Request RR-RI-ISI-1.

IWC EXAMINATIONS

During the refueling outage and since the last outage, NMPC examined 13 items on Class 2 pressure retaining components. Nine items were examined during RFO-7 and four items were examined mid-cycle prior to RFO-7. These examinations included those remaining items required to fulfill the period requirements for which code credit is being applied. Appendix A provides a listing of Class 2 items examined.

Note: No C-F-1 or C-F-2 (Class 2 Piping) welds were examined during RFO-7 in accordance with NRC approved Relief Request RR-RI-ISI-1. Four welds were examined during mid-cycle for which code credit is being applied.

IWD EXAMINATIONS

During the refueling outage and since the last outage, NMPC examined 2 items on Class 3 pressure retaining components. The Class 3 integral attachments were selected for examination per the requirements of Code Case N-509 and in conjunction with the Class 3 component supports selected for examination as noted on the IWF examination report. Appendix A provides a listing of the Class 3 items examined.

IWE EXAMINATIONS

During the refueling outage a baseline examination was performed to comply with the expedited examination schedule of 10CFR50.55a for the containment structure. These examinations were performed to the requirements of the ASME Code Section XI 1998 Edition, per NMP2's Relief Request RR-IWE/IWL-1. This being the first examinations performed, on IWE components, shall serve the purpose of the preservice examination. All designated Class MC pressure retaining components were examined to the maximum extent practical. The aforementioned examinations also satisfy the first period examination requirements of the First Interval for the IWE program, which is required to be implemented prior to September 9, 2001. Appendix B provides a listing of those items examined.

IWF EXAMINATIONS

During the refueling outage and since the last outage, NMPC examined 33 supports on Class 1, 2, 3 and MC systems. These examinations included those remaining items required to fulfill the inspection period requirements for which Code Credit is being applied. ASME Code Case N-491-1 was implemented for the first inspection period and will be implemented for the remainder of the interval. Appendix A provides a listing of those items examined.

SNUBBERS EXAMINATIONS

During the refueling outage and since the last outage, NMPC visually examined 79 snubbers on Class 1, 2, 3 and MC components for which code credit is being applied. The requirements for snubbers in IWF-5000 state that the inservice examinations shall be performed in accordance with ASME/ANSI OM- 1987, Part 4 using the VT-3 visual examination method described in IWA-2213. These examinations were performed in accordance with NRC approved Relief Request RR-IWF-4 and NMPC Maintenance Procedures in conjunction with the snubber functional testing. Appendix A provides a listing of those items examined.

IWL EXAMINATIONS

During the refueling outage a baseline examination was performed to comply with the expedited examination schedule of 10CFR50.55a for the containment structure. These examinations were performed to the requirements of the ASME Code Section XI 1998 Edition, per NMP2's Relief Request RR-IWE/IWL-1. This being the first examinations performed, on IWL components, shall serve the purpose of the preservice examination. All designated Class CC pressure retaining components were examined to the maximum extent practical. The aforementioned examinations also satisfy the inservice Inspection schedule requirements of the First Interval inspections for the IWL program, which requires completion prior to September 9, 2001. Appendix B provides a listing those items examined.

PRESSURE TEST EXAMINATIONS

For ASME Class 1, an ASME Section XI VT-2 examination was performed on the pressure retaining components in the reactor coolant pressure boundary during a system leakage test conducted at the conclusion of RFO-07 to satisfy Examination Category B-P requirements. The boundary subjected to test pressurization extended to the Class 1 pressure retaining components within the system boundary as described in the Inservice Pressure Testing Program Plan.

For ASME Class 2 & 3, the pressure tests and accompanying VT-2 examinations to satisfy the First Period requirements to date for Examination Categories C-H, D-A, D-B, and D-C have been completed. Appendix A provides a listing of those tests completed during this reporting period for which code credit is being applied. There are 126 pressure testing boundaries identified in the Inservice Pressure Testing Program. Of these, 75 were completed since RFO-06. Ninety-nine pressure tests have been completed, seven hydrostatic tests are not required for the first period and 20 tests remain. These 20 pressure tests are scheduled to be complete prior to the end of the first period (April 5, 2001).

STATUS OF FIRST PERIOD

The status of work required for the First Inservice Inspection Period is defined in Table 1 "Inspection Program "B" Compliance". This Table provides such information as Code Examination Category, Items Subject to Examination, Items Scheduled for Examination, Code Items Examined During RFO-7, Code Items Completed First Period, Percentage of items complete First period and any Exclusions or Deferrals. Nine Mile Point Unit 2 will complete its First Inservice Inspection Period of the Second Ten Year Interval on April 5, 2001, therefore, the examinations performed during this period shall fall within the percentages identified in the code requirement of Inspection Program "B" (16-34%) as appropriate.

**Table 1
INSPECTION PROGRAM "B" COMPLIANCE**

CODE EXAMINATION CATEGORY	ITEMS SUBJECT TO EXAMINATION	ITEMS SCHEDULED FOR EXAMINATION	CODE ITEMS EXAMINED DURING RFO-7	CODE ITEMS COMPLETE 1 ST PERIOD	% OF ITEMS COMPLETE 1 ST PERIOD	EXCLUSIONS OR DEFERRALS
B-A	34	34	4	10	29%	
B-D	66	66	8	16	24%	
B-F	43	43	9	14	32%	
B-G-1	313	313	56	104	33%	
B-G-2	92	41	5	11	26%	(1)
B-J	946	309	2	38	12%	RR-RI-ISI-1
B-K	73	8	1	2	25%	CC N-509
B-L-2	2	1	0	0	0%	When Disassembled
B-M-2	78	35	3	7	20%	When Disassembled
B-N-1	10	30	0	10	33%	(2)
B-N-2	13	13	0	11	NA	
B-O	80	14	0	4	20%	
C-A	4	2	0	0	0%	(3)
C-B	8	4	0	0	0%	(3)
C-C	186	20	4	7	35%	CC N-509
C-F-1	49	17	0	0	0%	RR-RI-ISI-1 RR-IWC-2
C-F-2	1439	108	4	11	10%	RR-RI-ISI-1
C-G	73	58	5	14	24%	
D-A	240	26	2*	6	23%	CC N-509
E-A	950	2850	950	950	33%	
F-A	1604	271	33	68	25%	CC N-491-1
L-A	61	61	61	61	100%	(4)

- Notes: (1)-Does not include 185 CRD bolt, studs, and nuts, examined when disassembled.
(2)-100% examined each period.
(3)-All examinations are performed during the 2nd or 3rd period.
(4)-LA Category Require 100% Examination every 5 years.
*-Reported on the IWF examination report with the adjacent support.

AUGMENTED EXAMINATIONS

During the refueling outage and since the last outage, NMPC performed 102 Augmented examinations of selected components, systems and/or items. Examinations included those remaining items required for compliance with regulatory, industry and internal commitments other than those required by the ASME Code, Section XI. Appendix A of this report provides a listing of the items examined during this outage for which compliance with the Augmented examination requirements have been satisfied.

GENERIC LETTER 88-01 EXAMINATIONS

During the refueling outage and since the last outage, NMPC performed 19 examinations of IGSCC Categories A, D, E, and F items, in accordance with the USNRC Generic Letter 88-01. The Table below provides the status of GL 88-01 examinations for RFO-7 and the first period of the interval. Appendix A provides a listing of those items examined during this outage activity. ASME code and GL 88-01 credit were taken on 7 items and GL 88-01 credit on the remaining 12 items. Appendix A provides a listing of the Augmented Inspections.

IGSCC Category	Total Items	Number of Exams Required/ Interval	Exams Complete RFO-7	Exams Complete 1 st Period	Percent (%) Complete/Period
A	113	29	See Note 1	3	6% (See Note 1)
D	47	141	18	47	33%
E	1	3	0	1	33%
F	1	6	1	2	33%
Totals Overall	162	179	19	53	

Note 1 – No examinations performed on Category A components during RFO-7, per NRC Approved Relief Request RI-ISI-1

IVVI INSPECTIONS

During the refueling outage, NMPC examined various items as listed below in the Reactor Vessel per the following guidelines. Appendix A provides a listing of those items examined.

BWRVIP-07 Guidelines for Reinspection of BWR Core Shrouds

During the refueling outage, NMPC performed reinspection on 2 shroud welds. Ultrasonic examinations were performed on welds H4 and H5 that are consistent with the inspection plan described in BWRVIP-07. The results of the Core Shroud inspection was previously submitted under separate cover documented in letter NMP2L-1961, subject "Core Shroud Reinspection Results (TAC No. MA7284)" dated April 28, 2000.

BWRVIP-18 Core Spray Internals Inspection and Flaw Evaluation Guidelines

During the refueling outage, NMPC performed visual inspections on 68 items pertaining to the core spray piping and sparger assemblies. Visual examinations were performed in accordance with the inspection plan as described in BWRVIP-18.

BWRVIP-26 BWR Top Guide Inspection and Flaw Evaluation Guidelines

During the refueling outage, NMPC performed visual inspections on 4 items pertaining to the Top Guide C clamps. The four items were limited examinations due to clearance. Visual examinations were performed in accordance with the inspection plan as described in BWRVIP-26.

BWRVIP-38 BWR Shroud Support and Flaw Guidelines

During the refueling outage, NMPC performed inspections on 2 items pertaining to the Shroud Support welds. Visual examinations were performed in accordance with the inspection plan as described in BWRVIP-38.

BWRVIP-42 LPCI Coupling Inspection and Flaw Guidelines

During the refueling outage, NMPC performed inspections on 4 items pertaining to the LPCI Coupling welds, sleeve flange, attachment ring, clamp bolts and nuts. Visual examinations were performed in accordance with the inspection plan as described in BWRVIP-42.

Jet Pumps

During the refueling outage, NMPC re-inspected 2 items pertaining to the Jet Pumps. These examinations are a result of re-examination requirements from examinations performed during RFO-6 on the Jet Pump Assembly and the Inlet Mixer Surface. No other items were examined pertaining to the Jet Pumps. Visual re-inspection was performed as a follow up item on the wedge and retainer set screws of the Jet Pump Assembly. Also, a visual inspection in accordance with the recommended action of SIL 465S1 dated April 30, 1993 for the Inlet Mixer Surface were completed to establish a base line for future inspections.

Moisture Separator

During the refueling outage, NMPC re-inspected 1 item on the moisture separator in the tie bar area. Visual inspection of the area revealed that it was in the same condition as previously recorded.

ABSTRACT OF CONDITIONS NOTED

All indications or conditions identified during the conduct of inservice examination activities were documented in accordance with the applicable NMPC NDE Examination procedure and/or NMPC approved vendor NDE Procedures, applicable to the examination being performed. Results of NDE examinations were compared against the Acceptance Standards of ASME Code Section XI and other applicable acceptance criteria.

A component whose examination either confirms the absence of indications or conditions nor reveals indications or conditions that did not exceed ASME Code Section XI or other referenced acceptance criteria were considered acceptable by examination for continued service. Appendices A & B provide a listing of components examined and their acceptance status.

IWB CONDITIONS NOTED - One component, feedwater nozzle to safe-end weld, was confirmed to have indications that exceeded the ASME Code Section XI Acceptance Standard. This component, a Class 1 weld, was examined per the augmented requirements of Generic Letter 88-01 and the results of the examination documented in that section of this report. All other components had no indications or conditions reported during this outage.

IWC CONDITIONS NOTED - There were no indications or conditions reported during this outage.

IWD CONDITIONS NOTED - There were no indications or conditions reported during this outage.

IWE CONDITIONS NOTED - One area reported a condition that required a direct visual examination during this outage. Deviation/Event Report DER 2-2000-0963 was written for cracked and blistered paint on the containment liner with corrosion evident under the paint. This area is located at the steel to concrete interface of the drywell floor. Several locations, which showed the worst corrosion, were selected and ultrasonic thickness measurements were taken that showed negligible, if any, reduction in thickness. All of the areas were cleaned, recommended for re-coating and determined to be capable of performing their intended safety function in their present condition. There were no other indications or conditions reported during this outage.

IWF CONDITIONS NOTED - There were no indications or conditions reported during this outage.

SNUBBER CONDITIONS NOTED-There were three items on snubbers with reported conditions during this outage. One of the items was dispositioned as an acceptable condition and two required corrective measures. There were no other conditions reported during this outage.

IWL CONDITIONS NOTED - There were no indications or conditions reported during this outage.

PRESSURE TEST CONDITIONS NOTED - During the reactor pressure vessel system leakage test, four bolted connections had identified leakage. The four connections were:

- Reactor Recirculation Flow Control Valve 2RCS*HYV17B
- Control Rod Drive Mechanism 10-11
- Local Power Range Monitor 16-09
- Local Power Range Monitor 32-57

These bolted connections were evaluated in accordance with ASME Code Case N-566-1 (NRC-approved alternative GPTRR-4) and determined to be acceptable. The leakage and the evaluation results were documented in DER 2-2000-1382 and DER 2-2000-1387.

GENERIC LETTER 88-01 CONDITIONS NOTED – There was 1 weld inspected with reported indications during this outage. Component 2RPV-KB20, feedwater nozzle to safe-end weld, was confirmed to have indications that exceeded the ASME Section XI Acceptance Standard. This component, a Class 1 weld, was examined per the augmented requirements of Generic Letter 88-01. There were no other indications or conditions reported during this outage.

IVVI CONDITIONS NOTED – There were 4 items identified with reported conditions while performing the augmented IVVI examinations during this outage. There was one item re-inspected per DER 2-98-1235 on Jet Pump 5 and 6. During the re-inspection of Jet Pumps 5 and 6, additional wear was noted on the wedge and set screw. These items will be re-inspected each re-fueling outage in the future. Two reported conditions were identified on the Core Shroud, these were identified in a report submitted under separate cover, letter NMP2L 1961, "Core Shroud Reinspection Results (TAC No. MA7284)" dated April 28, 2000. The Core Shroud inspection was performed per DER 2-98-1557 requirements. One item was re-inspected on the Moisture Separator per DER 2-98-1410. The tie bar attachment welds were inspected and revealed that it was in the same condition as previously recorded. There were no other indications or conditions reported during this outage.

ABSTRACT OF CORRECTIVE MEASURES RECOMMENDED AND TAKEN.

