NMC
Committed to Nuclear Excellence

Nuclear Management Company, LLC
Prairie Island Nuclear Generating Plant
1717 Wakonade Dr. East • Welch MN 55089

September 5, 2000

10 CFR 50.55a

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

PRAIRIE ISLAND NUCLEAR GENERATING PLANT
Docket Nos. 50-282 License Nos. DPR-42
50-306 DPR-60

Unit 2 Inservice Inspection Summary Report, Interval 3, Period 2
Refueling Outage Dates 4-29-2000 to 6-7-2000
Cycle 20, 12-30-98 to 6-7-2000

During the 2000 Prairie Island Unit 2 refueling outage, an inservice inspection (ISI) examination for the second period of the third interval was conducted. Attached for your information are four copies of the ISI examination Summary Report for this period.

The report identifies components examined, the examination methods used, the examination number, and summarizes the results. All anomalies were either corrected or an engineering evaluation was performed to accept "as is" conditions. A description of the corrective work and the corresponding work request numbers are provided in the ASME Section XI Repair/Replacement portion of the report.

This Summary Report is being submitted in accordance with the Prairie Island ASME Code Section XI Inservice Inspection Program and is intended to satisfy the inspection reporting requirements contained in IWA-6220 of the ASME Boiler and Pressure Vessel Code.

In this letter we have made no new Nuclear Regulatory Commission commitments.

A047

Please contact Jack Leveille (651-388-1121, Ext. 4142) if you have any questions related to this letter.

Joel P. Sorensen
Site General Manager
Prairie Island Nuclear Generating Plant

c: Regional Administrator - Region III, NRC (2 copies of attachment)
Senior Resident Inspector, NRC
NRR Project Manager, NRC
J E Silberg (w/o attachment)
Chief Boiler Inspector, State of MN
P Fisher, Hartford Insurance

Attachment: Unit 2 ISI Summary Report, dated September 1, 2000

Xcel Energy

414 NICOLLET MALL
MINNEAPOLIS, MINNESOTA 55401

NMC/ NORTHERN STATES POWER COMPANY
PRAIRIE ISLAND NUCLEAR GENERATING PLANT
UNIT 2
1717 WAKONADE DRIVE E
WELCH, MINNESOTA 55089

INSERVICE INSPECTION SUMMARY REPORT
INTERVAL 3, PERIOD 2
REFUELING OUTAGE DATES 4-29-2000 TO 6-7-2000
CYCLE 20, 12-30-98 TO 6-7-2000

COMMERCIAL SERVICE DATE DECEMBER 20, 1974

Prepared By: _____
Inspection Supervisor

Reviewed By: _____
ISI Program Engineer

Approved By: _____ For WMV
Superintendent of Metals and Materials Resources

Report Date: 9-1-2000

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1.0 INTRODUCTION

The 20th Prairie Island Nuclear Generating Plant Unit 2 refueling outage began April 29, 2000 and ended June 7, 2000.

This summary report will convey the components examined, the examination methods used, the examination number and summarizes the examination results performed during the 2nd period of the 3rd interval, (Cycle 20) see appendix A. The 3rd interval, 12-21-1994 to 12-20-2004 is based on the examination requirements of the ASME Boiler and Pressure Vessel Code Section XI, 1989 Edition no addenda. All required UT inspections were completed prior to 22 May 2000, hence ASME Section XI 1995 , 1996 addendum Appendix VIII procedures were not required or used during this outage.

2.0 PERSONNEL

Visual and nondestructive examinations were performed by Northern States Power (NSP), Lambert Macgill and Thomas (LMT), ABBCE, Framatone Technologies, More Tech Inc., Zetec, Inc. personnel. Hartford Steam Boiler Inspection and Insurance Company, provided the Authorized Nuclear Inservice Inspection. Certifications of examination personnel are maintained on file by Northern States Power Company.

3.0 INSPECTION SUMMARY

Steam Generator examination results are located in appendix C of this report.

Hanger and component support examinations listed in appendices A as F-A, B, C include the applicable examination requirements of ASME Section XI Subsection IWF and applicable requirements of Code Case N-491.

Results of the examination indicates that the integrity of the plant systems has been maintained.

4.0 EXAMINATION REPORTS, EQUIPMENT AND MATERIALS

Examination reports contain references to procedures, equipment and materials used to complete the specific examination. Copies of the examination reports, examination procedures, and equipment records are available at Northern States Power Company.

This summary report contains several abbreviations which are identified below;

A = Augmented examination
BL = Baseline examination
FSAR = Final Safety Analysis Report
GEO = Geometry, evaluation of a indication
HELB = High Energy Line Break
IN = Informational Notice
IND = Indication requires further evaluation
NAD = No Apparent Defects
NC = Non Code commitment
NCR = Nonconformance Report
OEA = Operating Experience Assessment
R1, R2 etc. = consecutive examinations following repair, rework or evaluation of a initial exam
SE = Safety Evaluation
TS = Plant Technical Specification

II. Form NIS-1

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

1. Owner: Northern States Power Company

   Address: 414 Nicollet Mall, Minneapolis, MN 55401

2. Plant: Prairie Island Nuclear Generating Plant

   Address: 1717 Wakonade Drive E, Welch, MN 55089

3. Plant Unit: II 4. Owner Certificate of Authorization: NA

5. Commercial Service Date: 12-20-74 6. National Board No. : NA

7. Components: (See appendices for components inspected this outage)

Component or Appurtenance	Manufacture or Installer	Manufacture or Installer Serial No.	State or Province No.	National Board No.
REACTOR VESSEL	CREUOT-LOIRE	687	MINN 200-51	---
PRESSURIZER	WESTINGHOUSE	1191	---	68-57
STEAM GEN NUMBER 21	WESTINGHOUSE	1181	---	68-39
STEAM GEN NUMBER 22	WESTINGHOUSE	1182	---	68-40
REACTOR COOLANT PUMP 21	WESTINGHOUSE	W510	---	---
REACTOR COOLANT PUMP 22	WESTINGHOUSE	W515	---	---
RHR HEAT EXCHANGER 21	JOSEPH OATS & SONS	1817-1C	---	342
RHR HEAT EXCHANGER 22	JOSEPH OATS & SONS	1817-1D	---	343
RHR PUMP 21	BYRON JACKSON	---	---	---
RHR PUMP 22	BYRON JACKSON	---	---	---
SAFETY INJECTION PUMP NUMBER 21	BINGHAM	---	---	---

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

7. Components: (continued)

Component or Appurtenance	Manufacture or Installer	Manufacture or Installer Serial No.	State or Province No.	National Board No.
SAFETY INJECTION PUMP NUMBER 22	BINGHAM	---	---	---
ACCUMULATOR TANK 21	DELTA SOUTHERN	41037-69-1	---	2575
ACCUMULATOR TANK 22	DELTA SOUTHERN	41037-69-2	---	2576
BORIC ACID TANK 21	NAVCO	---	---	---

8. Examination Dates 12-30-98 to 6-07-2000

9. Inspection Period Identification: 2 .

10. Inspection Interval identification: 3, from 12-21-1994 to 12-20-2004.

11. Applicable Edition of Section XI 1989 Addenda none .

12. Date/Revision of Inspection Plan: 11-07-98 / Revision 1 .

13. Abstract of Examinations and Tests.

See appendices A through D (attached)

14. Abstract of Results of Examinations and Tests.

See appendices A through D (attached)

15. Abstract of Corrective Measures.

All unacceptable indications detected have been documented on plant nonconformance reports and have been dispositioned to assure continued plant integrity.