All components whose examination reveals indications or conditions that exceeded the acceptance criteria of Section XI or other referenced documents were documented on the applicable examination records as prescribed in the NDE procedure and submitted under a Deviation/Event Report (DER) to NMPC Engineering for evaluation and disposition. Appendices A & B provide the identification of the specific DER applicable to the examination item.

IWB CORRECTIVE MEASURES - One component was confirmed to have an indication requiring corrective action. This component, 2RPV-KB20, a Class 1 weld, was examined per the augmented requirements of Generic Letter 88-01 and the results of the examination documented in that section of this report. There were no other corrective measures recommended or taken on ASME Code required IWB items.

IWC CORRECTIVE MEASURES - There were no corrective measures recommended or taken on ASME Code required IWC items.

IWD CORRECTIVE MEASURES - There were no corrective measures recommended or taken on ASME Code required IWD items.

IWE CORRECTIVE MEASURES - There were no corrective measures recommended or taken on ASME Code required MC items.

IWF CORRECTIVE MEASURES - There were no corrective measures recommended or taken on ASME Code required Class 1, 2 of 3 items.

Snubber Corrective Measures-There were two items that required corrective measures. Deviation/Event Report DER 2-2000-0985 and DER 2-2000-1032 were written for the reported condition and corrective action taken. The two items were reworked, reassembled and reinstalled per the DER's disposition. Both DER's were associated with the same transient during the chemical cleaning process and drain down during RFO-6. Additional inspections of the lines revealed no indications on those associated components, snubbers, hangers and supports. All items were completed and closed out as is. There were no other conditions reported during this outage.

IWL CORRECTIVE MEASURES - There were no corrective measures recommended or taken on ASME Code required CC items.

PRESSURE TEST CORRECTIVE MEASURES - The evaluation described in Code Case N-566-1 and approved in GPTRR-4 was performed for the 4 bolted connections with identified leakage detected during the Reactor Pressure Vessel System leakage test. No other corrective measures were recommended or taken.

GENERIC LETTER 88-01 CORRECTIVE MEASURES - A review of previous ultrasonic data was initiated as a result of industry experience with advancement of software used to analyze ultrasonic data. Reanalysis on 16 of the 17 welds indicated no significant change; however, reanalysis of the data recorded on the Feedwater (N4D) safe-end to nozzle weld, (2RPV-KB20) revealed an indication that was not addressed in the previous examination reports. Deviation/Event Report DER 2-2000-0702 was written to address the results of a pre-outage review of previous outage ultrasonic data, the additional indication was discovered in close proximity to the unacceptable flaw indication that was recorded and evaluated during RFO-6. Since the separation distance between these indications is less than the larger through-wall dimension, they have to be considered a single planar flaw. Therefore, a repair was required to restore the weld to its required structural design margins. A repair plan was developed and approved per the requirements of Generic Letter 88-01 for reactor pressure vessel (RPV) nozzle to safe end weld as an alternative to 10CFR50.55a(c)(3)(iv). The repair plan used modified weld overlays that represent an alternative to ASME Boiler and Pressure Vessel Code Section XI Code repair. Design Document Change 2M11677A and Design/Configuration Change N2-98-009 were used for installation of a weld overlay to eliminate the nonconforming condition and to restore operability. This repair was approved per NRC Safety Evaluation TAC No. MA8352 dated March 30, 2000. The repair plan included use of ASME Code Cases N-638, 2142-1, 2143-1 and partial use of Code Case N-504-1, in that exception was taken from Code Case N-504-1. These four Code Cases have been approved by ASME and additionally Code Case N-504-1 has been approved by the Nuclear Regulatory Commission in Regulatory Guide 1.147 Rev. 12. The overlay repair on 2RPV-KB20 has been completed and accepted, per DER 2-2000-1224. This repaired weld 2RPV-KB20 has been re-categorized from a Category F weld to a Category E weld "Cracked, Reinforced by weld overlay" and scheduled for reexamination for the next refueling outage, then reexamined every 2 refueling outages thereafter per Generic Letter 88-01 Supplement 1. Also, weld 2RPV-KB20 has been re-numbered to reflect the overlay repair (2RPV-KB20-OL). There were no other corrective measures recommended or taken on Generic Letter 88-01 items.

IVVI CORRECTIVE MEASURES -There were no corrective measure recommended or taken on the augmented IVVI items during this outage.

NIS-2 OWNERS DATA REPORT FOR REPAIR OR REPLACEMENT - Code maintenance, modifications and corrective actions conducted under NMP2's ASME Section XI Repair/Replacement Program during the seventh fuel cycle have resulted in **29** Class 1, **27** Class 2, and **55** Class 3 NIS-2 Owners Data Reports. There are 3 (2 Class 2 and 1 Class 3) NIS-2 Owners Data Reports that were recently identified as not having been submitted at the conclusion of RFO-6, item numbers WO97-02101-00, WO97-02100-00 and WO98-00829-00 are also included in this submittal. All reports have been signed by the duly authorized representative of our Authorized Inspection Agency and are attached as Appendix C.

APPENDIX A

**Owners Data Report For Inservice Inspections
Form NIS-1
ASME 1989 Edition**

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

1. Owner Niagara Mohawk Power Corporation PO Box 63, Lycoming, NY 13093
(Name and Address of Owner)
2. Plant Nine Mile Point Unit #2 PO Box 63, Lycoming, NY 13093
(Name and Address of Plant)
3. Plant Unit #2 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date 4/5/88 6. National Board Number for Unit None
7. Components Inspected Supplemental Sheets 1 Through 7 For ISI Examinations and
Sheet A1 For Alternate Examinations Attached

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
1MSS-REV1 Reactor Vessel and Head	CBI Nuclear Company	T62	N/A	18
2CSH*AOV108	Anchor Darling Valve Company	1N-406	N/A	N/A
2CSH*PI	Byron Jackson Pump Division	731-S-1099	N/A	N/A
2CSL*AOV101	Anchor Darling Valve Company	1N471	N/A	N/A
2FWS*AOV23B	Anchor Darling Valve Company	1N405	N/A	N/A
2ICS*PI	Bingham-Willamette	B-2-1165	N/A	NB-273
2MSS*AOV7A	Rockwell International Corporation	PJ-47	N/A	570
2MSS*AOV7B	Rockwell International Corporation	PJ-69	N/A	572
2RCS*PIA	Bingham-Willamette	14217002	N/A	NB-163
2RHS*AOV16C	Anchor Darling Valve Company	1N470	N/A	N/A
2RHS*MOV2A	Clow Corporation	76-1460(N)-01	N/A	150
2WCS*MOV102	Velan Valve Corporation	055	N/A	N/A
Auxiliary Steam System	SWEC	ASS-1	N/A	N/A
Reactor Building Closed Loop Cooling Water System	SWEC	CCP-1	N/A	N/A
Containment Leakage and Monitoring System	SWEC	CMS-1	N/A	N/A
High Pressure Core Spray System	SWEC	CSH-1 & CSH-2	N/A	N/A
Low Pressure Core Spray System	SWEC	CSL-1 & CSL-2	N/A	N/A
Reactor Building Equipment and Floor Drains System	SWEC	DER-1	N/A	N/A
Standby Diesel Generator System	SWEC	EGA-1 & EGF-1	N/A	N/A
Lube Oil Standby Diesel Generator System	SWEC	EGO-1	N/A	N/A
Jacket Water Standby Diesel Generator System	SWEC	EGS-1	N/A	N/A

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

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

1. Owner Niagara Mohawk Power Corporation PO Box 63, Lycoming, NY 13093
(Name and Address of Owner)
2. Plant Nine Mile Point Unit #2 PO Box 63, Lycoming, NY 13093
(Name and Address of Plant)
3. Plant Unit #2 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date 4/5/88 6. National Board Number for Unit None
7. Components Inspected

Component or Appurtenance	Manufacturer or Installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No.
Feedwater System	SWEC	FWS-1	N/A	N/A
DBA Hydrogen Recombiner System	SWEC	HCS-1	N/A	N/A
Control Building Chilled Water System	SWEC	HVK-1	N/A	N/A
Reactor Core Isolation Cooling System	SWEC	ICS-1 & ICS-2 ICS-3	N/A	N/A
Main Steam System	SWEC	MSS-1	N/A	N/A
Reactor Recirculation System	General Electric	RCI-NMP-01	N/A	N/A
Control Rod Drive Hydraulic System	SWEC	CRDH/RDS RCI-NMP-02	N/A	N/A
Residual Heat Removal System	SWEC	RHS-1 & RHS-2	N/A	N/A
Fuel Pool Cooling and Cleanup System	SWEC	SFC-1	N/A	N/A
Standby Liquid Control System	SWEC	SFC-1	N/A	N/A
Service Water System	SWEC	SWP-1	N/A	N/A
Reactor Water Cleanup System	SWEC	WCS-1 & WCS-2	N/A	N/A

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

8. Examination Dates 7/6/98 to 4/20/2000 9. Inspection Interval from 4/5/98 to 4/4/2008

10. Abstract of Examinations. Include a list of examinations and a statement concerning status of work required for current interval.

See attached Abstract of Examinations and Summary Report Section

11. Abstract of Conditions Noted
See Summary Report Section

12. Abstract of Corrective Measures Recommended and Taken
See Summary Report Section

We certify that the statements made in this report are correct and the examinations and corrective measures taken conform to the rules of the ASME Code, Section XI.

Date 6/12 2000 Signed Niagara Mohawk Power Corporation By [Signature]
Owner

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

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of New York and employed by Factory Mut. Ins. Co. of Johnston RI. have inspected the components described in this Owner's Data Report during the period 7/6/98 to 4/20/2000, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owners' Data Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owners' 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 6/13 2000 Factory Mutual Global
[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province and No.

(The Inspector's Signature does not include the Augmented Examinations)

2000 Outage Summary Report - Abstract of Examinations

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
ASS	2ASS-PSSH132B4	2-2.01-00-0194	VT-3	100	3/17/2000	Acceptable by Examination
ASS	2ASS-PSSP133B4	2-2.01-00-0228	VT-3	100	3/22/2000	Acceptable by Examination
ASS	2ASS-PSSP134B4	2-2.01-00-0227	VT-3	100	3/22/2000	Acceptable by Examination
CCP	I3	2-2.01-99-0002	VT-2	100	1/19/99	Acceptable by Examination
CMS	I1	2-2.01-98-0362	VT-2	100	11/23/98	Acceptable by Examination
CSH	2CSH*AOV108, VB500	2-2.01-00-0113	VT-1	100	3/10/2000	Acceptable by Examination
CSH	2CSH*P1,PW203	2-4.00-00-0046	MT	100	3/17/2000	Acceptable by Examination
CSH	2CSH*P1,PW206	2-4.00-00-0047	MT	100	3/17/2000	Acceptable by Examination
CSH	2CSH*P1,PW210	2-4.00-00-0049	MT	100	3/17/2000	Acceptable by Examination
CSH	2CSH-25-03-SW004	2-3.00-99-0010	PT	100	5/25/99	Acceptable by Examination
		2-6.24-99-0003	UT-45	100	5/25/99	
CSH	2CSH-25-04-FW/SW005	2-4.00-99-0002	MT	100	5/25/99	Acceptable by Examination
		2-6.23-99-0002	UT-45	100	5/25/99	
CSH	2CSH-25-04-FW003	2-3.00-99-0009	PT	100	5/25/99	Acceptable by Examination
		2-6.24-99-0002	UT-45	100	5/25/99	
CSH	2CSH-25-04-SW004	2-3.00-99-0008	PT	100	5/25/99	Acceptable by Examination
		2-6.13-99-0001	UT-45	100	5/25/99	
		2-6.13-99-0002	UT-45	100	5/25/99	
CSH	2CSH-25-08-FW304	2-4.00-00-0048	MT	100	3/17/2000	Acceptable by Examination
CSH	2CSH-PSA215A2	2-2.01-00-0153	VT-3	100	3/16/2000	Acceptable by Examination
CSH	2CSH-PSSH165A2	2-2.01-00-0154	VT-3	100	3/16/2000	Acceptable by Examination
CSH	2CSH-PSST090A1	2-2.01-00-0114	VT-3	100	3/10/2000	Acceptable by Examination
CSH	F1	2-2.01-99-0048	VT-2	100	10/14/99	Acceptable by Examination
CSH	I1	2-2.01-99-0047	VT-2	100	10/14/99	Acceptable by Examination
CSH	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
CSH	L1	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
CSL	2CSL*AOV101, VB502	2-2.01-00-0112	VT-1	100	3/10/2000	Acceptable by Examination
CSL	F1	2-2.01-99-0026	VT-2	100	6/18/99	Acceptable by Examination
CSL	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
CSL	L1	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
DER	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
EGA	I1	2-2.01-99-0039	VT-2	100	10/6/99	Acceptable by Examination
EGA	I2	2-2.01-99-0038	VT-2	100	10/5/99	Acceptable by Examination
EGF	F1	2-2.01-99-0041	VT-2	100	10/4/99	Acceptable by Examination
EGF	F2	2-2.01-99-0042	VT-2	100	10/4/99	Acceptable by Examination
EGF	F5	2-2.01-99-0052	VT-2	100	12/6/99	Acceptable by Examination
EGF	F6	2-2.01-99-0053	VT-2	100	12/6/99	Acceptable by Examination
EGF	I1	2-2.01-99-0043	VT-2	100	10/4/99	Acceptable by Examination
EGF	I3	2-2.01-99-0051	VT-2	100	12/6/99	Acceptable by Examination
EGO	I1	2-2.01-99-0044	VT-2	100	10/4/99	Acceptable by Examination
EGS	I1	2-2.01-99-0045	VT-2	100	10/4/99	Acceptable by Examination
EGS	I3	2-2.01-99-0050	VT-2	100	12/6/99	Acceptable by Examination
FWS	2FWS*AOV23B, VBY107	2-2.01-00-0234	VT-3	100	3/27/2000	Acceptable by Examination
FWS	2FWS-47-14-FW005	2-3.00-00-0053	PT	100	3/10/2000	Acceptable by Examination
		2-6.23-00-0002	UT-45	100	3/18/2000	
FWS	2FWS-PSSP171A1	2-2.01-00-0180	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP172A1	2-2.01-00-0181	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP175A1	2-2.01-00-0182	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP176A1	2-2.01-00-0183	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP177A1	2-2.01-00-0184	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP178A1	2-2.01-00-0185	VT-3	100	3/16/2000	Acceptable by Examination