FORM NIS-1 OWNERS' REPORT FOR INSERVICE INSPECTIONS

As required by the Provision of the ASME Code Rules

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

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

Date Aug 24 20 00 Signed XCEL ENERGY By David B. Whitwell.
(Owner) FORMER: NORTHERN STATES POWER

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, hold a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT, have inspected the component's described in this Owner's Report during the period of 12-30-98 to 9-1-00 and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

Inspector's Signature — Commissions MN 00-448 N, I
National Board, State, Province and Endorsements

Date: 9-1-00 19 ____

III. FORM NIS-2 OWNER'S REPORT FOR REPAIRS AND REPLACEMENTS

Fifty four Form NIS-2s are attached which identify plant system repairs and replacements that have been completed at Prairie Island between the dates of 12-30-98 to. 7-6-2000

1) Feedwater (2-FWH-74) Page 1
2) Component Cooling (MV-32117) Page 3
3) Component Cooling (21 Comp. Cooling Heat Exchanger) Page 5
4) Main Steam (Main Steam Pipe RS-21-19) Page 7
5) Reactor Coolant (Reactor Coolant Pipe , 3-2RC-5,2-2RC-8B) Page 9
6) Reactor Coolant (Reactor Coolant Pipe 2RC-1-16) Page 11
7) Residual Heat Removal (RHR Pipe 8-2RH-1B) Page 13
8) Reactor Vessel (Unit 2 Reactor Vessel-Canopy Seals) Page 15
9) Reactor Vessel (Unit 2 Reactor Vessel-Canopy Seals) Page 17
10) Feedwater (Check Valve-9704) Page 19
11) Steam Generator (21 Steam Generator-Series 51) Page 21
12) Steam Generator (22 Steam Generator –Series 51) Page 23
13) Steam Generator (21 Steam Generator-Series 51) Page 25
14) Steam Generator (22 Steam Generator –Series 51) Page 27
15) Steam Generator (Steam Generator –Series 51) Page 29
16) Steam Generator (22 Steam Generator-Series 51) Page 31
17) Steam Generator (22 Steam Generator-Series 51) Page 33
18) Component Cooling (2-CCH-161) Page 35
19) Reactor Coolant (2-RBDH-602) Page 37
20) Reactor Coolant (2-RRCH-291) Page 39
21) Volume Control (2-RCVCH-1855) Page 41
22) Volume Control (2-CVCRH-4) Page 43
23) Volume Control (2-RCVCH-1337) Page 45
24) Volume Control (2-RCVCH-1354B) Page 47
25) Reactor Coolant (2-RBDH-607) Page 49
26) Volume Control (2-RCVCH-1355) Page 51
27) Volume Control (2-RCVCH-1505) Page 53
28) Volume Control (2-RCVCH-1574) Page 55
29) Component Cooling (2-CCRH-47) Page 57
30) Residual Heat Removal (2-RHRRH-4) Page 59
31) Residual Heat Removal (2-RHRRH-23) Page 61
32) Feedwater (2-FWH-11) Page 63
33) Main Steam (2-MSH-83) Page 65
34) Feedwater (2-FWH-72A) Page 67
35) Main Steam (2-MSDH-18) Page 69
36) Main Steam (2-MSH-77) Page 71
37) Main Steam (2-MSH-103B) Page 73
38) Main Steam (2-MSH-105B) Page 75
39) Main Steam (2-MSH-105A) Page 77
40) Main Steam (2-MSH-82B) Page 79
41) Reactor Coolant (2-RCRH-42) Page 81
42) Volume Control (2-RCVCH_1338) Page 83
43) Component Cooling (2-CCH-166) Page 85

44) Component Cooling (2-CCH-167) Page 87
45) Component Cooling (2-CCH-172) Page 89
46) Component Cooling (2-CCH-173) Page 91
47) Component Cooling (2-CCH-179A) Page 93
48) Component Cooling (2-CCH-180) Page 95
49) Component Cooling (2-CCH-181) Page 97
50) Component Cooling (2-CCH-186) Page 99
51) Component Cooling (2-CCH-182) Page 101
52) Reactor Coolant Gas Vent System (1-2RC-83) Page 103
53) 22 Steam Generator (Series 51, Plugs) Page 105
54) 21 Steam Generator (Series 51,Plugs) Page 107

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0003875 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Feedwater

5. (a) Applicable Construction Code D/.1 19 89 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-FWH-74	Basic Engineers	—	—	PIPE HANGAR	—	Repair	N

7. Description of Work Repair Broken Weld on Hangar

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NO TESTS REQUIRED

Other ☐ Pressure _____ psi Test Temp. _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Denise Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-2-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 9912704 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Component Cooling

5. (a) Applicable Construction Code B31.1 1989 Edition, — Addenda, — 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 Serial No.	National Board No.	Other Identification Model	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
MV-32117	Anchor Darling	E929A-1-1	NA	8-150-WE	—	Replaced	N

7. Description of Work Replaced Valve

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☐ Pressure 187.5 psi Test Temp. 70 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Modification 99CC01

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Denn W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/60

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order: 0004034, 0003890 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Component Cooling

5. (a) Applicable Construction Code Sect III 19 68 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
21 Comp Cooling Heat Exch.	YUBA	696229-1C	1892	235-031		Repaired	Y

7. Description of Work Repair Corroded manway gasket Surface

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒

Other ☐ Pressure 110 psi Test Temp. 70 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks Repair was within allowance for Corrosion

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis Carlson Sect XI Coord Date 8/18/00, 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-3-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-30-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0003861 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Main Steam

5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Main Steam Pipe	—	—	—	RS-21-19	—	Repaired	

7. Description of Work Blend in Arc Strikes - Minor Metal Removal

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA —

Other ☐ Pressure _____ psi Test Temp. _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I&I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-16-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order: 000 3951, 000 4077 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date

(Address)

4. Identification of System Reactor Coolant

5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)	
Reactor Coolant Pipe	—	—	—	3-2RC-5	—	Repaired	N	000 3951
"	—	—	—	2-2RC-8B	—	Repaired	N	000 4077

7. Description of Work Buff out indications - Minor Metal removal

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA

Other ☐ Pressure _____ psi Test Temp. — °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis Carlson Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 ~~SBA~~ 8-30-00 to 5-27-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WORK ORDER 0004177 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

(Address) Expiration Date —

4. Identification of System Reactor Coolant

5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Reactor Coolant Pipe	—	—	—	2RC-1-16	-	Repaired	N

7. Description of Work Restore Pipe Thickness - Build up Thin Area

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA

Other ☐ Pressure _____ psi Test Temp. _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Supt XI Cond (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-30-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 000 3770 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Residual Heat Removal

5. (a) Applicable Construction Code B31-1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RHR PIPE	—	—	—	8-2RH-1B	—	Repaired	N

7. Description of Work Blend in Arc Strikes - Minor Metal Removal

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA

Other ☐ Pressure _____ psi Test Temp. _____ °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-7-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 9912410 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp NA

Authorization No. NA

Expiration Date NA

(Address)

4. Identification of System Reactor Vessel

5. (a) Applicable Construction Code Sect III Cl A 19 68 Edition, NO Addenda, NONE Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Unit 2 Reactor Vessel	Creusot	—	—	MOD NRP	—	Repaired	Y
Canopy Seals	LOIRE INDUSTRIES						

7. Description of Work Preventative Weld Buildup of Canopy Seal (over)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 2235 psi Test Temp. 547 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks Perform weld buildup of lower Canopy Seals per design Change 98RV06, Work Order 99124/10. Vendor was Welding Services, INC. Locations F6, F8, G7, H6, H8, I5, I9, I11, K7, K9, L6, L8

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 6-1-00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-3-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 9912411 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp NA

Authorization No. NA

(Address) Expiration Date NA

4. Identification of System Reactor Vessel

5. (a) Applicable Construction Code Sect III CLA 19 68 Edition, NO Addenda, NONE Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Unit 2 Reactor Vessel	CRESUOT	—	—	MOD NRP	—	Repaired	Y
Canopy Seals	LOIRE INDUSTRIES						

7. Description of Work Preventative Weld Buildup of Canopy Seal (over)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒

Other ☐ Pressure 2235 psi Test Temp. 547 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks Perform Weld buildup of intermediate Canopy Seals per design Change 98RV06. Work order 9912411. Vendor was Welding Services, INC. Locations B6, B8, C5, C7, C9, D4, D10, E3, E11, F2, F12, G3, G11, H2, H12, I3, J4

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 6-1-00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-3-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature Commissions MN00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-31-00, 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000218 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

(Address) Expiration Date

4. Identification of System Feedwater

5. (a) Applicable Construction Code B31.1 19 89 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer ~~Serial No.~~ mod	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Check Valve	Rockwell EDWARD	9704	—	—	—	Replacement	N

7. Description of Work Replaced Bonnet Bolts

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☑
Other ☐ Pressure 1000 psi Test Temp. 400 °F

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(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlin, Sect XI Coord Date 8/18/00, 19_____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to ~~8-31-00~~ 8-31-00, 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 a loss of any kind arising from or connected with this Inspection.

Stephen Hansen Commissions MN 00-448 N,I
Inspector's Signature National Board, State, Province, and Endorsements

Date 8-31-00 19_____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000151 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, ____ Addenda, ____ Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	NA	NA	Series 51	NA	Repair	Y

7. Description of Work Machine Shell Manway

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☑

Other ☐ Pressure 1000 psi Test Temp. 540 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Machining Controlled by Westinghouse Analysis

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson Sect XI Coord Date 6/1/00, 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 8-31-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000152 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, _____ Addenda, _____ Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	NA	NA	Series 51	NA	Replacement	Y

7. Description of Work Machine Secondary Shell Manway

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 1000 psi Test Temp. 540 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Machining Controlled by Westinghouse Analysis
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson Sect Ei Coord (Owner or Owner's Designee, Title) Date 6/1/00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-3-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000153, 0003878 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	—	—	Series 51	—	Repair	Y

7. Description of Work See Reverse Side

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☑
Other ☐ Pressure 1000 psi Test Temp. 540 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Work orders were written to machine the Secondary Side gasket Surface and handhole covers. 0000153 machined gasket Surface and 000 3878 machined the covers. All done per Westinghouse analysis.

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson Sect XI Coord Date 6/7/00, 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 8-31-00, 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 a loss of any kind arising from or connected with this inspection.

Stephen Hearn Commissions MN 00-448 N,I
Inspector's Signature National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000154 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Section III 19 65 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	—	—	Series 51	—	Repaired	Y

7. Description of Work Machine Phonographic Finish on Secondary Handholes

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 1000 psi Test Temp. 540 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson Sect XI Coord (Owner or Owner's Designee, Title) Date 6/7/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 8-31-00, 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.

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Inspector's Signature _____ Commissions MN00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-31-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) See Reverse Side (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Steam Generator	Westinghouse	—	—	Series 51	NA	Repair	Y
Spare Covers							

7. Description of Work See Reverse Side

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ NA

Other ☐ Pressure _____ psi Test Temp. — °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Work Orders 0000155 and 0000156 were written to machine a phonographic finish on the spare secondary handhole and manway covers. Machining controlled by Westinghouse analysis. 0000155 - Covers; 0000156 - Gasket Surface

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson Sect XI Coord (Owner or Owner's Designee, Title) Date 6/7/00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 8-31-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0000172 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	—	—	Series 51	—	Repaired	Y

7. Description of Work Installed Welded Tube Plugs

8. Tests Conducted: Hydrostatic [X] Pneumatic [ ] Nominal Operating Pressure [ ]
Other [ ] Pressure 2280 psi Test Temp. 547 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks Tubes plugged per Tube plug list. Work done by ABB

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson Sect XI Coord Date 6/7/00, 19

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to ~~8-31-00~~ 5-27-00 ~~SMA~~ 8-31-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature

Commissions MN 00-448 N,I

National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Orders 9901231, 9901233 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, Addenda, Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	NA	NA	Series 51	NA	Repair	Y

7. Description of Work Drill 1/8" Holes in Secondary Manway Cover (See reverse)

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Test NA

Other ☐ Pressure psi Test Temp. °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks Drill up to twenty 1/8" holes in two Secondary manways.
Applicable Manufacturer's Data Reports to be attached
WO 9901233 for Cover-non pool side; 9901231 for Pool side manway.
Drilling is to allow for Furmanite to inject into gasket
Space to stop leaks. Drilling does not penetrate pressure boundary

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Caulan, Sect XI Coord. (Owner or Owner's Designee, Title) Date 5/31/00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature

Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912165 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-161	Basic Engineers	1.5 x 5	—	PI-414	—	Replaced	No
2-CCH-161	Basic Engineers	1.5 x 5	—	PI-033	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAw plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912177 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System RC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RBDH-602	Basic Engineers	1x5	—	PI-179	—	Replaced	No
2-RBDH-602	Basic Engineers	1x5	—	PI-509	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912176 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System RC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RRCH-291	Basic Engineers	1x5	—	PI-558	—	Replaced	No
2-RRCH-291	Basic Engineers		—	PI-186	—	Replacement	NO

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 4-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Stephen [illegible] (Inspector's Signature) Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912197 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1855	Basic Engineers	3/4 x 5	—	PI-453	—	Replaced	No
2-RCVCH-1855	Basic Engineers	3/4 x 5	—	PI-140	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord Date 8/18/00, 19____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

CHK 8-30-00 SAA 8-30-00

Same (Address) WO # ~~9912160-8~~ 9912164 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Authorization No.

(Address) Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CVCRH-4	Basic Engineers	1.5 x 5	—	PI-387	—	Replaced	No
2-CVCRH-4	Basic Engineers	1.5 x 5	—	PI-293	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912190 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of~~ Component	Name of Manufacturer	Manufacturer ~~Serial~~ No. Model	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1337	Basic Engineers	3/4 x 5	—	PI-182	—	Replaced	No
2-RCVCH-1337	Basic Engineers	3/4 x 5	—	PI-331	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N, I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912192 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. Model	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1354B	Basic Engineers	3/4 x 5	—	PI-460	—	Replaced	No
2-RCVCH-1354B	Basic Engineers	3/4 x 5	—	PI-403	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912189 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System RC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Hanger Location ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. Model	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RBOH-607	Basic Engineers	3/4" x 5"	—	PI-266	—	Replaced	No
2-RBOH-607	"	3/4" x 5"	—	PI-373	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45.2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-~~00~~ 98 SAA to 6-5-00 8-30-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature _____ Commissions MN 00-448 N, I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912193 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1355	Basic Engineers	3/4 x 5	—	PI-458	—	Replaced	No
2-RCVCH-1355	Basic Engineers	3/4 x 5	—	PI-461	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-2098 ~~5-84~~ 8-30-00 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N, I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912194 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1505	Basic Engineers	3/4x5	—	PI-336	—	Replaced	No
2-RCVCH-1505	Basic Engineers	3/4 x 5	—	PI-173	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 ~~8-30~~ 8-30-00 to 6-6-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912196 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System VC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1574	Basic Engineers	3/4 x 5	—	PI-139	—	Replaced	No
2-RCVCH-1574	Basic Engineers	3/4 x 5	—	PI-105	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. — °F
Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 NI (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912175 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCRH-47	Basic Engineers	1.5x5	—	PI-032	—	Replaced	No
2-CCRH-47	Basic Engineers	1.5x5	—	PI-160	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912181 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System RHR

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RHRRH-4	Basic Engineers	2x5	—	PI-270	—	Replaced	No
2-RHRRH-4	Basic Engineers	2x5	—	PI-119	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord Date 8/18/00, 19_____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00448 N,I
National Board, State, Province, and Endorsements

Date 8-30-00 19_____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912182 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System RHR

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RHRRH-23	Basic Engineers	2x5	—	PI-570	—	Replaced	No
2-RHRRH-23	Basic Engineers	2x5	—	PI-059	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912180 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System FW

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-FWH-11	Basic Engineers	2x10	—	PI-042	—	Replaced	No
2-FWH-11	Basic Engineers	2x10	—	PI-041	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-0098 8-30-00 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912178 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-83	Basic Engineers	2.5x5	—	PI-429	—	Replaced	No
2-MSH-83	Basic Engineers	2.5x5	—	PI-083	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-~~0098~~ 5-04 8-30-00 to 6-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912179 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System FW

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-FWH-72A	Basic Engineers	2.5x5	—	PI-476	—	Replaced	No
2-FWH-72A	Basic Engineers	2.5x5	—	PI-431	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. Hartford, CT of have inspected the components described in this Owner's Report during the period 12-30-~~00~~98 ~~6-6-00~~ 8-30-00 to 6-6-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912183 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSDH-18	Basic Engineer	3.25×5	—	PI-487	—	Replaced	No
2-MSDH-18	Basic Engineer	3.25×5	—	PI-462	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure DHS-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19 _____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-~~00~~98 ~~SM~~ 8-30-00 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19 _____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912187 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-77	Basic Engineer	3.25x5	—	PI-423	—	Replaced	No
2-MSH-77	Basic Engineer	3.25x5	—	PI-506	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Stephen [signature] (Inspector's Signature) Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912199 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, — Addenda, — Code Case