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
FWS	2FWS-PSSP180A1	2-2.01-00-0173	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP182A1	2-2.01-00-0172	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP183A1	2-2.01-00-0171	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP185A1	2-2.01-00-0170	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP186A1	2-2.01-00-0169	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP193A1	2-2.01-00-0175	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP194A1	2-2.01-00-0174	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP195A1	2-2.01-00-0176	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP196A1	2-2.01-00-0177	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP200A1	2-2.01-00-0178	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP203A1	2-2.01-00-0179	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP209A1	2-2.01-00-0070	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP210A1	2-2.01-00-0068	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP211A1	2-2.01-00-0067	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP228A1	2-2.01-00-0192	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP236A1	2-2.01-00-0191	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP237A1	2-2.01-00-0190	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSSP365A1	2-2.01-00-0186	VT-3	100	3/16/2000	Acceptable by Examination
FWS	2FWS-PSST230A1	2-2.01-00-0120	VT-3	100	3/11/2000	Acceptable by Examination
FWS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
HVK	I1	2-2.01-99-0020	VT-2	100	4/21/99	Acceptable by Examination
HVK	I2	2-2.01-99-0016	VT-2	100	4/7/99	Acceptable by Examination
ICS	2ICS*P1, PW400-403	2-4.00-00-0024	MT	83.3	3/7/2000	Acceptable by Examination
ICS	2ICS*PB101	2-2.01-00-0146	VT-1	100	3/16/2000	Acceptable by Examination
ICS	2ICS-PSSP261A1	2-2.01-00-0187	VT-3	100	3/16/2000	Acceptable by Examination
ICS	2ICS-PSSP262A1	2-2.01-00-0188	VT-3	100	3/16/2000	Acceptable by Examination
ICS	F1	2-2.01-99-0008	VT-2	100	2/20/99	Acceptable by Examination
ICS	F2	2-2.01-99-0009	VT-2	100	2/20/99	Acceptable by Examination
ICS	F3	2-2.01-99-0009	VT-2	100	2/20/99	Acceptable by Examination
ICS	I1	2-2.01-99-0005	VT-2	100	2/2/99	Acceptable by Examination
ICS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
ICS	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
ISC	2ISC-102CDA-FW001	2-3.00-00-0059	PT	100	3/11/2000	Acceptable by Examination
ISC	2ISC-102CDA-FW005	2-3.00-00-0060	PT	100	3/11/2000	Acceptable by Examination
ISC	2ISC-104CDA-FW001	2-3.00-00-0058	PT	100	3/11/2000	Acceptable by Examination
ISC	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
MSS	2MSS*AOV7A, VB550	2-2.01-00-0218	VT-1	100	3/21/2000	Acceptable by Examination
MSS	2MSS*AOV7B, VB551B	2-6.25-00-0032	UT-0	100	3/18/2000	Acceptable by Examination
		2-6.25-00-0033	UT-0	100	3/18/2000	
MSS	2MSS-PSSH102A4	2-2.01-00-0193	VT-3	100	3/17/2000	Acceptable by Examination
MSS	2MSS-PSSP051A4	2-2.01-00-0226	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP052A4	2-2.01-00-0231	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP053A4	2-2.01-00-0225	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP054A4	2-2.01-00-0224	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP055A4	2-2.01-00-0223	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP056A4	2-2.01-00-0222	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP058A4	2-2.01-00-0230	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP073A4	2-2.01-00-0221	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP141A4	2-2.01-00-0220	VT-3	100	3/22/2000	Acceptable by Examination
MSS	2MSS-PSSP143A4	2-2.01-00-0219	VT-3	100	3/22/2000	Acceptable by Examination

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
MSS	2MSS-PSSP251A1	2-2.01-00-0157	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP330A1	2-2.01-00-0158	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP331A1	2-2.01-00-0159	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP333A1	2-2.01-00-0162	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP334A1	2-2.01-00-0163	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP342A1	2-2.01-00-0160	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP343A1	2-2.01-00-0164	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP344A1	2-2.01-00-0166	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP345A1	2-2.01-00-0167	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP346A1	2-2.01-00-0168	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP353A1	2-2.01-00-0161	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSSP354A1	2-2.01-00-0165	VT-3	100	3/16/2000	Acceptable by Examination
MSS	2MSS-PSST289A1	2-2.01-00-0144	VT-3	100	3/15/2000	Acceptable by Examination
MSS	2MSS-PSST327A1	2-2.01-00-0121	VT-3	100	3/13/2000	Acceptable by Examination
MSS	2MSS-PSST438A1	2-2.01-00-0119	VT-3	100	3/11/2000	Acceptable by Examination
MSS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
MSS	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RCS	2RCS*P1A,PPB101A	2-6.25-00-0004	UT-0	100	3/13/2000	Acceptable by Examination
		2-6.25-00-0005	UT-0	100	3/13/2000	
RCS	2RCS*P1A,PPB103A	2-2.01-00-0122	VT-1	100	3/13/2000	Acceptable by Examination
RCS	2RCS-64-00-FWA07	2-3.00-00-0062	PT	100	3/13/2000	Acceptable by Examination
		2-6.24-00-0002	UT-45	100	3/15/2000	
		2-6.24-00-0003	UT-60	100	3/15/2000	
RCS	2RCS-PSSP021A1	2-2.01-00-0078	VT-3	100	3/9/2000	Acceptable by Evaluation DER 2-2000-0834
RCS	2RCS-PSSP022A1	2-2.01-00-0079	VT-3	100	3/9/2000	Acceptable by Examination
RCS	2RCS-PSSP041A1	2-2.01-00-0125	VT-3	100	3/11/2000	Acceptable by Examination
RCS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RDS	2RDSSP-25B	2-2.01-00-0075	VT-3	100	3/7/2000	Acceptable by Examination
RDS	2RDSSP-5B	2-2.01-00-0074	VT-3	100	3/7/2000	Acceptable by Examination
RDS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	2RHS*AOV16C,VBY156	2-2.01-00-0212	VT-3	100	3/20/2000	Acceptable by Examination
RHS	2RHS*MOV2A,VWMOV2A-C	2-3.00-00-0040	PT	60	3/10/2000	Acceptable by Examination
RHS	2RHS*MOV2A,VWMOV2A-D	2-3.00-00-0039	PT	80	3/10/2000	Acceptable by Examination
RHS	2RHS-66-05-FW321	2-4.00-00-0041	MT	100	3/10/2000	Acceptable by Examination
RHS	2RHS-66-05-FW330 - 333	2-4.00-00-0042	MT	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSA194A2	2-2.01-00-0107	VT-3	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSR042A2	2-2.01-00-0236	VT-3	100	3/27/2000	Acceptable by Examination
RHS	2RHS-PSR1027A2	2-2.01-00-0109	VT-3	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSSH038A2	2-2.01-00-0235	VT-3	100	3/27/2000	Acceptable by Examination
RHS	2RHS-PSSH052A2	2-2.01-00-0106	VT-3	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSSH973A1	2-2.01-00-0116	VT-3	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSSP309A1	2-2.01-00-0189	VT-3	100	3/16/2000	Acceptable by Examination
RHS	2RHS-PSSP777A2	2-2.01-00-0199	VT-3	100	3/20/2000	Acceptable by Examination
RHS	2RHS-PSSP839A2	2-2.01-00-0065	VT-3	100	3/15/2000	Acceptable by Examination
RHS	2RHS-PSSP840A2	2-2.01-00-0063	VT-3	100	3/15/2000	Acceptable by Examination
RHS	2RHS-PSST040A2	2-2.01-00-0237	VT-3	100	3/27/2000	Acceptable by Examination
RHS	2RHS-PSST231A2	2-2.01-00-0108	VT-3	100	3/10/2000	Acceptable by Examination
RHS	2RHS-PSST249A2	2-2.01-00-0145	VT-3	100	3/15/2000	Acceptable by Examination
RHS	2RHS-PSST347A1	2-2.01-00-0115	VT-3	100	3/10/2000	Acceptable by Examination

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RHS	2RHS-PSST396A2	2-2.01-00-0156	VT-3	100	3/16/2000	Acceptable by Examination
RHS	2RHS-PSST400A2	2-2.01-00-0155	VT-3	100	3/16/2000	Acceptable by Examination
RHS	F3	2-2.01-99-0049	VT-2	100	10/22/99	Acceptable by Examination
RHS	F4	2-2.01-99-0040	VT-2	100	10/5/99	Acceptable by Examination
RHS	F5	2-2.01-00-0029	VT-2	100	2/23/2000	Acceptable by Examination
RHS	F6	2-2.01-00-0028	VT-2	100	2/17/2000	Acceptable by Examination
RHS	F8	2-2.01-99-0037	VT-2	100	9/22/99	Acceptable by Examination
RHS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L1	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L2	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L3	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L4	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RHS	L5	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
RPV	2RPV-ACT	GE-124	UT-AUTO	100	3/17/2000	Acceptable by Examination
RPV	2RPV-AE-FS	2-6.09-00-0002	UT-0	100	3/6/2000	Acceptable by Examination
RPV	2RPV-AED	GE-130	UT-AUTO	100	3/11/2000	Acceptable by Examination
RPV	2RPV-AFE	GE-133	UT-AUTO	100	3/13/2000	Acceptable by Examination
RPV	2RPV-AFJ	GE-137	UT-AUTO	100	3/15/2000	Acceptable by Examination
RPV	2RPV-B005	2-2.01-00-0042	VT-1	100	3/6/2000	Acceptable by Examination
RPV	2RPV-BA	GE-122	UT-AUTO	98.9	3/17/2000	Acceptable by Examination
RPV	2RPV-BC	GE-127	UT-AUTO	98.8	3/18/2000	Acceptable by Examination
RPV	2RPV-CW001	2-2.01-00-0080	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW003	2-2.01-00-0081	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW005	2-2.01-00-0082	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW007	2-2.01-00-0083	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW009	2-2.01-00-0084	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW011	2-2.01-00-0085	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW013	2-2.01-00-0086	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW015	2-2.01-00-0087	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW017	2-2.01-00-0088	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW019	2-2.01-00-0089	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW021	2-2.01-00-0090	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW023	2-2.01-00-0091	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-CW025	2-2.01-00-0092	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-DC	GE-111	UT-AUTO	76.3	3/20/2000	Acceptable by Examination
RPV	2RPV-DG	GE-112	UT-AUTO	19.3	3/20/2000	Acceptable by Examination
RPV	2RPV-KA06	GE-125	UT-AUTO	64.4	3/17/2000	Acceptable by Examination
RPV	2RPV-KA17	GE-131	UT-AUTO	64.7	3/11/2000	Acceptable by Examination
RPV	2RPV-KA23	GE-134	UT-AUTO	65.3	3/13/2000	Acceptable by Examination
RPV	2RPV-KA24	GE-138	UT-AUTO	64.5	3/15/2000	Acceptable by Examination
RPV	2RPV-KB01	2-3.00-00-0069	PT	100	3/15/2000	Acceptable by Examination
		GE-113	UT-AUTO	93.25	3/16/2000	
RPV	2RPV-KB02	2-3.00-00-0070	PT	100	3/15/2000	Acceptable by Examination
		GE-114	UT-AUTO	91.3	3/16/2000	
RPV	2RPV-KB04	2-3.00-00-0056	PT	100	3/13/2000	Acceptable by Examination
		GE-123	UT-AUTO	94	3/15/2000	
RPV	2RPV-KB06	2-3.00-00-0066	PT	100	3/15/2000	Acceptable by Examination
		GE-126	UT-AUTO	97	3/14/2000	
RPV	2RPV-KB09	2-3.00-00-0055	PT	100	3/11/2000	Acceptable by Examination
		GE-115	UT-AUTO	90.5	3/14/2000	

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	2RPV-KB10	2-3.00-00-0065 GE-116	PT UT-AUTO	100 94	3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-N001	2-2.01-00-0093	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N003	2-2.01-00-0094	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N005	2-2.01-00-0095	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N007	2-2.01-00-0096	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N009	2-2.01-00-0097	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N011	2-2.01-00-0098	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N013	2-2.01-00-0099	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N015	2-2.01-00-0100	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N017	2-2.01-00-0101	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N019	2-2.01-00-0102	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N021	2-2.01-00-0103	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N023	2-2.01-00-0104	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-N025	2-2.01-00-0105	VT-1	100	3/9/2000	Acceptable by Examination
RPV	2RPV-S001	2-4.00-00-0028 2-6.25-00-0006 2-6.25-00-0019	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S003	2-4.00-00-0029 2-6.25-00-0007 2-6.25-00-0020	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S005	2-4.00-00-0030 2-6.25-00-0008 2-6.25-00-0021	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S007	2-4.00-00-0031 2-6.25-00-0009 2-6.25-00-0022	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S009	2-4.00-00-0032 2-6.25-00-0010 2-6.25-00-0023	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S011	2-4.00-00-0033 2-6.25-00-0011 2-6.25-00-0024	MT UT-0 UT-0	100 100 100	3/8/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S013	2-4.00-00-0034 2-6.25-00-0012 2-6.25-00-0025	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S015	2-4.00-00-0035 2-6.25-00-0013 2-6.25-00-0026	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S017	2-4.00-00-0036 2-6.25-00-0014 2-6.25-00-0027	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S019	2-4.00-00-0037 2-6.25-00-0015 2-6.25-00-0028	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S021	2-4.00-00-0038 2-6.25-00-0016 2-6.25-00-0029	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S023	2-4.00-00-0039 2-6.25-00-0017 2-6.25-00-0030	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-S025	2-4.00-00-0040 2-6.25-00-0018 2-6.25-00-0031	MT UT-0 UT-0	100 100 100	3/9/2000 3/15/2000 3/15/2000	Acceptable by Examination
RPV	2RPV-SBA	2-3.00-00-0054	PT	100	3/12/2000	Acceptable by Examination
RPV	2RPV-TF001	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	2RPV-TF003	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF005	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF007	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF009	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF011	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF013	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF015	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF017	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF019	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF021	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF023	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	2RPV-TF025	GE-095	UT-AUTO	90.2	3/6/2000	Acceptable by Examination
RPV	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
SFC	2SFC-PSST482A3	2-2.01-00-0040	VT-3	100	3/6/2000	Acceptable by Examination
SLS	2SLS-PSST116A1	2-2.01-00-0041	VT-3	100	3/6/2000	Acceptable by Examination
SLS	F1	2-2.01-99-0014	VT-2	100	3/25/99	Acceptable by Examination
SLS	F2	2-2.01-99-0025	VT-2	100	6/4/99	Acceptable by Examination
SLS	I1	2-2.01-99-0013	VT-2	100	3/25/99	Acceptable by Examination
SLS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
SLS	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
SWP	2SWP-PSR1017A3	2-2.01-00-0111	VT-3	100	3/10/2000	Acceptable by Examination
SWP	2SWP-PSR114A3	2-2.01-00-0077	VT-3	100	3/7/2000	Acceptable by Examination
SWP	2SWP-PSR1248A3	2-2.01-00-0110	VT-3	100	3/10/2000	Acceptable by Examination
SWP	2SWP-PSST401A3	2-2.01-00-0076	VT-3	100	3/7/2000	Acceptable by Examination
SWP	2SWR-PSST774B3	2-2.01-00-0232	VT-3	100	3/26/2000	Acceptable by Examination
SWP	I11	2-2.01-99-0019	VT-2	100	4/21/99	Acceptable by Examination
SWP	I12	2-2.01-99-0015	VT-2	100	4/7/99	Acceptable by Examination
SWP	I3	2-2.01-99-0003	VT-2	100	1/26/99	Acceptable by Examination
SWP	I4	2-2.01-98-0389	VT-2	100	12/15/98	Acceptable by Examination
SWP	I5	2-2.01-99-0004	VT-2	100	1/26/99	Acceptable by Examination
SWP	I6	2-2.01-98-0390	VT-2	100	12/15/98	Acceptable by Examination
SWP	I7	2-2.01-99-0010	VT-2	100	3/4/99	Acceptable by Examination
SWP	I8	2-2.01-99-0011	VT-2	100	3/9/99	Acceptable by Examination
WCS	2WCS*MOV102, VB118	2-2.01-00-0203	VT-1	100	3/20/2000	Acceptable by Examination
WCS	2WCS*MOV102, VBY174	2-2.01-00-0204	VT-3	100	3/20/2000	Acceptable by Examination
WCS	2WCS-PSR634A1	2-2.01-00-0217	VT-3	100	3/21/2000	Acceptable by Examination
WCS	2WCS-PSSH572A1	2-2.01-00-0152	VT-3	100	3/17/2000	Acceptable by Examination
WCS	2WCS-PSSP1131A1	2-2.01-00-0142	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP562A1	2-2.01-00-0128	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP569A1	2-2.01-00-0129	VT-3	100	3/14/2000	Acceptable by Examination
		2-2.01-00-0130	VT-3	100	3/14/2000	
WCS	2WCS-PSSP597A1	2-2.01-00-0149	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP601A1	2-2.01-00-0151	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP604A1	2-2.01-00-0133	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP606A1	2-2.01-00-0148	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP607A1	2-2.01-00-0128	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP614A1	2-2.01-00-0131	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP617A1	2-2.01-00-0132	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP618A1	2-2.01-00-0150	VT-3	100	3/14/2000	Acceptable by Evaluation
		2-2.01-00-0244	VT-3		3/27/2000	DER 2-2000-1032

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
WCS	2WCS-PSSP622A1	2-2.01-00-0127	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP699A1	2-2.01-00-0141	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP701A1	2-2.01-00-0140	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP704A1	2-2.01-00-0139	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP705A1	2-2.01-00-0138	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP712A1	2-2.01-00-0143	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP713A1	2-2.01-00-0135	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP714A1	2-2.01-00-0137	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP720A1	2-2.01-00-0134	VT-3	100	3/15/2000	Acceptable by Examination
WCS	2WCS-PSSP874A1	2-2.01-00-0147	VT-3	100	3/14/2000	Acceptable by Examination
WCS	2WCS-PSSP886A1	2-2.01-00-0136	VT-3	100	3/14/2000	Acceptable by Evaluation DER 2-2000-0985
WCS	2WCS-PSST575A1	2-2.01-00-0123	VT-3	100	3/14/2000	Acceptable by Examination
WCS	L0	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination
WCS	L00	2-2.01-00-0243	VT-2	100	4/7/2000	Acceptable by Examination

Sys	Exam Item	Procedure Number	% Comp.	Exam Date	Comments
HCS	F1	N2-ISP+HCS-R0001	100	06/21/99	Pressure test accepted.
HCS	F2	N2-ISP+HCS-R0001	100	07/09/99	Pressure test accepted.
HCS	F3	N2-ISP+HCS-R0001	100	06/21/99	Pressure test accepted.
HCS	F4	N2-ISP+HCS-R0001	100	07/09/99	Pressure test accepted.
HCS	F5	N2-ISP+HCS-R0001	100	06/21/99	Pressure test accepted.
HCS	F6	N2-ISP+HCS-R0001	100	07/09/99	Pressure test accepted.
HCS	F7	N2-ISP+HCS-R0001	100	06/21/99	Pressure test accepted.
HCS	F8	N2-ISP+HCS-R0001	100	07/09/99	Pressure test accepted.

2000 Outage Summary Report - Augmented Examinations

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	2RPV-KB11	2-3.00-00-0057 GE-128	PT UT-AUTO	100 93.3	3/13/2000 3/17/2000	Augmented Examination
RPV	2RPV-KB17	2-3.00-00-0045 GE-132	PT UT-AUTO	100 97	3/10/2000 3/11/2000	Augmented Examination
RPV	2RPV-KB18	2-3.00-00-0046 GE-117	PT UT-AUTO	100 93.75	3/10/2000 3/10/2000	Augmented Examination
RPV	2RPV-KB19	2-3.00-00-0038 GE-118	PT UT-AUTO	100 94	3/10/2000 3/10/2000	Augmented Examination
RPV	2RPV-KB20	2-3.00-00-0036 GE-119	PT UT-AUTO	100 94.5	3/9/2000 3/10/2000	Augmented Examination DER 2-2000-0702
RPV	2RPV-KB20-OL	2-3.00-00-0111 GE-146	PT UT-AUTO	100 94.5	3/27/2000 3/28/2000	Augmented Examination DER 2-2000-1224
RPV	2RPV-KB23	2-3.00-00-0047 GE-135	PT UT-AUTO	100 93.75	3/10/2000 3/12/2000	Augmented Examination
RPV	2RPV-KB24	2-3.00-00-0051 GE-139	PT UT-AUTO	100 93.75	3/11/2000 3/22/2000	Augmented Examination
RPV	2RPV-KB25	2-3.00-00-0049 GE-141	PT UT-AUTO	100 93.3	3/11/2000 3/19/2000	Augmented Examination
RPV	2RPV-KB29	2-3.00-00-0067 2-6.13-00-0002 2-6.13-00-0003 2-6.13-00-0004 2-6.13-00-0005	PT UT-45 UT-45 UT-60 UT-45	100 100 100 100 100	3/14/2000 3/14/2000 3/14/2000 3/14/2000 3/14/2000	Augmented Examination
RPV	2RPV-KC23	2-3.00-00-0048 GE-136	PT UT-AUTO	100 70	3/10/2000 3/12/2000	Augmented Examination
RPV	2RPV-KC24	2-3.00-00-0052 GE-140	PT UT-AUTO	100 100	3/11/2000 3/18/2000	Augmented Examination
RPV	2RPV-KC25	2-3.00-00-0050 GE-142	PT UT-AUTO	100 100	3/11/2000 3/19/00	Augmented Examination

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	CS-P1-120	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-P1-240	NMP2-00-1JPW9	EVT-1	N/A	3/9/2000	Augmented Examination BWRVIP-18
RPV	CS-P2-120	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-P2-240	NMP2-00-1JPW9	EVT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-P3-119	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-P3-121	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-P3-239	NMP2-00-1JPW9	EVT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-P3-241	NMP2-00-1JPW9	EVT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-P4a-190	NMP2-00-1JPW9	EVT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-P4b-190	NMP2-00-1JPW9	EVT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-P4c-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P4c1-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P4d-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P5-010	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P5-170	NMP2-00-1JPW9	EVT-1	N/A	3/15/2000	Augmented Examination BWRVIP-18
RPV	CS-P5-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P5-350	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P6-010	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P6-170	NMP2-00-1JPW9	EVT-1	N/A	3/15/2000	Augmented Examination BWRVIP-18
RPV	CS-P6-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P6-350	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P7-010	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P7-170	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P7-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P7-350	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8a-010	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8a-170	NMP2-00-1JPW9	EVT-1	N/A	3/15/2000	Augmented Examination BWRVIP-18
RPV	CS-P8a-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	CS-P8a-350	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8b-010	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8b-170	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8b-190	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-P8b-350	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-18
RPV	CS-PB-195	NMP2-00-1JPW9	VT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-PB-265	NMP2-00-1JPW9	VT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-PB-290	NMP2-00-1JPW9	VT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-PB-345	NMP2-00-1JPW9	VT-1	N/A	3/10/2000	Augmented Examination BWRVIP-18
RPV	CS-S1-010	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S1-170	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S1-190	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S1-350	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-009	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-011	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-169	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-171	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-189	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-191	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-349	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S2-351	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S3a-A	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S3a-C	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S3b-A	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S3b-C	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S3c-280-C	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-085-A	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-085-C	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18

Sys	Exam Item	Data Sheet Number	Exam Type	% Comp.	Exam Date	Comments
RPV	CS-S4-095-B	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-095-D	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-265-B	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-265-D	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-275-A	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-S4-275-C	NMP2-00-1JPW9	EVT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-010	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-045	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-080	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-280	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-315	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	CS-SB-350	NMP2-00-1JPW9	VT-1	N/A	3/12/2000	Augmented Examination BWRVIP-18
RPV	H4	NMP2-00-1JPW8	UT-AUTO	N/A	3/17/2000	Augmented Examination BWRVIP-07 Ref. DER 2-98-1557
RPV	H5	NMP2-00-1JPW8	UT-AUTO	N/A	3/17/2000	Augmented Examination BWRVIP-07 Ref. DER 2-98-1557
RPV	H9A	NMP2-00-1JPW9	EVT-1	N/A	3/13/2000	Augmented Examination BWRVIP-38
RPV	H9B	NMP2-00-1JPW9	EVT-1	N/A	3/13/2000	Augmented Examination BWRVIP-38
RPV	Jet pumps 5 & 6	NMP2-00-1JPW9	VT-1	N/A	3/11/2000	Augmented Examination Per DER 2-98-1235
RPV	Jet pumps 5, 6, 15 & 16	NMP2-00-1JPW9	VT-1	N/A	3/11/2000	Augmented Examination SIL 465
RPV	LPCI coupling 45-12-315	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-42
RPV	LPCI coupling 45-3b-315	NMP2-00-1JPW9	EVT-1	N/A	3/11/2000	Augmented Examination BWRVIP-42
RPV	LPCI coupling 45-8a-d-315	NMP2-00-1JPW9	VT-3	N/A	3/11/2000	Augmented Examination BWRVIP-42
RPV	LPCI coupling 45-8a-d-315	NMP2-00-1JPW9	VT-1	N/A	3/11/2000	Augmented Examination BWRVIP-42
RPV	MOIST-SEP-1	NMP2-00-1JPW9	VT-1	N/A	3/8/2000	Augmented Examination Per DER 2-98-1410
RPV	Top Guide C Clamp 0	NMP2-00-1JPW9	VT-3	N/A	3/13/2000	Augmented Examination BWRVIP-26
RPV	Top Guide C Clamp 180	NMP2-00-1JPW9	VT-3	N/A	3/13/2000	Augmented Examination BWRVIP-26
RPV	Top Guide C Clamp 270	NMP2-00-1JPW9	VT-3	N/A	3/13/2000	Augmented Examination BWRVIP-26
RPV	Top Guide C Clamp 90	NMP2-00-1JPW9	VT-3	N/A	3/13/2000	Augmented Examination BWRVIP-26

APPENDIX B

**Owners Data Report For Inservice Inspections
Form NIS-1
ASME 1998 Edition**

- 8. Examination Dates 3/5/2000 to 5/15/2000
- 9. Inspection Period Identification First Period
- 10. Inspection Interval Identification First Containment Inspection Interval
- 11. Applicable Edition of Section XI 1998 Edition Addenda No Addenda
- 12. Date/Revision of Inspection Plan February 24, 2000 / Revision 0
- 13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan.
See attached Abstract of Examinations and Summary Report Section
- 14. Abstract of Results of Examinations and Tests.
See Summary Report Section
- 15. Abstract of Corrective Measures.
See Summary Report Section

We certify that a) the statements made in this report are correct, b) the examinations and test 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 7/11/ 2000 Signed Niagara Mohawk Power Corporation By [Signature]
 Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of New York and employed by Factory Mut. Ins. Co. of Johnston RI. have inspected the components described in this Owner's Data Report during the period 3/5/2000 to 5/15/2000, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owners' Data 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 his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owners' 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.

[Signature] Inspector's Signature Commissions Factory Mutual Global
NB 8496 NY 2812
 National Board, State, Province and No.