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

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-103B	Basic Engineer	4x5	—	PI-548	—	Replaced	No
2-MSH-103B	Basic Engineer	4x5	—	PI-524	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-02

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI + I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912200 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-105B	Basic Engineer	4x5	—	PI-085	—	Replaced	No
2-MSH-105B	Basic Engineer	4x5	—	PI-305	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure DHS-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Stephen Hall (Inspector's Signature) Commissions MN00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912198 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-105A	Basic Engineer	4x10	—	PI-557	—	Replaced	No
2-MSH-105A	Basic Engineer	4x10	—	PI-550	—	Replacement	No

7. Description of Work Replaced snubber with refurnished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2.

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N, I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912202 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System MS

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-MSH-82B	Basic Engineer	5x5	—	PI-580	—	Replaced	No
2-MSH-82B	Basic Engineer	5x5	—	PI-568	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912186 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System RC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCRH-42	ITT/Grinnell	3.25x5 ITT	—	PI-7923	—	Replaced	No
2-RCRH-42	ITT/Grinnell	3.25x5 ITT	—	PI-7698	—	Replacement	No

7. Description of Work Replaced Snubber with Refurbished Snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW Plant Procedure D-VJ-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I + I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912191 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System YC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. Model	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-RCVCH-1338	Basic Engineers	3/4 x 5	—	PI-113	—	Replaced	No
2-RCVCH-1338	Basic Engineers	3/4 x 5	—	PI-187	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
Functionally tested per ASME OM-4 1988 IAw plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912166 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-166	Basic Engineers	1.5 x 5	—	PI-443	—	Replaced	No
2-CCH-166	Basic Engineers	1.5 x 5	—	PI-279	—	Replacement	No

7. Description of Work Replaced snubbers with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912167 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-167	Basic Engineers	1.5 x 5	—	PI-099	—	Replaced	No
2-CCH-167	Basic Engineers	1.5 x 5	—	PI-226	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB ITI Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Stephen Hearn (Inspector's Signature) Commissions MN 00-448 N.I. (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912168 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-172	Basic Engineers	1.5 x 5	—	PI-075	—	Replaced	No
2-CCH-172	Basic Engineers	1.5 x 5	—	PI-285	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO# 9912169 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-173	Basic Engineers	1.5 x 5	—	PI-298	—	Replaced	No
2-CCH-173	Basic Engineers	1.5 x 5	—	PI-277	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-6-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912170 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-179A	Basic Engineer	1.5x5	—	PI-297	—	Replaced	No
2-CCH-179A	Basic Engineer	1.5x5	—	PI-241	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 SAH 8-30-00 M N, I
National Board, State, Province, and Endorsements

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912171 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-180	Basic Engineer	1.5x5	—	PI-280	—	Replaced	No
2-CCH-180	Basic Engineer	1.5x5	—	PI-074	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912172 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

Address Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-181	Basic Engineers	1.5x5	—	PI-261	—	Replaced	No
2-CCH-181	Basic Engineers	1.5x5	—	PI-036	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988 IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord (Owner or Owner's Designee, Title) Date 8/18/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912174 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-186	Basic Engineers	1.5x5	—	PI-216	—	Replaced	No
2-CCH-186	Basic Engineers	1.5x5	—	PI-384	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. — °F

Functionally tested per ASME OM-4 1988 IA-W plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

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FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord Date 8/18/00, 19____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSBI+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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.

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Inspector's Signature _____ Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-30-00 19____

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

1. Owner Northern States Power Co. (Name) Date 8/21/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) WO # 9912173 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp

(Address) Authorization No.

Expiration Date

4. Identification of System CC

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

HANGER LOCATION ~~Name of Component~~	Name of Manufacturer	Manufacturer ~~Serial~~ No. MODEL	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
2-CCH-182	Basic Engineers	1.5 x 5	—	PI-244	—	Replaced	No
2-CCH-182	Basic Engineers	1.5 x 5	—	PI-161	—	Replacement	No

7. Description of Work Replaced snubber with refurbished snubber

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐

Other ☒ Pressure _____ psi Test Temp. _____ °F

Functionally tested per ASME OM-4 1988. IAW plant procedure D45-2

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's 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 NA

Certificate of Authorization No. NA Expiration Date _____

Signed Dennis W Carlson, Sect XI Coord Date 8/18/00, 19____
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 6-5-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-30-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/30/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Order 0003669 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date

(Address)

4. Identification of System Reactor Coolant Gas Vent System

5. (a) Applicable Construction Code Sect III 1983 Edition, — Addenda, — 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 Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-2RC-83	—	NA	NA	Flange Spoolpiece	—	Repaired	—

7. Description of Work Build up existing 5/16" weld to 3/8"

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Not Required

Other ☐ Pressure _____ psi Test Temp. — °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp NA

Certificate of Authorization No. NA Expiration Date _____

Signed DW Carlson Sect XI Coord (Owner or Owner's Designee, Title) Date 8/30/00, 19____

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-30-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature _____ Commissions MN 00-448 N,I (National Board, State, Province, and Endorsements)

Date 8-31-00, 19____

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

1. Owner Northern States Power Co. (Name) Date 8/30/00
1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1
2. Plant Prairie Island (Name) Unit 2
Same (Address) Work Orders 9911651, 0000116 (Repair Organization P.O. No., Job No., etc.)
3. Work Performed by Owner (Name) Type Code Symbol Stamp —
Authorization No. —
Expiration Date —
(Address)
4. Identification of System 22 Steam Generator
5. (a) Applicable Construction Code Sect III 19 65 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
22 Steam Generator	Westinghouse	—	—	Series 51	—	Repaired	Y

7. Description of Work See Reverse Side
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 2280 psi Test Temp. 547 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks This Work installed plugs in 22 Steam Generator as a result of NDE Exam
Applicable Manufacturer's Data Reports to be attached
Work Orders – 9911651 Hot leg
0000116 Cold leg

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 NA

Certificate of Authorization No. NA Expiration Date

Signed DW Carlson Sect XI Coord Date 8/30/00, 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-27-00, 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 a loss of any kind arising from or connected with this inspection.

Inspector's Signature Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-31-00 19

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

1. Owner Northern States Power Co. (Name) Date 8/30/00

1717 Wakonade Dr. E, Welch, MN 55089 (Address) Sheet 1 of 1

2. Plant Prairie Island (Name) Unit 2

Same (Address) Work Orders - 9911650, 0000115 (Repair Organization P.O. No., Job No., etc.)

3. Work Performed by Owner (Name) Type Code Symbol Stamp —

Authorization No. —

Expiration Date —

(Address)

4. Identification of System 21 Steam Generator

5. (a) Applicable Construction Code Sect III 19 65 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
21 Steam Generator	Westinghouse	—	—	Series 51	—	Repaired	Y

7. Description of Work See Reverse Side

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 2280 psi Test Temp. 547 °F

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

(12/82) This Form (E00030) may be obtained from the Order Dept., ASME, 345 E. 47th St., New York, N.Y. 10017

FORM NIS-2 (Back)

9. Remarks This work installed plugs in 21 Steam Generator as a result of NDE Exam

Applicable Manufacturer's Data Reports to be attached

Work order - 9911650 - Hot Leg

0000115 Cold Leg

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 NA

Certificate of Authorization No. NA Expiration Date

Signed DW Carlin Sect XI Coord Date 8/30/00, 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of MN and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12-30-98 to 5-27-00, 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 a loss of any kind arising from or connected with this Inspection.