Date 7/11/ 2000

Exam Item	Code Class	Code Cat.	Code Item	Exam Method	Comments
IWE-200-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-200-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-200-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-200-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-200-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-200-006	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-222-006	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-240-001	MC	E-A	E1.11	General Visual Detailed Visual UT-0	Acceptable by Examination DER 2-2000-0963
IWE-240-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-240-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-240-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-240-005	MC	E-A	E1.11	General Visual Detailed Visual UT-0	Acceptable by Examination DER 2-2000-0963
IWE-240-006	MC	E-A	E1.11	General Visual Detailed Visual UT-0	Acceptable by Examination DER 2-2000-0963
IWE-249-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-249-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-249-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-249-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-249-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-249-006	MC	E-A	E1.11	General Visual	Acceptable by Examination

2000 Outage Summary Report - Abstract of Examinations

Exam Item	Code Class	Code Cat.	Code Item	Exam Method	Comments
IWE-261-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-261-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-261-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-261-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-261-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-261-006	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-288-006	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-001	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-002	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-003	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-004	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-005	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-305-006	MC	E-A	E1.11	General Visual	Acceptable by Examination
IWE-DFL-001	MC	E-A	E1.11, E1.20	General Visual	Acceptable by Examination
IWE-DFL-002	MC	E-A	E1.11, E1.20	General Visual	Acceptable by Examination
IWE-DFL-003	MC	E-A	E1.11, E1.20	General Visual	Acceptable by Examination
IWE-DFL-004	MC	E-A	E1.11, E1.20	General Visual	Acceptable by Examination
IWL-175-001	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-175-002	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-175-003	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-175-004	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-175-005	CC, MC	L-A, E-A	L1.11, E1.12	General Visual	Acceptable by Examination
IWL-196-001	CC	L-A	L1.11	General Visual	Acceptable by Examination

2000 Outage Summary Report - Abstract of Examinations

Exam Item	Code Class	Code Cat.	Code Item	Exam Method	Comments
IWL-196-002	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-003	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-004	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-005	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-196-006	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-007	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-008	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-196-009	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-010	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-011	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-012	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-196-013	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-215-001	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-002	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-215-003	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-004	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-215-005	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-006	CC	L-A	L1.11	General Visual Detailed Visual	Acceptable by Examination
IWL-215-007	CC	L-A	L1.11	General Visual Detailed Visual	Acceptable by Examination
IWL-215-008	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-009	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-215-010	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-011	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-215-012	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-227-001	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-227-002	CC	L-A	L1.11	General Visual	Acceptable by Examination

2000 Outage Summary Report - Abstract of Examinations

Exam Item	Code Class	Code Cat.	Code Item	Exam Method	Comments
IWL-227-003	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-241-001	CC, MC	L-A, E-A	L1.11, E1.11	General Visual Detailed Visual	Acceptable by Examination
IWL-241-002	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-003	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-004	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-005	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-006	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-007	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-008	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-241-009	CC, MC	L-A, E-A	L1.11, E1.11	General Visual Detailed Visual	Acceptable by Examination
IWL-261-001	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-261-002	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-003	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-004	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-005	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-006	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-261-007	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-008	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-009	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-261-010	CC	L-A	L1.11	General Visual	Acceptable by Examination This was a partial examination, as a portion of this Zone was inaccessible at the time of examination due to Radiological concerns.
IWL-289-001	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-289-002	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-289-003	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-289-004	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-289-005	CC	L-A	L1.11	General Visual	Acceptable by Examination

2000 Outage Summary Report - Abstract of Examinations

Exam Item	Code Class	Code Cat.	Code Item	Exam Method	Comments
IWL-289-006	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-289-007	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination
IWL-306-001	CC	L-A	L1.11	General Visual	Acceptable by Examination
IWL-306-002	CC, MC	L-A, E-A	L1.11, E1.11	General Visual	Acceptable by Examination

NOTE:

1. For the number and percentage of examinations completed see Summary Report.
2. No Code Cases were utilized at the time these examinations were performed.
3. All Program Plan Components within the zones were examined.

APPENDIX C

**OWNERS' REPORT FOR
REPAIRS OR REPLACEMENTS
NIS-2
(114 TOTAL)**

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

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/25/2000
 Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2
Mechanical Maintenance WO #99-00918-04
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	14533	N/A	2WCS-PSSP456A3	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 12335 AND REPLACED WITH ID# 14533
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NY 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/25/2000
Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2

Mechanical Maintenance WO #99-00918-12
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System SWP-SERVICE WATER ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13250	N/A	2SWP-PSSP656A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13385 AND REPLACED WITH ID# 13250
VT-3 COMPLETED ON REPORT # 2-2.01-00-0165
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/8, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-18
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	28634	N/A	2SWP-PSSP457A3	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 25217 AND REPLACED WITH ID# 28634
VT-3 COMPLETED ON REPORT # 2-2.01-00-0048
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *J. Gilly* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-19
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	26218	N/A	2SWP-PSSP436A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 21573 AND REPLACED WITH ID# 26218
VT-3 COMPLETED ON REPORT # 2-2.01-00-0043
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-07
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	20621	N/A	2RHS-PSSP397A2	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other
- Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 20598 AND REPLACED WITH ID# 20621
VT-3 COMPLETED ON REPORT # 2-2.01-00-0046
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-13
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	9615	N/A	2SWP-PSSP631A3	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 11 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 12351 AND REPLACED WITH ID# 9615
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

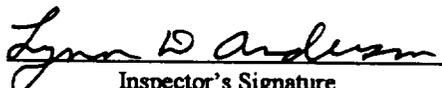
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-11
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1

5. (a) Applicable Construction Code ASME III 1977 Edition, W78 Addenda, 1644-7 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13355	N/A	2WCS-PSSP707A1	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13554 AND REPLACED WITH ID# 13355
VT-3 COMPLETED ON REPORT # 2-2.01-00-0036
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-17
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System SWP-SERVICE WATER ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	25590	N/A	2SWP-PSSP458A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 19368 AND REPLACED WITH ID# 25590
VT-3 COMPLETED ON REPORT # 2-2.01-00-0049
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/9, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-30
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System SWP-SERVICE WATER ASME CLASS 3
 5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	28685	N/A	2SWP-PSSP1086A3	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 28694 AND REPLACED WITH ID# 28685
VT-3 COMPLETED ON REPORT# 2-2.01-00-0045
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-36
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7, N-108 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	11335	N/A	2WCS-PSSP715A1	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11324 AND REPLACED WITH ID# 11335
VT-3 COMPLETED ON REPORT # 2-2.01-00-0038
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-03
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12166	N/A	2WCS-PSSP1130A1	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 11 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13897 AND REPLACED WITH ID# 12166
VT-3 COMPLETED ON REPORT # 2-2.01-00-0034
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/25/2000
 Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2
Mechanical Maintenance WO #99-00918-14
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System SWP-SERVICE WATER ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	26348	N/A	2SWQ-PSSP538B3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 11 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 27192 AND REPLACED WITH ID# 26348
VT-3 COMPLETED ON REPORT # 2-2.01-00-0033
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *R. G. Kelly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-26
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System SWP-SERVICE WATER ASME CLASS 3

5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components:
 7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	20327	N/A	2SWP-PSSP1086A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 28612 AND REPLACED WITH ID# 20327
VT-3 COMPLETED ON REPORT # 2-2.01-00-0044
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NI 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-21
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	8365	N/A	2WSP-PSSP1260A3	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 7208 AND REPLACED WITH ID# 8365
VT-3 COMPLETED ON REPORT # 2-2.01-00-0056
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/01/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02786-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, 1567 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY	N58191-00-0004	N/A	SPARE	1977	REPLACEMENT SPARE	YES

Description of Work: **REBUILD SPARE SAFETY RELIEF VALVE.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REBUILT SPARE RELIEF VALVE FROM POSITION 2WCS-RV21D
REPLACED SPRING WASHERS TOP ID# N88613-96-2383, BOTTOM ID# N88613-96-2393,
QIR 2-98-1160, DISC ID# N90878-39-0059-C, AND SPRING ID# N85045.S/N 0050
VT-2 TO BE COMPLETED WHEN INSTALLED.
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis Ball* MAINTENANCE MANAGER Date 6/14, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/13/98 to 6/14/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/14, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 06/08/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-18516-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VALTEK INC.	8167-4-6	N/A	2WCS-AOV52B	1975	REPLACEMENT	YES

Description of Work: **REPLACE BONNET, BONNET FLANGE, AND PLUG USING EXISTING VALVE BODY. RECONCILED IN DDC 2F02133A**

8. Tests Conducted:F
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1000 Test Temp. ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE PARTS BACKSEATING BONNET ID# BWE, BONNET FLANGE ID# BEH
PLUG ID# BDX, BBQ. REMOVED FROM SPARE VALVE 10078-4-27.
VT-2 COMPLETED ON REPORT # 2-2.01-00-0250
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 6/14, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 11/8/00 to 6/14/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/14, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 06/07/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-20428-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VALTEK INC.	8167-4-5	N/A	2WCS-AOV52A	1975	REPLACEMENT	YES

Description of Work: REPLACE BONNET, BONNET FLANGE, AND PLUG USING EXISTING VALVE BODY. RECONCILED IN DDC 2F02133A

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1000 Test Temp. N/A ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE PARTS BACKSEATING BONNET ID# BWE, BONNET FLANGE ID# BEH
PLUG ID# BFC, BBR. REMOVED FROM SPARE VALVE 10078-4-14.
VT-2 COMPLETED ON REPORT # 2-2.01-00-0249
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 6/14, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/19/00 to 6/14/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8996 NY2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/14, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 06/08/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-18538-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VALTEK INC.	8167-4-8	N/A	2WCS-AOV52D	1975	REPLACEMENT	YES

Description of Work: REPLACE BONNET, BONNET FLANGE, AND PLUG USING EXISTING VALVE BODY. RECONCILED IN DDC 2FO2133A.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1000 Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE PARTS BACKSEATING BONNET ID# BGI, BONNET FLANGE ID# BEH
PLUG ID# BDX, BBQ. REMOVED FROM SPARE VALVE 10078-4-24.
VT-2 COMPLETED ON REPORT # 2-2.01-00-0252
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis J. Felt* MAINTENANCE MANAGER Date 6/14, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/18/00 to 6/14/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/14, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 06/07/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-18527-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VALTEK INC.	8167-4-7	N/A	2WCS-AOV52C	1975	REPLACEMENT	YES

Description of Work: **REPLACE BONNET, BONNET FLANGE, AND PLUG USING EXISTING VALVE BODY. RECONCILED IN DDC 2F02133A**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1000 Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE PARTS BACKSEATING BONNET ID# BGI, BONNET FLANGE ID# BEH
PLUG ID# BDX, BBQ. REMOVED FROM SPARE VALVE 10078-4-10.
VT-2 COMPLETED ON REPORT # 2-2.01-00-0251
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 6/14, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/19/00 to 6/14/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/14, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/15/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 97-16444-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160974	192	8 X 10 CLASS 1 SRV SPARE	1979	REPLACEMENT SPARE	YES

Description of Work: INSTALLED HELICOIL INSERT INTO INLET FLANGE POSITION # 12.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: INSTALLATION OF HELICOIL INSERT INTO INLET FLANGE IN POSITION # 12
PART NUMBER 4190-26TN-2.438. INSTALLATION WAS AUTHORIZED BY USING
CODE CASE N-496. NO PRESSURE TEST IS REQUIRED AT THIS TIME FOR THE
VALVE WAS NOT INSTALLED.
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis J. [Signature]* MAINTENANCE MANAGER Date 5/24/00, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston
RI have inspected the components described in this Owner's Report during the period 10/5/99 to 5/25/00
and state that to the best of my knowledge and belief, the Owner has performed examinations and taken
corrective measures described in this Owner's Report in accordance with the requirements of the ASME
Code, Section XI.

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

Lynn W. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/12/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03304-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 N-416-1 Code Case
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE AND FLANGE SPOOL	NIAGARA MOHAWK	N/A	N/A	2-RHS-006-32-2	2000	REPLACEMENT	NO

Description of Work: FABRICATE SPOOL WO# 99-03304-02 AND INSTALL WITH WO# 99-03304-00.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 325 Test Temp. 77 °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: SHOP FABRICATED PIPE ID# 11046 AND FLANGE ID# 591ZNG FOR SPOOL 2-RHS-006-32-2 WELD SW008C1 FIT-UP, VISUAL COMPLETED ON REPORT QIR 2-00-0139. RT COMPLETED ON REPORT # 2-5.00-00-0003. VT-2 COMPLETED ON REPORT # 2-2.01-00-0240 WHEN INSTALLED. THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/25/00, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/1/00 to 5/31/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/31, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 05/23/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03304-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 N-416-1 Code Case
 (c) Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SPOOL TO VALVE	NIAGARA MOHAWK	N/A	N/A	2-RHS-006-32-2	2000	REPLACEMENT	NO

Description of Work: INSTALL PIPE SPOOL TO VALVE.WITH FW006C1

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 325 Test Temp. 77 °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: COMPLETED FW006C1, FIT-UP, VISUAL, QIR 2-00-0517, RT COMPLETED WELD REPORTS # 2-5.00-00- 0005 & 0006. VT-2 COMPLETED ON REPORT # 2-2.01-00-0240.
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/25, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/1/00 to 5/31/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/31, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 05/15/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03304-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 N-416-1 Code Case
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN	195	N/A	2RHS*V11	1979	REPAIR	YES

Description of Work: **REPAIR 2RHS*V11 BASE METAL ON THIS PACKAGE**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 325 Test Temp. 77 °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPAIRED BASE METAL QIR 2-00-0517, END PREP MT # 2-4.00-00-0097
VISUAL, AND PT OF VALVE END PREP #2-3.00-00-0112. , QIR 2-00-0517 FOR VISUAL
OF EXCAVATED AREA. RT COMPLETED ON REPAIR # 2-5.00-00-0005 & 0006
VT-2 COMPLETED ON REPORT # 2-2.01-00-0240.
THIS REPAIR WAS DUE TO EROSION AS STATED ON DER 2-2000-1184

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/25, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/1/00 to 5/31/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/31, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/22/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09714-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN VALVE	822	N/A	2RHS*MOV4A	1982	REPLACEMENT	YES

Description of Work: PERFORM PRESSURE LOCKING MOD. PER DDC 2M11525.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: DRILLED HOLE IN ACCORDANCE WITH DDC 2M11525 FOR PRESSURE LOCKING MODIFICATION. PT COMPLETED ON REPORT # 2-3.00-00-0013. VT-2 COMPLETED ON REPORT # 2-2.01-00-0202
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

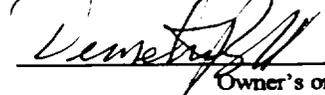
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

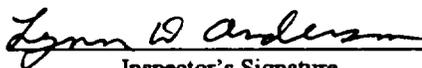
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/24, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/26/00 to 5/25/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-10034-00
Address Repair Organization P.O. No., Job No., etc
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	COPE VULCAN	8220-95446-4- 2	2453	2ICS*AOV131	1984	REPLACEMENT	YES

Description of Work: REPLACE STEM AND PLUG ASSEMBLY

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED STEM AND PLUG ASSEMBLY ID# 9621-96185-1-1
VT-2 COMPLETED ON NDER 2-2.01-99-0036
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis Bell* MAINTENANCE MANAGER Date 5/24/, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/7/99 to 5/25/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/03/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 97-14131-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System DFR-REACTOR BUILDING FLOOR DRAINS ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN	962112	N/A	2DFR*MOV140	1996	REPLACEMENT	YES

Description of Work: **FABRICATE NEW VALVE AND PIPE ASSEMBLY.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure N/A Test Temp. N/A °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: FABRICATE NEW PIPE AND VALVE ASSEMBLY FOR 2DFR*MOV140 VALVE ID# 962112 TO PIPE ID# SF021. SW-1 IS THE FAB SHOP WELD WITH FIT-UP AND VISUAL RECORDED QIR-2-98-0139 AND RT COMPLETED ON REPORT # 2-5.00-98-0001 TIE-IN WELD WILL BE COMPLETED ON WORK ORDER 99-00302-04 PRESSURE TEST TO BE PERFORMED AFTER INSTALLATION THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

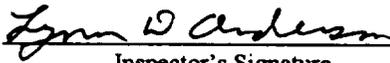
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/24, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/4/98 to 5/25/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 05/22/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03771-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY VALVE	N66292-00-0002	N/A	2SWP*RV34A	1983	REPLACEMENT	YES

Description of Work: **REPLACE SAFETY RELIEF VALVE.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SERIAL ID# N66292-01-0004 AND REPLACED WITH ID# N66292-00-0002
VT-2 COMPLETED ON REPORT # 2-2.01-00-0198
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/24/, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/15/99 to 5/25/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/17/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03357-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS1

5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN VALVE	850	N/A	2WCS*MOV200	1983	REPLACEMENT	YES

Description of Work: REPLACE VALVE DISC.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F Test Procedure: 2N-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE DISC WITH IN-KIND REPLACEMENT ID# 4294 HT#7948-023N209
REPLACED TACK WELD EXAMINED UNDER REPORT #QIR 2-00-0335
VT-2 COMPLETED ON REPORT #2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

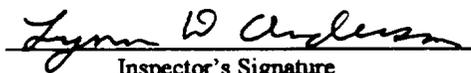
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/24, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/27/99 to 5/25/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03768-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY	N60530-01-0002	N/A	2RHS*RV108	1993	REPLACEMENT	YES

Description of Work: REPLACE SAFETY RELIEF VALVE PER ASME XI IST PROGRAM.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED SAFETY RELIEF VALVE ID# N60530 S/N TAG MISSING WITH ID# N60530-01-0002. REMOVED VALVE FAILED SEAT LEAKAGE DER-2-2000-1080 VT-2 COMPLETED ON REPORT # 2-2.01-00-0248 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis B. Hall* MAINTENANCE MANAGER Date 5/24, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/14/99 to 5/25/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/25, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 98-00829-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W74 Addenda, 1682-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	W-K-M VALVE	70-118155	1009	2WCS-FV135	1976	REPLACEMENT	YES

Description of Work: **REPLACED VALVE STEM AND PLUG ASSEMBLY**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 170 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACE CODE PLUG ID# S/N 276-410T, HEAT NUMBER ID# B095
STEM ID# RVZ
VT-2 COMPLETED ON NDER# 2-2.01-98-0346
DER 2-2000-1741 ISSUED FOR PACKAGE MISSING LAST INTERVAL REPORTING
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Dennis Hill* MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/17/98 to 5/12/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 97-02100-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 2

5. (a) Applicable Construction Code ASME III, 1974 Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RUPTURE DISC	ITT GRINELL	N/A	N/A	2ICS*PSE117	1986	REPLACEMENT	YES

Description of Work: REPLACED RUPTURE DISC ASSEMBLY FOR 2ICS*PSE117

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED RUPTURE DISC ASSEMBLY ID# 112882 CERT. ID#X3003054
VT-2 NOT REQUIRED PER IWA 5222
DER 2-2000-1741 ISSUED FOR PACKAGE MISSING LAST INTERVAL REPORTING
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/1/97 to 5/18/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 97-02101-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 2

5. (a) Applicable Construction Code ASME III, 1974 Edition, N/A Addenda, N/A Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RUPTURE DISC	ITT GRINELL	N/A	N/A	2ICS*PSE118	1986	REPLACEMENT	YES

Description of Work: REPLACED RUPTURE DISC ASSEMBLY FOR 2ICS*PSE118

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REPLACED RUPTURE DISC ASSEMBLY ID# 112882 CERT. ID#X3003054
VT-2 COMPLETED ON NDER 2-2.01-98-0359
DER 2-2000-1741 ISSUED FOR PACKAGE MISSING LAST INTERVAL REPORTING
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

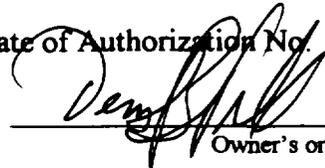
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/19/97 to 5/18/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8486 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/27/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-16349-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System HVK-CONTROL BLDG CHILLED WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, TUBES 1634 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHILLER UNIT	YORK	81312	53282	2HVK*CHL1B	1978	REPLACEMENT	YES

Description of Work: REPLACED STUDS AND NUTS ON EXCHANGER COVER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REPLACED 22 STUDS ID# 8996755
REPLACED 22 NUTS ID# 803765, AND # 8077124
VT-2 COMPLETED ON REPORT # 2-2.01-00-0246 DER 2-2000-1451 AGAINST DELAY OF EXAMINATION
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/16/, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 11/19/99 to 5/18/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/04/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-15845-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, NO Addenda, 1516-2, 1567-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHECK VALVE	ANCHOR DARLING	1N470	N/A	2RHS*AOV16C	1981	REPLACEMENT	YES

Description of Work: **REPLACEMENT OF DISC AND ACTUATOR SIDE STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED DISC ID# 22504 S/N 1, STUDS ID# TE, AND NUTS ID# MID NM1 DH ON ACTUATOR SIDE ONLY.
VT-3 COMPLETED FOR INTERNAL INSPECTION ON REPORT # 2-2.01-00-0212
VT-1 BOLTING COMPLETED ON REPORT # 2-2.01-00-0239
VT-2 COMPLETED ON REPORTED # 2-2.01-00-0243
DER 2-2000-1766 ISSUED FOR MISSED ANII APPROVAL REVIEW
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/16/, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/18/00 to 5/18/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions ND 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/27/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 00-02233-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13921	N/A	2WCS-PSSP886A1	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 17589 AND REPLACED WITH ID# 13921
VT-3 COMPLETED ON REPORT # 2-2.01-00-0213
DER 2-2000-1766 ISSUED FOR MISSED ANII APPROVAL REVIEW
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/18/00 to 5/18/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/26/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 00-02008-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, NO Addenda, 1516-2, 1567-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SWING CHECK VALVE	ANCHOR DARLING	1N472	N/A	2RHS*AOV16A	1981	REPLACEMENT	YES

Description of Work: **INSTALL NEW STUDS ON ACTUATOR SIDE OF VALVE.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED/REPLACED ALL 8 STUDS ON ACTUATOR SIDE OF VALVE.
NEW STUD CUT FROM THREADED ROD ID# X5A00417 AND NUT ID# TE
VT-1 COMPLETED ON REPORT # 2-2.01-00-0051
VT-2 COMPLETED ON REPORT # 2-2.01-00-0057
DER 2-2000-1766 ISSUED FOR MISSED ANII APPROVAL REVIEW
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

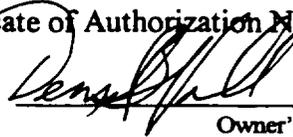
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/18/00 to 5/18/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-11092-09
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1977 Edition, N/A Addenda, 1516-2, 1567-1 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHECK VALVE	ANCHOR DARLING	1N704	N/A	2ICS*AOV156	1981	REPLACEMENT	YES

Description of Work: REPLACED FOUR STUDS INDICATOR SIDE

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED FOUR STUDS INDICATOR SIDE HT# A2F
VT-1 COMPLETED ON NDER 2-2.01-99-0032
VT-2 COMPLETED ON NDER 2-2.01-99-0033
DER 2-2000-1766 ISSUED FOR MISSED ANII APPROVAL REVIEW
THIS REPLACEMENT WAS NOT A RESULT OF A INSERVICE FAILURE

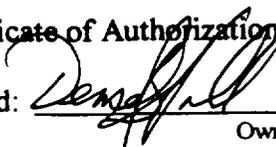
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/16, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/19/00 to 5/18/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/18, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/03/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 00-00171-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System FWS-FEEDWATER SYSTEM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, NO Addenda, 1516-2, 1567-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHECK VALVE	ANCHOR DARLING	1N405	N/A	2FWS*AOV23B	1980	REPLACEMENT	YES

Description of Work: REPLACE DISC, STUFFING BOX STUDS AND NUTS.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REPLACE VALVE DISC ID# 2 HT# 218198, REPLACED STUFFING BOX STUDS ID# TE AND NUTS ID# M1DDH ON BOTH SIDES OF VALVE. VT-1 OF BOLTING COMPLETED ON 2-2.01-00-0238, VT-3 VALVE INTERNAL EXAM COMPLETED ON 2-2.01-00-0243. VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/13, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/25/00 to 5/15/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/15, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/31/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09718-00
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2

5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN VALVE	018	N/A	2RHS*MOV115	1980	REPLACEMENT	YES

Description of Work: DRILL VALVE DISC FOR PRESSURE LOCKING MOD PER 2M11529.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: DRILLED VALVE DISC PER DDC 2M11529, PT COMPLETED ON REPORT # 2-3.00-00-0061
VISUAL COMPLETED ON QIR 2-00-0274, AND NO LEAKAGE PER N2-MMP-GEN-200
DER 2-2000-2029 WRITTEN FOR MISSED VT-2
VT-2 COMPLETED ON REPORT 2-2.01-00-0264
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

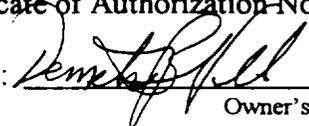
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

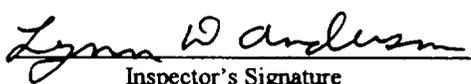
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 6/26, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/27/00 to 6/27/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 6/27, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NQ Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160935	390	2MSS*PSV 120	1980	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID#160915 AND REPLACED WITH ID# 160935
INSTALLED 12 INLET FLANGE STUDS, 3 ID# JBP, 9 ID# PEL, AND 12 STUD NUTS,
3 ID# CZL1, 9 ID# CZL2 AS IDENTIFIED ON DER 2-2000-1001 ONE ID# UNKNOWN
INSTALLED 16 OUTLET FLANGE STUDS ID# HVS, AND 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0007
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/2/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-08
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System MSS-MAIN STEAM ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160903	122	2MSS*PSV 128	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160958 AND REPLACED WITH ID# 160903
INSTALLED 12 INLET FLANGE STUDS ID# PEL AND 12 INLET STUD NUTS,
9 ID# CZL1 AND 3 ID# CZL2 AS IDENTIFIED ON DER 2-2000-1001 ONE ID# UNKNOWN
INSTALLED 16 OUTLET STUDS 10 ID# PEM AND 6 ID# HVS, 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0015
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-09
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System MSS-MAIN STEAM ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160904	123	2MSS*PSV 129	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F

Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID#160956 AND REPLACED WITH ID# 160904
INSTALLED 12 INLET FLANGE STUDS, 11 WITH ID# PEL AND 1 WITH ID# HVQ
INSTALLED 12 INLET STUD NUTS, 6 WITH ID# CZL1, 3 WITH ID# CZL2, 3 WITH ID# PV2
INSTALLED 16 OUTLET FLANGE STUDS WITH ID# PEM AND 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0016
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-17
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160905	124	2MSS*PSV 137	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID#160954 AND REPLACED WITH ID# 160905
INSTALLED 12 INLET FLANGE STUDS ID# HVQ. INLET STUD NUTS AS
PER DER 2-2000-1001 ARE AS FOLLOWS: 2 ID# PV1, 2 ID# PV2, 4 ID# CZL1,
3 ID# CZL2, AND ONE UNKNOWN WHICH WOULD BE IN ONE OF THE ABOVE ID#.
INSTALLED 16 OUTLET FLANGE STUDS ID# HVS, AND 12 NUTS ID# NNM AND 4 ID# HZF
VT-1 COMPLETED ON REPORT # 2-2.01-00-0024
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/10, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/11/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/11, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-03
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System MSS-MAIN STEAM ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160960	93	2MSS*PSV 123	1979	REPLACEMENT	YES

Description of Work: REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160963 AND REPLACED WITH ID# 160960
INSTALLED 12 INLET FLANGE STUDS ID# HVQ. INLET STUD NUTS AS
PER DER 2-2000-1001 ARE AS FOLLOWS: 1 ID# CZL1, 3 ID# CZL2, 5 ID# PV1,
2 ID# PV2, AND ONE UNKNOWN WHICH WOULD BE IN ONE OF THE ABOVE ID#
INSTALLED 16 OUTLET STUDS ID# HVS AND 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0010
VT-T COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/2/99 to 05/05/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160939	389	2MSS*PSV 121	1980	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160965 AND REPLACED WITH ID# 160939
INSTALLED 12 INLET FLANGE STUDS ID# HVQ, 12 STUD NUTS 5 ID# CZL1, 7 ID# CZL2
INSTALLED 16 OUTLET FLANGE STUDS ID# HVS, 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0008
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160974	192	2MSS*PSV 124	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160906 AND REPLACED WITH ID# 160974
INSTALLED 12 INLET FLANGE STUDS, WITH ID# JBP
INSTALLED 12 INLET STUD NUTS, 7 WITH ID# CZL1 AND 5 WITH ID# CZL2
INSTALLED 16 OUTLET STUDS WITH ID# HVS AND 16 NUTS WITH ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0011
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

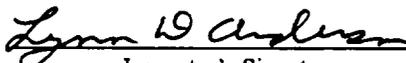
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/2/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-05
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System MSS-MAIN STEAM ASME CLASS 1

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160968	199	2MSS*PSV 125	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID#160952 AND REPLACED WITH ID# 160968
INSTALLED 12 INLET FLANGE STUDS, 8 WITH ID# N5C AND 4 WITH ID# JBP
INSTALLED 12 INLET STUD NUTS, 5 WITH ID# CZL1 AND 7 WITH ID# CZL2
INSTALLED 16 OUTLET FLANGE STUDS, ID# HVS AND 16 STUD NUTS ID# HUQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0012
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *R. J. Lilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09333-15
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, NQ Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160976	203	2MSS*PSV 135	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160975 AND REPLACED WITH ID# 160976
INSTALLED 12 INLET FLANGE STUDS ID# HVQ AND 12 STUD NUTS ID# PV2 AS
IDENTIFIED ON DER 2-2000-1001 ONE ID# UNKNOWN
INSTALLED 16 OUTLET FLANGE STUDS ID# HVS AND 16 STUD NUTS ID# NNM
VT-1 COMPLETED ON REPORT # 2-2.01-00-0022
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