Inspector's Signature Commissions MN 00-448 N,I
National Board, State, Province, and Endorsements

Date 8-31-00 19

APPENDIX A

INTERVAL 3 PERIOD 2 INSPECTIONS BY ASME Class and ISO/ITEM

9 Pages

Attachment 1 Inservice Inspection Report

Owner: Northern States Power 414 Nicollet Mall , Minneapolis, MN 55401
Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
Tech Spec												
500715	RC	2-isi-43-b	Pump # 22	Keyway & Bore	T.S.	TS.4.2-1	ISI-UT-12	UT	5/23/2000	2000U155	NAD	
Class 1												
500028	RC	2-isi-7-e	H- 4	Ruptured Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT	5/11/2000	2000V312	NAD	
500137	RC	2-isi-5	B- 1	Valve Bolts	B-G-2	B7.70	ISI-VT-1.0	VT	5/19/2000	2000V335	NAD	
500139	SI	2-isi-29	B- 1	Valve Bolting	B-G-2	B7.70	ISI-VT-1.0	VT	5/2/2000	2000V283	NAD	
500268	RH	2-isi-20-a	H- 6	Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT	5/2/2000	2000V282	IND	CR#20001322, Bolt not making full contact/Engineering Evaluation
500375	RC	2-isi-43-a	B- 3	Lower Seal House	B-G-2	B7.60	ISI-VT-1.0	VT	5/10/2000	2000V307	NAD	
500376	RC	2-isi-43-a	B- 4	Upper Seal House Bolting RC Pump 21	B-G-2	B7.60	ISI-VT-1.0	VT	5/11/2000	2000V309	NAD	
	RC	2-isi-43-a					ISI-VT-1.0	VT	5/10/2000	2000V308	IND	CR#20001356, 2 bolts were cracked several with various amounts of corrosion, Replace and use as is/engineering Evaluation
500380	RC	2-isi-43-b	B- 1	Flange Bolts	B-G-1	B6.180	ISI-UT-4C	UT	5/13/2000	2000U133	NAD	
500387	RV	2-isi-38	B- 2	Marmon Clamp @ 240	B-G-2	B7.10	ISI-VT-1.0	VT	5/19/2000	2000V337	NAD	
500395	RC	2-isi-43-a	H- 8	Col 2 Top Connect	F-A	F-A,B,C	ISI-VT-2.0	VT	5/4/2000	2000V291	NAD	
500439	RV	2-isi-39	RV Nuts 17-32	Nuts	B-G-1	B6.10	ISI-MT-1	MT	5/12/2000	2000M081	NAD	Limited on inside thread surface to one directional coverage. 82.5% limited Coverage. Relief Request 8.
500440	RV	2-isi-39	RV Studs 17 - 32	Studs	B-G-1	B6.30	ISI-UT-4C	UT	5/12/2000	2000U132	NAD	
	RV	2-isi-39					ISI-MT-2	MT	5/12/2000	2000M080	NAD	
500451	SG	2-isi-37-d	H-21	Col 1 Top Connect	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V396	NAD	
500454	SG	2-isi-37-d	H-17	Col 1 Bumper	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V397	NAD	
500460	RC	2-isi-43-a	H-11	Col 2 Base	F-A	F-A,B,C	ISI-VT-2.0	VT	5/4/2000	2000V290	NAD	
500515	RC	2-isi-30-a	B- 1	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT	5/6/2000	2000V298	NAD	

Attachment 1 Inservice Inspection Report

Owner: Northern States Power 414 Nicollet Mall , Minneapolis, MN 55401
Owner Certificate of Authorization (If Req.): N/A
Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Commercial Service Date: 12/20/1994
Plant Unit: PI Unit 2
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
500702	RC	2-isi-6	B- 1	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT	5/19/2000	2000V345	IND	CR#20001356, Boric acid on bolts, Rework, Engineering Evaluation
	RC	2-isi-6					ISI-VT-1.0	VT	5/31/2000	2000V407	NAD	
500704	VC	2-isi-1-a	B- 2	Flange Bolts	B-G-2	B7.50	ISI-VT-1.0	VT	5/2/2000	2000V284	NAD	
500722	RV	2-isi-41-a	W-15	CRD-15 Housing Weld	B-O	B14.10	ISI-PT-1	PT	5/20/2000	2000P065	NAD	
501013	RC	2-isi-35	B- 1	Manway Studs	B-G-2	B7.20	ISI-VT-1.0	VT	5/24/2000	2000V374	NAD	
501027	SG	2-isi-37-d	H- 8A	Pad 4	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V398	NAD	
501086	RC	2-isi-16	H- 6	Double Spring	F-A	F-A,B,C	ISI-VT-2.0	VT	5/19/2000	2000V334	NAD	
501097	RC	2-isi-15	H- 4	Spring/2 Lugs	F-A	F-A,B,C	ISI-VT-2.0	VT	5/10/2000	2000V306	NAD	
501100	SI	2-isi-5	H- 1	Spring/Box	F-A	F-A,B,C	ISI-VT-2.0	VT	5/19/2000	2000V332	NAD	
501152	RC	2-isi-7-e	H- 5	Spring Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT	5/11/2000	2000V311	NAD	
501173	RC	2-isi-7-d	H- 1	Snubber/Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT	5/19/2000	2000V333	NAD	
501178	MS	2-isi-46-b	H- 3	Header Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT	5/25/2000	2000V387	NAD	
501231	RH	2-isi-52	H- 1	Sway Strut/Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT	5/13/2000	2000V315	IND	CR#20001356, Spherical bearing unstacked, Rework
	RH	2-isi-52					ISI-VT-2.0	VT	5/13/2000	2000V316	NAD	
501238	RH	2-isi-52	H- 3	Snubber/Clamp	F-A	F-A,B,C	ISI-VT-2.0	VT	5/12/2000	2000V310	NAD	
501265	RH	2-isi-20-b	H- 2	Double Spring	F-A	F-A,B,C	ISI-VT-2.0	VT	5/2/2000	2000V285	NAD	
501405	RC	2-isi-30-a	W- 1	Nozzle - Safe End	B-F	B5.40	ISI-PT-1	PT	5/1/2000	2000P023	NAD	
	RC	2-isi-30-a					ISI-UT-16	UT	5/3/2000	2000U119	GEO	Limited do to nozzle to safe end configuration. 62.5% limited Coverage
501429	RC	2-isi-43-b	H- 1A	Col 1 Bumper	B-K-1	F-A,B,C	ISI-VT-2.0	VT	5/20/2000	2000V346	NAD	
501449	RC	2-isi-2	W- 2	Half Coupling - Pipe	B-J	B9.40	ISI-PT-1	PT	5/2/2000	2000P032	NAD	
501460	VC	2-isi-1-a	W-24	Pipe To Pump	B-J	B9.21	ISI-PT-1	PT	5/2/2000	2000P033	NAD	
501472	RC	2-isi-27	W- 3	Reducer to 45 Elbow	B-J	B9.21	ISI-PT-1	PT	5/1/2000	2000P025	IND	CR#20001322, Linear indication, Code acceptable/Engineering Evaluation
501481	RC	2-isi-30-a	W- 2	Safe End to 45 Elbow	B-J	B9.11	ISI-UT-16	UT	5/3/2000	2000U118	NAD	
	RC	2-isi-30-a					ISI-PT-1	PT	5/1/2000	2000P022	NAD	

Attachment 1 Inservice Inspection Report

Owner: Northern States Power 414 Nicollet Mall , Minneapolis, MN 55401
Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
501502	RC	2-isi-36	W- 2	Vertical Shell Weld	B-B	B2.12	ISI-UT-3	UT	5/18/2000	2000U153	NAD	
501503	RC	2-isi-27	W- 4	45 Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT	5/1/2000	2000P027	NAD	
501509	RC	2-isi-2	W- 3	Pipe To 45 Elbow	B-J	B9.21	ISI-PT-1	PT	5/2/2000	2000P031	NAD	
501515	RC	2-isi-5	W-11	Valve to Elbow	B-J	B9.11	ISI-UT-16	UT	5/6/2000	2000U126	NAD	
	RC	2-isi-5					ISI-PT-1	PT	5/4/2000	2000P036	NAD	
501536	VC	2-isi-34	W- 2	Cap-Integral Tubesht	B-B	B2.51	ISI-UT-16	UT	5/13/2000	2000U138	NAD	Limited do to cap to tubesheet configuration. 48.75% limited Coverage
501558	RC	2-isi-36	W- 3	Bottom Head to Shell	B-B	B2.11	ISI-UT-3	UT	5/17/2000	2000U152	NAD	
501643	RC	2-isi-30-a	W- 5	Elbow to Elbow	B-J	B9.11	ISI-PT-1	PT	5/1/2000	2000P024	NAD	
	RC	2-isi-30-a					ISI-UT-16	UT	5/3/2000	2000U116	NAD	
501664	VC	2-isi-24	W- 4	Pipe to Valve	B-J	B9.40	ISI-PT-1	PT	5/20/2000	2000P067	NAD	
501666	RC	2-isi-36	W- 5	Top Head to Shell	B-B	B2.11	ISI-UT-3	UT	5/18/2000	2000U154	NAD	
501726	VC	2-isi-24	W- 5	Valve to Pipe	B-J	B9.40	ISI-PT-1	PT	5/20/2000	2000P070	NAD	
501733	RV - 12' to 24'	2-isi-41	W- 6	Head to Flange	B-A	B1.40	ISI-MT-1	MT	5/20/2000	2000M093	NAD	
	RV - 12' to 24'	2-isi-41					ISI-UT-3A	UT	5/20/2000	2000U156	IND	Scan Limitations due to lifting lugs and curve of weld surface at head to flange weld. Linear Indications, code acceptable / engineering evaluation.Volumentric Coverage limited to 58.66%. Relief Request 8.
501736	SI	2-isi-5	W- 4	Elbow To Pipe	B-J	B9.21	ISI-PT-1	PT	5/3/2000	2000P034	NAD	
501737	RC	2-isi-2	W- 7	Pipe To Elbow	B-J	B9.21	ISI-PT-1	PT	5/2/2000	2000P029	NAD	
501793	RC	2-isi-14	W- 8	Valve to Pipe	B-J	B9.40	ISI-PT-1	PT	5/26/2000	2000P074	NAD	
	RC	2-isi-14					ISI-PT-1	PT	5/23/2000	2000P072	NAD	
	RC	2-isi-14					ISI-PT-1	PT	5/17/2000	2000P058	IND	CR#20001356, Linear indications, Rework weld repair.
501795	RC	2-isi-7-e	W- 8	Elbow to Pipe	B-J	B9.21	ISI-PT-1	PT	5/16/2000	2000P046	NAD	
501798	SI	2-isi-5	W- 3	Pipe To Elbow	B-J	B9.21	ISI-PT-1	PT	5/3/2000	2000P035	NAD	
501801	SI	2-isi-11	W- 5	Pipe to Elbow	B-J	B9.11	ISI-UT-16	UT	5/15/2000	2000U142	NAD	

Attachment 1 Inservice Inspection Report

Owner: Northern States Power 414 Nicollet Mall , Minneapolis, MN 55401
Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
	SI	2-isi-11					ISI-PT-1	PT	5/15/2000	2000P055	NAD	
501845	SI	2-isi-29	W- 2	Elbow To Pipe	B-J	B9.11	ISI-UT-16	UT	5/5/2000	2000U122	NAD	
	SI	2-isi-29					ISI-PT-1	PT	5/5/2000	2000P041	NAD	
501857	RC	2-isi-14	W- 9	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT	5/17/2000	2000P059	NAD	
501859	RC	2-isi-20-a	W-10	Pipe to Elbow	B-J	B9.11	ISI-UT-16	UT	5/9/2000	2000U129	NAD	
	RC	2-isi-20-a					ISI-PT-1	PT	5/8/2000	2000P042	NAD	
501906	RC	2-isi-16	W-23	Tee to Pipe	B-J	B9.21	ISI-PT-1	PT	5/18/2000	2000P062	NAD	
501930	RC	2-isi-2	W- 1	Pipe - Half Coupling	B-J	B9.32	ISI-PT-1	PT	5/2/2000	2000P030	NAD	
501935	RC	2-isi-5	W-13	Nozzle to Pipe	B-J	B9.31	ISI-PT-1	PT	5/4/2000	2000P037	NAD	
	RC	2-isi-5					ISI-UT-16	UT	5/6/2000	2000U125	NAD	Limited do to nozzle to pipe configuration. Volumetric coverage limited to 53.75%
501949	RC	2-isi-7-a	W-11	Tee To Reducer	B-J	B9.21	ISI-PT-1	PT	5/18/2000	2000P063	NAD	
501991	RC	2-isi-7-a	W-12	Tee to Pipe	B-J	B9.21	ISI-PT-1	PT	5/18/2000	2000P064	NAD	
502031	RC	2-isi-3	W-13	Pipe To Valve	B-J	B9.40	ISI-PT-1	PT	5/20/2000	2000P068	NAD	
502070	RC	2-isi-16	W-26	Pipe to Valve	B-J	B9.40	ISI-PT-1	PT	5/18/2000	2000P060	NAD	
502073	RH	2-isi-20-b	W- 1	Pipe to Elbow	B-J	B9.11	ISI-PT-1	PT	5/8/2000	2000P043	NAD	
	RH	2-isi-20-b					ISI-UT-16	UT	5/9/2000	2000U130	NAD	
502086	RC	2-isi-16	W-10	Tee to Elbow	B-J	B9.21	ISI-PT-1	PT	5/18/2000	2000P061	NAD	
502407	RC	2-isi-15	W-14	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT	5/10/2000	2000P044	NAD	
502441	RC	2-isi-15	W-12	Pipe to Valve	B-J	B9.40	ISI-PT-1	PT	5/10/2000	2000P045	NAD	
502443	VC	2-isi-1-b	W-17	Pipe To Elbow	B-J	B9.21	ISI-PT-1	PT	5/2/2000	2000P028	NAD	
502445	RC	2-isi-7-d	W- 1	Pipe to Elbow	B-J	B9.21	ISI-PT-1	PT	5/23/2000	2000P073	NAD	
502499	RC	2-isi-15	W- 6	Pipe to Valve	B-J	B9.40	ISI-PT-1	PT	5/20/2000	2000P069	NAD	
502508	RC	2-isi-4	W- 6	Pipe To Valve	B-J	B9.40	ISI-PT-1	PT	5/22/2000	2000P071	NAD	
502553	VC	2-isi-34	W- 6	Nozzle to Pipe	B-J	B9.40	ISI-PT-1	PT	5/13/2000	2000P053	NAD	
502617	SG 21	2-isi-37-a	W-A	Tube Sheet to Head 12' to 24'	B-B	B2.40	ISI-UT-3	UT	5/20/2000	2000U157	IND	Linear indications. Code acceptable / Engineering Evaluation. CR #20001322.
502634	RC	2-isi-27	W- 1	Nozzle to Safe End	B-F	B5.40	ISI-UT-16	UT	5/4/2000	2000U120	NAD	
	RC	2-isi-27					ISI-PT-1	PT	5/1/2000	2000P026	NAD	
502669	RC	2-isi-43-b	H- 4	Pad 1	F-A	F-A,B,C	ISI-VT-2.0	VT	5/4/2000	2000V294	NAD	
502670	RC	2-isi-43-b	H- 5	Pad 2	F-A	F-A,B,C	ISI-VT-2.0	VT	5/4/2000	2000V295	NAD	
502671	RC	2-isi-43-b	H- 1	Col 1 Tie Back	F-A	F-A,B,C	ISI-VT-2.0	VT	5/20/2000	2000V367	NAD	