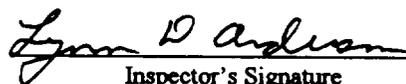
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-16
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160973	193	2MSS*PSV 136	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET /OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 °F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID# 160961 AND REPLACED WITH ID# 160973
INSTALLED 12 INLET FLANGE STUDS, WITH ID# HVQ
INSTALLED 12 NUTS ON INLET STUDS, 3 WITH ID# PV1 AND 9 WITH ID# PV2
INSTALLED 16 OUTLET FLANGE STUDS, WITH ID# HVS AND 16 NUTS ID# NNM
VT-1 COMPLETED ON REPORT # 2-2.01-00-0023
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

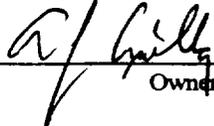
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

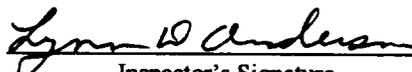
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09333-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	G. DIKKERS CO.	160951	84	2MSS*PSV 122	1979	REPLACEMENT	YES

Description of Work: **REPLACED SAFETY RELIEF VALVE, ALONG WITH INLET/OUTLET STUDS AND NUTS.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF ID#160950 AND REPLACED WITH ID# 160951
INSTALLED 12 INLET FLANGE STUDS, 8 WITH ID# JBP AND 4 WITH ID# HVQ
INSTALLED 12 NUTS ON INLET STUDS, 5 WITH ID# CZL1 AND 7 WITH ID# CZL2 AS
IDENTIFIED ON DER 2-2000-1001 THREE ID# UNKNOWN
INSTALLED 16 OUTLET FLANGE STUDS, ID# HVS AND 16 NUTS ID# HVQ
VT-1 COMPLETED ON REPORT # 2-2.01-00-0009
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 6/21/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/28/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 98-02843-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY VALVE	N66292-00-0001	N/A	SPARE FROM SWP*RV34A	1983	REPLACEMENT SPARE	YES

Description of Work: REBUILD SPARE SAFETY RELIEF VALVE.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.

FORM NIS-2 (Back)

Remarks: SPARE REBUILT AND RETURNED TO STORES, REPLACED DISC ID# K55400-42-0021, SPINDLE ID# K63691-32-0008, TOP WASHER ID# N91725-66-0313, BOTTOM WASHER ID# N91725-66-0316, AND SPRING ID# HT22917. QIR # 2-98-1163
VT-2 TO BE COMPLETED ON INSTALLATION
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

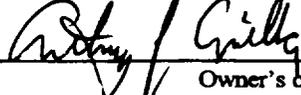
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 9/29/98 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/03/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00302-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System DFR-REACTOR BLDG FLOOR DRAINS ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, NO Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989, N 416-1 Code Case
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE & PIPE ASSEMBLY	VELAN	962112	N/A	2DFR*MOV140	1996	REPLACEMENT	YES

Description of Work: REPLACE VALVE AND PIPE ASSEMBLY.

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other
- Pressure 15 ⁴¹ Test Temp. _____ °F Test Procedure: N2-ISP-LRT-R@041
TAK 5/15/2000

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REPLACE PIPE AND VALVE ASSEMBLY FABRICATED UNDER WORK ORDER 97-14131-02. TIE-IN WELD FIT-UP, VISUAL DOCUMENTED ON QIR 2-00-0444. RT COMPLETED ON REPORT # 2-5.00-00-0004. VT-2 COMPLETED ON REPORT # 2-2.01-00-0245 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

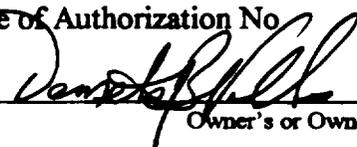
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/13, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/19/00 to 5/15/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NOB496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/15, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/04/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09790-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, NO Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 N-416-1 Code Case
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
TEE	UNKNOWN	77791	N/A	2-WCS-002-405-3	N/A	REPLACEMENT	YES
VALVE	VELAN	414-14	N/A	2WCS-V456	1978	REPLACEMENT	YES
PIPE	ENERGY STEEL AND SUPPLY	6385	N/A	2-WCS-002-405-3	N/A	REPLACEMENT	YES

Description of Work: PERFORM TIE-IN CONNECTION IN ACCORDANCE WITH DDC 2M11573.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: TIE-IN CONNECTION WCS. COMPLETED ON TIE-IN WELDS WERE TEE TO PIPE, PIPE TO VALVE. ROOT PASS NDE # 2-3.00-00-003 FW2 & FW3, 2-3.00-00-005 FW1 & FW 4. FINAL PT COMPLETED FOR FW 2 & FW 3 ON REPORT 2.3.00-00-0004, FINAL PT COMPLETED FOR FW 1 & FW 4 ON REPORT 2-3.00-00-0006. VISUAL ON QIR 2-00-0060. VT-2 COMPLETED ON REPORT 2-2.01-00-0006 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/13, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/12/00 to 5/15/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/15, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/11/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09715-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System CSL-LOW PRESSURE CORE SPRAY ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN VALVE	977	N/A	2CSL*MOV107	1980	REPLACEMENT	YES

Description of Work: **PERFORM PRESSURE LOCKING MODIFICATION.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: INSTALL PRESSURE LOCKING MODIFICATION PER DDC 2M11526A
VISUAL EXAM COMPLETED ON QIR 2-00-0205 AND PT COMPLETED ON REPORT
2-3.00-00-0044. VT-2 COMPLETED ON REPORT # 2-2.01-00-0124
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/13, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/31/00 to 5/15/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/15, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 05/03/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-08450-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W74 Addenda, 1682-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	W-K-M VALVE	70-118155	1009	2WCS-FV135	1976	REPLACEMENT	YES

Description of Work: REPLACE VALVE BONNET, VALVE TRIM

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE BONNET ID# 108530 AND SPINDLE ID# 108753 VERIFIED ON QIR 2-00-0429, MACHINED VALVE BONNET TO VENDOR SUPPLIED TOLERANCES. VT-2 COMPLETED ON REPORT #2-2.01-00-0254 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

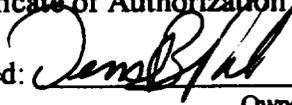
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/13, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/18/00 to 5/15/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/15, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/26/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #97-08546-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, N/A Code Case
- (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY VALVE	N66292-00-0002	N/A	SPARE FOR 2SWP*RV34A/B	1983	REPLACEMENT SPARE	YES

Description of Work: REBUILT SPARE SAFETY RELIEF VALVE.

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other
- Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REBUILT SAFETY RELIEF VALVE AS A SPARE FOR 2SWP*RV34A OR 34B.
REPLACED DISC ID# K55400-41-0020-C, SPINDLE ID# 46179, SPRING ID# RNX3484,
SPRING WASHERS TOP ID# N91725-66-0324, BOTTOM ID# N91725-66-0326
NO VT-2 REQUIRED UNTIL INSTALLATION
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 10/28/98 to 5/12/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/12, 2000

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

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/26/2000
 Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2
Mechanical Maintenance WO # 98-06504-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System SFC-SPENT FUEL POOL COOLING ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, NO Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SWAY STRUT	SWEC	N/A	N/A	2SFC-PSST533A3	1986	REPLACEMENT	YES
SWAY STRUT	SWEC	N/A	N/A	2SFC-PSST534A3	1986	REPLACEMENT	YES

Description of Work: REMOVE CLEAN, PAINT, AND REPLACE DAMAGED PARTS.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: 2SFC-PSST533A3/2SFC-PSST534A3 REPLACED STUD ID# JOK, PIN ID# 09B, NUTS ID# J1B AND JAM NUTS ID# 4R60406 ON BOTH STRUTS. QIR 2-98-1239 DRILLED SIGHT HOLE IN 2SFC-PSST534A3 PER SPEC P301F AND DER 2-98-3908 VT-3 COMPLETED ON REPORT # 2-2.01-98-0391, AND 2-2.01-98-0392 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/10, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 12/15/98 to 5/11/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/11, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 05/04/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-04947-00
Address Repair Organization P.O. No., Job No., etc./WSI
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System MSS-MAIN STEAM ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1971 Edition, W72 Addenda, ** REMARKS Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
FW REACTOR NOZZLE	CBI NUCLEAR COMPANY	T52	18	2MSS*REV1	1977	REPAIR	YES

Description of Work: **REPAIRED NOZZLE WELD USING WELDING SERVICES INC. PROGRAM.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: WELD OVERLAY ON NOZZLE N4D AT WELD ID# 2RPV-KB20-OL
THE NDE EXAMINATION RECORDS ARE RECORDED IN THE WORK ORDER
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPAIR OVERLAY WAS THE RESULT OF A SERVICE INDUCED INDICATION
CODE CASES-1332-6, 1141-1, 1572, 1557-1, 1620, N-638, N-416-1, N-504-1

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/10, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/16/00 to 5/11/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/11, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/28/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 97-08130-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SFC-SPENT FUEL POOL COOLING ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, S77 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	FISHER CONTROL	6728A-01	358	2SFC*V21B	1998	REPLACEMENT	YES

Description of Work: REPLACE VALVE.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure N/A Test Temp. N/A °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACEMENT VALVE ID# 6728A-01
VT-2 COMPLETED ON REPORT ID# 2-2.01-98-0360
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 10/9/97 to 5/9/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03888-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1980 Edition, NO Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	ATWOOD MORRILL	8-18038-27	N/A	2SWP*AOV78B	1984	REPLACEMENT	YES

Description of Work: REPLACE VALVE COVER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 120 Test Temp. NA °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: VALVE COVER ID # RTZ 12
VT-2 COMPLETED ON 2-2.01-99-0017
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/9/99 to 5/9/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/9, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/26/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-09717-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VELAN VALVE	468	N/A	2RHS*MOV4C	1981	REPLACEMENT	YES

Description of Work: DRILL VENT HOLE IN WEDGE DISC.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: DISASSEMBLED VALVE TO DRILL VENT HOLE IN WEDGE PER DDC 2M11528
VISUAL COMPLETED ON QIR 2-00-0510
PT COMPLETED ON NDE REPORT # 2-3.00-00-0131
VT-2 COMPLETED ON REPORT # 2-2.01-0--0-0214
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *a. J. Capella* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/28/00 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/26/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #98-03252-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, 1567 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY VALVE	N58191-00-0004	N/A	2WCS-RV21C	1977	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALLED SAFETY RELIEF VALVE.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure N/A Test Temp. N/A °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: **INSTALLED NEW SAFETY RELIEF VALVE S/N # N58191-00-0004
COMPLETED VT-2 ON REPORT # 2-2.01-98-0361
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE**

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 10/1/98 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/28/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 00-04637-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SAFETY RELIEF VALVE	CROSBY VALVE	N66292-00-0001	N/A	2SWP*RV34A	1983	REPLACEMENT	YES

Description of Work: REPLACE SAFETY RELIEF VALVE.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SAFETY RELIEF VALVE ID#N66292-00-0002 AND REPLACED WITH ID# N66292-00-0001 DER 2-2000-1493 GENERATED FOR FAILURE VT-2 COMPLETED ON REPORT # 2-2.01-00-0247 THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *Anthony J. Gully* MAINTENANCE MANAGER Date 5/4/00, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/17/00 to 5/5/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/28/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-15601-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RCS-REACTOR COOLANT ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PUMP SEAL	BINGHAM WILLAMETT E	71131 SEAL	164	2RCS*P1B	1977	REPLACEMENT	YES

Description of Work: REPLACE LEAKING SEAL.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 °F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED SEAL HOLDER ID# 2205327-1, UPPER SEAL GLAND ID# 2205424-1
REBUILD WAS COMPLETED ON WORK ORDER # 99-01135-01 QIR# 2-00-0133
VT-2 COMPLETED ON REPORT # 2-2.01-00-0243
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 12/29/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-09716-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, W75 Addenda, NO Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
GATE VALVE	VELAN VALVE	467	N/A	2RHS*MOV4B	1981	REPLACEMENT	YES

Description of Work: **PERFORM PRESSURE LOCKING MODIFICATION TO WEDGE.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 489 Test Temp. N/A °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: DRILLED HOLE IN WEDGE IN ACCORDANCE WITH DDC 2M11527A FOR PRESSURE LOCKING MODIFICATION. VISUAL COMPLETED ON QIR 2-00-0321
PT COMPLETED ON REPORT # 2-3.00-00-0095
VT-2 COMPLETED ON REPORT # 2-2.01-00-0242
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 1/24/00 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NOB496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-19040-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, 1677 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PUMP	GOULDS PUMP	N239B505-4	346	2SWP*P1D	1978	REPLACEMENT	YES

Description of Work: **REPLACE GLAND HALF CAP SCREWS AND NUTS**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 11 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.*

FORM NIS-2 (Back)

9. Remarks: REPLACED GLAND HALF CAPSCREWS - ID# IZM
REPLACED NUTS ID# OB3
COMPLETED VT-2 ON REPORT # 2-2.01-00-0002
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *AJ Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/17/00 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NO 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-08061-05
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 1
5. (a) Applicable Construction Code ASME III 1977 Edition, N/A Addenda, 1516-2, 1567-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHECK VALVE	ANCHOR DARLING	1N408	N/A	2ICS*AOV157	1981	REPLACEMENT	YES

Description of Work: **REPLACED 3 STUFFING BOX STUDS**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1025 Test Temp. 180 ° F Test Procedure: N2-OPS-RPV-002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED 3 STUFFING BOX STUDS ID# E9
VT-1 PERFORMED NDER 2-2.01-99-0031
VT-2 PERFORMED UNDER WO# 98-08061 NDER 2-2.01-99-0033
THIS REPLACEMENT WAS NOT THE RESULTS OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/7/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-11237-16
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, N/A Addenda, 1516-2, 1567-1 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	ANCHOR DARLING	1N467	N/A	2RHS*AOV39B	1981	REPLACEMENT	YES

Description of Work: REPLACED (ACT) STUFFING BOX AND 2 NUTS.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 1020 Test Temp. 95 ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED (ACT) STUFFING BOX ID# B516
REPLACED 2 NUTS ON STUFFING BOX SIDE ID# DJQ
VT-2 COMPLETED NDER # 2-2.01-99-0034
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 7/17/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 98-06763-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	VALTEK	8167-2-4	N/A	2WCS-FV16A	1975	REPLACEMENT	YES

Description of Work: **REPLACED VALVE PLUG**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure NA Test Temp. NA° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACEMENT VALVE PLUG ID# V11663
VT-2 COMPLETED ON NDER 2-2.01-99-0006
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *af Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/4/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-01735-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP- SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1980 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
VALVE	ATWOOD MORRILL	7-18038-27	N/A	2SWP*AOV78A	1984	REPLACEMENT	YES

Description of Work: **REPLACED VALVE COVER**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 120 Test Temp. NA °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE COVER ID# RTZ 11
VT-2 COMPLETED ON 2-2.01-99-0018
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/29/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-05482-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1977 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
STRAINER	ZURN INDUSTRIES	8306	6	2SWP*STR4F	1978	REPLACEMENT	YES

Description of Work: REPLACED COVER BOLTING AND NUTS

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 120 Test Temp. NA °F Test Procedure: N2-OSP-SWP-Q002

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED BOLTING ID# N-PUJ AND NUTS ID# HV6-7T .
VT-2 COMPLETED ON 2-2.01-00-0025
THIS REPLACEMENT WAS NOT THE RESULTS OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Quilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 4/8/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/18/2000
Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2
Mechanical Maintenance WO # 99-20141-00
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System SWP-SERVICE WATER ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, 1677 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PUMP	GOULDS PUMP	N239B505-6	348	2SWP*PIF	1979	REPLACEMENT	YES

Description of Work: REPLACED GLAND STUDS AND NUTS, ALSO GLAND HALF CAPSCREWS AND NUTS.