Attachment 1 Inservice Inspection Report

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Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
	RC	2-isi-43-b					ISI-VT-2.0	VT	5/4/2000	2000V293	IND	CR#20001356, Loose nut on top tie back pin cap. Rework/ Engineering Evaluation
502672	RC	2-isi-43-b	H- 2	Col 2 Tie Back	F-A	F-A,B,C	ISI-VT-2.0	VT	5/20/2000	2000V347	NAD	
505002	RC	2-isi-35	N- 3 IR	Relief Nozzle	B-D	B3.120	ISI-UT-5D	UT	5/2/2000	2000U114	NAD	
505003	RC	2-isi-35	N- 4A IR	Safety Nozzle	B-D	B3.120	ISI-UT-5D	UT	5/2/2000	2000U115	NAD	
505603	RC	2-isi-30-a	B- 2	Valve Bolts	B-G-2	B7.70	ISI-VT-1.0	VT	5/6/2000	2000V299	NAD	
505617	RC	2-isi-43-a	H-14	Column 2	F-A	F-A,B,C	ISI-VT-2.0	VT	5/4/2000	2000V292	NAD	
505619	RC	2-isi-42	RV- 1	Interior	B-N-1	B13.10	ISI-VT-5.0	VT	5/12/2000	2000V331	IND	Relook of gouges on upper core plate periphery, no change from previous exam (97-0186), Engineering Evaluation. CR #20001308.
Class 2												
500598	FW	2-isi-48	W- 2	Pipe to Elbow	C-F-2	C5.51	ISI-UT-1	UT	5/17/2000	2000U145	NAD	
	FW	2-isi-48					ISI-MT-1	MT	5/17/2000	2000M085	NAD	
500614	FW	2-isi-48	W-14	56 Elbow to Pipe	C-F-2	C5.51	ISI-UT-1	UT	5/9/2000	2000U128	NAD	
	FW	2-isi-48					ISI-MT-1	MT	5/9/2000	2000M077	NAD	
500626	FW	2-isi-48	W-22	Sweepolet to Pipe	C-F-2	C5.81	ISI-MT-1	MT	5/9/2000	2000M078	NAD	
500673	FW	2-isi-48	H-11	Seismic Restraint	C-C	F-A,B,C	ISI-PT-1	PT	5/9/2000	2000P048	NAD	Supplemental PT exam (2000P048) performed to obtain surface exam code requirements.
	FW	2-isi-48					ISI-MT-1	MT	5/9/2000	2000M082	NAD	Supplemental PT exam (2000P048) performed to obtain surface exam code requirements.
500690	FW	2-isi-48	H- 8	Seismic Restraint	C-C	F-A,B,C	ISI-MT-1	MT	5/9/2000	2000M076	NAD	
500697	FW	2-isi-48	H- 9	Spring Hanger	F-A	F-A,B,C	ISI-VT-2.0	VT	5/24/2000	2000V336	NAD	
500699	FW	2-isi-48	H- 7	Seismic Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT	5/22/2000	2000V351	NAD	
500701	FW	2-isi-48	H- 5	Spring Hanger	F-A	F-A,B,C	ISI-VT-2.0	VT	5/25/2000	2000V375	NAD	
	FW	2-isi-48					ISI-VT-2.0	VT	5/16/2000	2000V317	NAD	
500746	MS	2-isi-47-b	W-13/LSUD	Pipe to Tee	C-F-2	C5.50	ISI-MT-1	MT	5/15/2000	2000M084	NAD	

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Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
	MS	2-isi-47-b					ISI-UT-1	UT	5/16/2000	2000U150	NAD	
500817	MS	2-isi-47-b	W-17/LSU	Pipe-Flanged Nozzle	C-F-2	C5.50	ISI-MT-1	MT	5/15/2000	2000M083	NAD	
	MS	2-isi-47-b					ISI-UT-1	UT	5/16/2000	2000U151	NAD	
500842	MS	2-isi-46-b	W- 7/LSUD	45 Elbow To Pipe	C-F-2	C5.50	ISI-MT-1	MT	5/7/2000	2000M074	NAD	
	MS	2-isi-46-b					ISI-UT-16	UT	5/7/2000	2000U127	NAD	
500948	MS	2-isi-46-a	H-12	Rupture Restraint	C-C	F-A,B,C	ISI-MT-1	MT	5/30/2000	2000M090	NAD	
500951	MS	2-isi-46-a	H-11	Piping Anchor	C-C	F-A,B,C	ISI-MT-1	MT	5/30/2000	2000M091	NAD	
501377	SI	2-isi-60-b	H- 1	Support A	C-C	F-A,B,C	ISI-MT-1	MT	5/25/2000	2000M087	NAD	Bottom of support inaccessible due to concrete pad. Coverage Limited to 83.0%
	SI	2-isi-60-b					ISI-VT-2.0	VT	5/25/2000	2000V393	NAD	
501385	SI	2-isi-60-b	H- 2	Support B	C-C	F-A,B,C	ISI-VT-2.0	VT	5/25/2000	2000V394	NAD	
	SI	2-isi-60-b					ISI-MT-1	MT	5/25/2000	2000M088	NAD	Bottom of support inaccessible due to concrete pad. Coverage Limited to 83.0%
501390	SI	2-isi-60-b	H- 3	Support C	C-C	F-A,B,C	ISI-VT-2.0	VT	5/25/2000	2000V388	NAD	
	SI	2-isi-60-b					ISI-MT-1	MT	5/25/2000	2000M086	NAD	Bottom of support inaccessible due to concrete pad. Coverage Limited to 83.0%
501396	SI	2-isi-60-b	H- 4	Support D	C-C	F-A,B,C	ISI-MT-1	MT	5/25/2000	2000M089	NAD	Bottom of support inaccessible due to concrete pad. Coverage Limited to 83.0%
	SI	2-isi-60-b					ISI-VT-2.0	VT	5/25/2000	2000V389	NAD	
501412	RH	2-isi-69-a	H- 1	Support A	C-C	F-A,B,C	ISI-VT-2.0	VT	5/12/2000	2000V314	IND	Structural degradation of pedestal. Engineering Evaluation. CR #20001308.
	RH	2-isi-69-a					ISI-PT-1	PT	5/13/2000	2000P054	NAD	Limited PT exam do to configuration of support and concrete pedestal. 85.2% coverage.

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Plant: Prairie Island Nuclear Generating, 1717 Wakonade Drive E. Welch, MN 55089
Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
501419	RH	2-isi-69-a	H- 2	Support B	C-C	F-A,B,C	ISI-PT-1	PT	5/13/2000	2000P056	NAD	Limited PT exam do to configuration of support and concrete pedestal. 85.2% coverage.
	RH	2-isi-69-a					ISI-VT-2.0	VT	5/12/2000	2000V313	IND	Structural degradation of pedestal. Engineering Evaluation. CR #20001308.
501532	RH	2-isi-69-a	W- 2	Shell to Flange	C-A	C1.10	ISI-UT-16	UT	5/16/2000	2000U144	GEO	Limited do to inlet and outlet nozzle and vessl support.Volumetric coverage limited to 32.5%.
501560	RH	2-isi-69-a	N- 1	Inlet Nozzle	C-B	C2.11	ISI-PT-1	PT	5/13/2000	2000P049	NAD	
502009	RH	2-isi-52	W-13/LSUD	Elbow to Pipe	C-F-1	C5.10	ISI-UT-1	UT	5/13/2000	2000U134	NAD	
	RH	2-isi-52					ISI-PT-1	PT	5/12/2000	2000P052	NAD	
502011	RH	2-isi-52	W-14/LSUD	Pipe to Elbow	C-F-1	C5.10	ISI-UT-1	UT	5/13/2000	2000U135	NAD	
	RH	2-isi-52					ISI-PT-1	PT	5/12/2000	2000P047	NAD	
502013	RH	2-isi-52	W-15/LSUD	Elbow to Pipe	C-F-1	C5.10	ISI-UT-1	UT	5/13/2000	2000U136	NAD	
	RH	2-isi-52					ISI-PT-1	PT	5/13/2000	2000P051	NAD	
502015	RH	2-isi-52	W-16/LSU	Pipe to Flange	C-F-1	C5.10	ISI-UT-1	UT	5/13/2000	2000U137	NAD	
	RH	2-isi-52					ISI-PT-1	PT	5/13/2000	2000P050	NAD	
502624	SG	2-isi-37-a	W-E	Shell to Trans Cone	C-A	C1.10	ISI-UT-3	UT	5/6/2000	2000U131	NAD	Limited do to Ring support at weld junction.Volumetric Coverage limited to 11.4%
502626	SG	2-isi-37-a	W-F	Trans Cone to Shell	C-A	C1.10	ISI-UT-3	UT	5/5/2000	2000U121	NAD	
505261	SI	2-isi-94-b	W-12	Elbow to Pipe	C-F-1	C5.21	ISI-UT-16	UT	5/5/2000	2000U147	NAD	
	SI	2-isi-94-b					ISI-PT-1	PT	5/4/2000	2000P040	NAD	
505267	SI	2-isi-94-b	H- 3	Snubber & Restraint	F-A	F-A,B,C	ISI-VT-2.0	VT	5/20/2000	2000V348	NAD	
505316	SI	2-isi-91	W-25	Elbow to Pipe	C-F-1	C5.21	ISI-UT-16	UT	5/5/2000	2000U148	NAD	
	SI	2-isi-91					ISI-PT-1	PT	5/4/2000	2000P039	NAD	
505317	SI	2-isi-91	W-26	Pipe to Valve	C-F-1	C5.30	ISI-PT-1	PT	5/4/2000	2000P038	NAD	
505375	SI	2-isi-93-a	W-22	Elbow to Pipe	C-F-1	C5.21	ISI-PT-1	PT	5/16/2000	2000P057	NAD	
	SI	2-isi-93-a					ISI-UT-16	UT	5/16/2000	2000U149	NAD	
505386	SI	2-isi-93-a	H- 4	Seismic Anchor	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V395	IND	CR#20001356, Loose nut on anchor bolt, Rework,
	SI	2-isi-93-a					ISI-VT-2.0	VT	6/1/2000	2000V409	NAD	