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure NA Test Temp. NA °F Test Procedure: NA

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REPLACED PARTS ARE GLAND STUDS ID# E2 AND NUTS ID# DDH
GLAND CAPSCREWS ID# IZM AND NUTS ID# M1 DDH
VT-2 COMPLETED ON 2-2.01-00-0027
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *af Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 01/21/00 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-20019-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1971 Edition, S73 Addenda, 1677 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PUMP	GOULDS PUMP	N239B505-5	347	2SWP*PIE	1979	REPLACEMENT	YES

Description of Work: REPLACED GLAND STUDS AND NUTS, ALSO GLAND HALF CAPSCREWS AND NUTS.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 120 Test Temp. NA °F Test Procedure: NA

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: THE REPLACED PARTS GLAND STUDS ID# 8996755, AND NUT ID# M1 DDH
GLAND HALF CAP SCREWS ID# IZM, AND NUT ID# DDH
VT-2 COMPLETED ON 2-2.01-00-0005
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 9/27/00 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn O Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-08784-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System ICS-REACTOR CORE COOLING ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1971 Edition, W73 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CHECK VALVE	VELAN VALVE	142	N/A	2ICS*V28	1979	REPLACEMENT	YES

Description of Work: REPLACED VALVE DISC

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure 88 Test Temp. N/A ° F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED VALVE DISC ID# HC 1788T3590, S/N 6620
VT-2 COMPLETED ON 2-2.01-99-0023
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 5/14/99 to 5/15/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-03
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	23873	N/A	2SVV-PSSP653A3	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 24800 AND REPLACED WITH ID# 23873
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-17
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	9693	N/A	2SVV-PSSP138A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 10550 AND REPLACED WITH ID# 9693
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *J. G. Gilla* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03533-10
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2

5. (a) Applicable Construction Code ASME III 1974, Edition, S76 Addenda, 1644-7 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	20337	N/A	2RHS-PSSP840A2	1982	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER.**

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 25728 AND REPLACED WITH ID# 20337
VT-3 COMPLETED ON REPORT # 2-2.01-00-0064
THIS REPLACEMENT IS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III 1977 Edition, W77 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	9141	N/A	2RHS-PSSP839A2	1983	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#19896 AND REPLACED WITH 9141
VT-3 COMPLETED ON REPORT # 2-2.01-00-0066
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *AJ Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO# 99-03533-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13680	N/A	2RHS-PSSP764A2	1980	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALLED SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13789 AND REPLACED WITH ID# 13680
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03533-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	22273	N/A	2SVV-PSSP616A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#13877 AND REPLACED WITH ID# 22273
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03533-15
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12178	N/A	2SVV-PSSP377A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13253 AND REPLACED WITH ID# 12178
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NO8496 NY2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-03533-16
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	7103	N/A	2SVV-PSSP384A3	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#10911 AND REPLACED WITH ID# 7103
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *af Gpilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-13
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13894	N/A	2SVV-PSSP471A3	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 20709 AND REPLACED WITH ID# 13894
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	11143	N/A	2RHS-PSSP777A2	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 14542 AND REPLACED WITH ID# 11143
VT-3 COMPLETED ON REPORT # 2-2.01-00-0200
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NOB496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-14
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13434	N/A	2SVV-PSSP380A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#12282 AND REPLACED WITH ID# 13434
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/7/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-00
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	6750	N/A	2SWP-PSSP1171A3	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11847 AND REPLACED WITH ID# 6750
VT-3 COMPLETED ON REPORT # 2-2.01-00-0055
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Cypally* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-07
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13669	N/A	2SVV-PSSP627A3	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 24770 AND REPLACED WITH ID# 13669
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-04
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	22538	N/A	2SVV-PSSP635A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure Other
- Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 24772 AND REPLACED WITH ID# 22538
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-12
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	8897	N/A	2SVV-PSSP475A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11325 AND REPLACED WITH ID# 8897
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-08
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7, N-108 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	11398	N/A	2RHS-PSSP807A2	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11908 AND REPLACED WITH ID# 11398
VT-3 COMPLETED ON REPORT # 2-2.01-00-0071
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/20/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-03533-05
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	14849	N/A	2WCS-PSSP714A1	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11326 AND REPLACED WITH ID# 14849
VT-3 COMPLETED ON REPORT # 2-2.01-00-0072
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-42
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12294	N/A	2RHS-PSSP282A2	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID # 13584 AND REPLACED WITH ID # 12294
VT-3 COMPLETED ON REPORT # 2-2.01-00-0059
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-24
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	28599	N/A	2RHS-PSSP707A2	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 28609 AND REPLACED WITH ID# 28599
VT-3 COMPLETED ON REPORT # 2-2.01-00-0031
THIS WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8486 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/18/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-05
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	9575	N/A	2RHS-PSSP389A2	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#12235 AND REPLACED WITH ID # 9575
VT-3 COMPLETED ON REPORT # 2-2.01-00-0030
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-27
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	6756	N/A	2SWP-PSSP1169A3	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 8502 AND REPLACED WITH ID# 6756
VT-3 COMPLETED ON REPORT # 2-2.01-00-0054
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NOB 496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-22
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7, N-108 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	11328	N/A	2WCS-PSSP722A1	1983	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11327 AND REPLACED WITH ID# 11328
VT-3 COMPLETED ON REPORT # 2-2.01-00-0035
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *J. G. Gilly* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions ND 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-37
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:
- 7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	27173	N/A	2SWP-PSSP1077A3	1983	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 25589 AND REPLACED WITH ID# 27173
VT-3 COMPLETED ON REPORT # 2-2.01-00-0073
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. G. Gilly* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-02
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	16089	N/A	2WCS-PSSP580A1	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 25230 AND REPLACED WITH ID# 16089
VT-3 COMPLETED ON REPORT # 2-2.01-00-0039
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *J. G. Gately* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions 468496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-23
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	11149	N/A	2SWP-PSSP1217A3	1981	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___°F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 11155 AND REPLACED WITH ID# 11149
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-16
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	8134	N/A	2RHS-PSSP510A2	1981	REPLACEMENT	YES

Description of Work: REMOVE /REPLACE SNUBBER AND NEW LOAD STUD ASSEMBLY

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REPLACED SNUBBER ID# 8070 AND REPLACED WITH ID# 8134
REPLACED ONE LOAD STUD ID# MTZA57, LOAD NUTS # R2H17N AND JAM NUTS ID# R2H14N
VT-3 COMPLETED ON 2-2.01-00-0052
THIS REPLACEMENT WAS NOT THE RESULT OF A SERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D. Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-20
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	7240	N/A	2SWP-PSSP1316A3	1980	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 7206 AND REPLACED WITH ID# 7240
VT-3 COMPLETED ON REPORT # 2-2.01-00-0053
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation
Name
P.O. Box 63, Lycoming, NY 13093
Address

Date 04/19/2000
 Sheet 1 of 1

2. Plant Nine Mile Point
Name
Lycoming, NY 13093
Address

Unit 2

Mechanical Maintenance WO # 99-00918-15
Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp.
Name
PO Box 63, Lycoming, NY 13093
Address

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

4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2

5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-5 Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	9331	N/A	2RHS-PSSP502A2	1979	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALL SNUBBER

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#13272 AND REPLACED WITH ID# 9331
VT-3 COMPLETED ON REPORT # 2-2.01-00-0050
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *[Signature]* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-44
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	20929	N/A	2RHS-PSSP1020A2	1982	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#15892 AND REPLACED WITH ID# 20929.
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

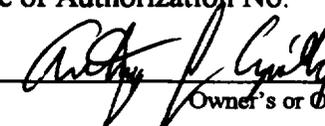
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

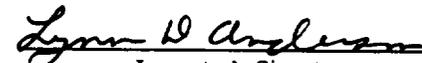
Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-09
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:
- 7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	7129	N/A	2WCS-PSSP1053A3	1980	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER.**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#13427 AND REPLACED WITH ID# 7129
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Repair or Replacement

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NO 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/19/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO# 99-00918-31
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12308	N/A	2SWP-PSSP1075A3	1982	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER**

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#13280 AND REPLACED WITH ID# 12308
VT-3 COMPLETED ON REPORT # 2-2.01-00-0196
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-35
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	16069	N/A	2SWP-PSSP1170A3	1983	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 6896 AND REPLACED WITH ID# 16069
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *R. J. Gally* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn W Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-43
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date / N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12302	N/A	2RHS-PSSP241A2	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#12310 AND REPLACED WITH ID#12302
VT-3 COMPLETED ON REPORT # 2-2.01-00-0061
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

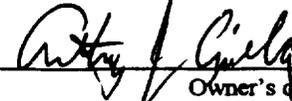
Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed:  MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

 Commissions NB8996 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-33
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SWP-SERVICE WATER ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

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

7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	25088	N/A	2SWP-PSSP1077A3	1982	REPLACEMENT	YES

Description of Work: **REMOVED AND INSTALL SNUBBER.**

8. Tests Conducted:

Hydrostatic Pneumatic Nominal Operating Pressure Other

Pressure Test Temp. °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 20917 AND REPLACED WITH ID# 25088
VT-3 COMPLETED ON REPORT 2-2.01-00-0195
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/3/99 to 5/9/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NO 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address

2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-10
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A

4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3

5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components:
 7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	28615	N/A	2WCS-PSSP1051A3	1983	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#20918 AND REPLACED WITH ID# 28615.
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. G. Sully* MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO # 99-00918-08
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components:
 7.

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	7109	N/A	2SVV-PSSP065A3	1980	REPLACEMENT	YES

Description of Work: REMOVED AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID#11137 AND REPLACED WITH ID# 7109
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/11/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-01
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RHS-RESIDUAL HEAT REMOVAL ASME CLASS 2
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	25543	N/A	2RHS-PSSP331A2	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 25591 AND REPLACED WITH ID# 25543
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Gully* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-32
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SVV-MAIN STEAM SAFETY VLV VENTS AND DRAINS ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	23796	N/A	2SVV-PSSP686A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ___ Test Temp. ___ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 13903 AND REPLACED WITH ID# 23796
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 2/25/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000

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

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-06
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 3
5. (a) Applicable Construction Code ASME III, 1974 Edition, S76 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	12350	N/A	2WCS-PSSP464A3	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure ____ Test Temp. ____ °F Test Procedure: N/A

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 x 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.

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 15353 AND REPLACED WITH ID# 12350
COMPLETED PER N2-MSP-GEN-V350
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: *A. J. Givels* MAINTENANCE MANAGER Date 5/4, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/5/00 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Lynn D Anderson Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/5, 2000

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

As Required by the Provisions of the ASME Code Section XI

1. Owner Niagara Mohawk Power Corporation Date 04/25/2000
Name
P.O. Box 63, Lycoming, NY 13093 Sheet 1 of 1
Address
2. Plant Nine Mile Point Unit 2
Name
Lycoming, NY 13093 Mechanical Maintenance WO #99-00918-34
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Niagara Mohawk Power Corp. Type Code Symbol Stamp N/A
Name
PO Box 63, Lycoming, NY 13093 Authorization No. N/A
Address Expiration Date N/A
4. Identification of System WCS-REACTOR WATER CLEANUP ASME CLASS 1
5. (a) Applicable Construction Code ASME III, 1977 Edition, W78 Addenda, 1644-7 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components:

Name of Component	Name of Manufacturer	Manufacturer's Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER	PACIFIC SCIENTIFIC	13867	N/A	2WCS-PSSP719A1	1982	REPLACEMENT	YES

Description of Work: REMOVE AND INSTALL SNUBBER.

8. Tests Conducted:
 Hydrostatic Pneumatic Nominal Operating Pressure Other
 Pressure _____ Test Temp. _____ °F Test Procedure: N/A

NOTE: *Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 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.*

FORM NIS-2 (Back)

Remarks: REMOVED SNUBBER ID# 10861 AND REPLACED WITH ID# 13867
VT-3 COMPLETED ON REPORT # 2-2.01-00-0037
THIS REPLACEMENT WAS NOT THE RESULT OF A INSERVICE FAILURE

Applicable Manufacturers Data Reports to be attached.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NONE

Certificate of Authorization No. NONE Expiration Date NONE

Signed: [Signature] MAINTENANCE MANAGER Date 5/9, 2000
Owner's 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 New York and employed by Factory Mutual Ins. Co. of Johnston RI have inspected the components described in this Owner's Report during the period 3/9/99 to 5/8/00, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 8496 NY 2812
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/8, 2000