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Plant Unit: PI Unit 2

Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
Class 3												
510305	AF	nd-2-3-102	AFWH-18	SEISMIC ANCHOR	D-A	D1.XX & F A	ISI-VT-2.0	VT	5/5/2000	2000V297	NAD	
510336	AF	nd-2-3-100	AFWH-48	SEISMIC	D-A	D1.XX & F A	ISI-VT-2.0	VT	5/9/2000	2000V305	IND	CR# 20001308, Weep hole not installed, USI, Engineering Evaluation.
510357	AF	nd-2-3-103	AFWH- 7	TRI ROD, SPRING /CLA	F-A	F-A,B,C	ISI-VT-2.0	VT	5/2/2000	2000V281	NAD	
512772	CC	nd-2-3-88	CCH-106	SEISMIC ANCHOR	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/22/2000	2000V349	NAD	
512781	CC	2-3- 85	CCH-123	SWAY STRUT /CLAMP	F-A	F-A,B,C	ISI-VT-2.0	VT	5/7/2000	2000V304	IND	CR#20001356, Strut not free to move, Rework.
	CC	2-3- 85					ISI-VT-2.0	VT	5/18/2000	2000V330	NAD	
512787	CC	nd-2-3-83	CCH-49	SLIDE BASE	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/1/2000	2000V276	NAD	
512794	CC	2-3- 81	CCH-56	SPRING	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/17/2000	2000V322	IND	CR#20001356, Loose nut, Rework.
	CC	2-3- 81					ISI-VT-2.0	VT	5/26/2000	2000V392	NAD	
512804	CC	2-3- 78	CCH-64	TRIPLE ROD	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/4/2000	2000V288	NAD	
512823	CW	2-3- 74	CWH-605	DOUBLE ROD	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/17/2000	2000V320	IND	CR# 20001308, Dwg Error, UAI, Engineering Evaluation.
512854	CW	nd-2-3-12-b	CWH-109	SEISMIC ANCHOR	D-B	D1.XX & F A	ISI-VT-2.0	VT	4/28/2000	2000V275	IND	Missing washers, support plate on in full contact with building structure, Engineering Evaluation. CR #20001308.
512861	CW	nd-2-3-12-b	CWH-113	DOUBLE ROD /U-BOLT	F-A	F-A,B,C	ISI-VT-2.0	VT	4/28/2000	2000V274	NAD	
512865	CW	nd-2-3-12-a	CWH-214	SLIDE BASE	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/1/2000	2000V278	NAD	
512895	CW	2-3- 4	CWH-54	SNUBBER	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/3/2000	2000V287	IND	CR#20001356, Paint on pistion rod, Rework.
	CW	2-3- 4					ISI-VT-2.0	VT	5/26/2000	2000V391	NAD	
512896	CW	2-3- 4	CWH-52	SNUBBER	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/3/2000	2000V286	IND	CR#20001356, Paint on piston rod, Spherical bearing unstacked, Reworked.
	CW	2-3- 4					ISI-VT-2.0	VT	5/26/2000	2000V390	NAD	

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Owner Certificate of Authorization (If Req.): N/A
Commercial Service Date: 12/20/1994
National Board Number for Unit: N/A

Summary No.	System	ISO Num	Comp ID	Comp Desc.	Category	Item	Procedure	Method	Exam Date	Report #	Results	Comments
512928	CC	2-3- 78	CCH-63	SEISMIC ANCHOR	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/4/2000	2000V289	NAD	
512947	CC	nd-2-3-83	CCH-50	SPRING SLIDE BASE	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/1/2000	2000V277	NAD	
512949	CC	2-3- 85	CCH-121	SLIDE BASE	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/5/2000	2000V296	NAD	
513007	CW	2-3-131	CWH-618	SEISMIC FLOOR RESTR	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/2/2000	2000V280	NAD	
515051	CW	2-3- 74	CWH-604	SWAY STRUT	D-B	D1.XX & F A	ISI-VT-2.0	VT	5/17/2000	2000V321	IND	CR# 20001308, Bearing unstaked, UAI, Engineering Evaluation.
515117	DG5 HTCW	2-3-300	2EGH-5021	*GUIDE	D-A	D1.XX & F A	ISI-VT-2.0	VT	5/23/2000	2000V370	NAD	
515120	DG5 HTCW	2-3-300	2EGH-5051	ROD	F-A	F-A,B,C	ISI-VT-2.0	VT	5/23/2000	2000V368	NAD	
515183	DG6 HTCW	2-3-321	2EGH-6049	RIGID SUPPORT	F-A	F-A,B,C	ISI-VT-2.0	VT	5/23/2000	2000V371	NAD	
515209	DG6 LTCW	2-3-330	2EGH-6040	*GUIDE	F-A	F-A,B,C	ISI-VT-2.0	VT	5/23/2000	2000V369	NAD	
515245	DG5 Exhaust Gas	2-3-341	2EGH-5066	SWAY STRUT	F-A	F-A,B,C	ISI-VT-2.0	VT	5/30/2000	2000V400	NAD	
515274	DG6 Exhaust Gas	2-3-345	2EGH-6059	HANGER	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V399	NAD	
515286	DG6 Exhaust Gas	2-3-348	2EGH-6079	GUIDE	D-A	D1.XX & F A	ISI-VT-2.0	VT	5/26/2000	2000V401	NAD	
515288	DG6 Exhaust Gas	2-3-348	2EGH-6081	HANGER	F-A	F-A,B,C	ISI-VT-2.0	VT	5/26/2000	2000V402	NAD	
515291	CC	2-3- 78B	CCH-82	DOUBLE RIGID HANGER	F-A	F-A,B,C	ISI-VT-2.0	VT	5/2/2000	2000V279	NAD	
515301	CC	2-3- 78B	CCH-80	SPRING	F-A	F-A,B,C	ISI-VT-2.0	VT	5/24/2000	2000V372	NAD	

APPENDIX B

LIST OF SECTION XI VT-2 EXAMINATIONS

1 Page

ISI RESULTS UNIT 2 1/1/99 - 6/7/00

ISI PRESSURE TESTS UNIT 2					
SYSTEM	CLASS	DESCRIPTION	PROCEDURE	DRAWING	DATE
RC	1	Reactor Coolant	2070	NF-39835	6/5/2000
CC	2	Component Cooling	2168.4A	NF-39844-1	4/29/2000
RH	2	Residual Heat Removal	2168.10	NF-39840	6/2/2000
MS	2	Main Steam	2168.11	NF-39842	6/5/2000
SI	2	Safety Injection	2168.12	NF-39838	5/29/2000
CS	2	Containment Spray	2168.14	NF-39824	5/29/2000
HC	2	Post LOCA	2168.15	NF-39830	5/31/2000
SS	2	Sampling System	2168.19	NF-39825	5/28/2000
RV	2	Vessel Vent System	2168.23	NF-39835	6/5/2000
	2	Containment Vent (Misc)	2168.24	NF-39847	6/3/2000
SI/RH/CS	2	RWST to RHR Pit Trench	2168.25	NF-39839	5/28/2000
The above tests were performed on Unit Two Code Class 1 and 2 systems between the dates of 1/1/99 and 6/7/00.					

APPENDIX C

RESULTS OF STEAM GENERATOR EDDY CURRENT EXAMINATIONS

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RESULTS OF STEAM GENERATOR EDDY CURRENT EXAMINATIONS

4/29/2000 REFUEL OUTAGE

During the April 2000 scheduled refueling outage 100% of all accessible tubes in steam generator 21 and 22 were examined full length as part of the inservice inspection. The examination was conducted utilizing the multifrequency eddy current technique. The inspection program was as follows:

1. Bobbin Coil Examinations - The bobbin coil technique was used to examine all tubes full length, except the u-bend region of rows 1 and 2 prior to heat treatment. These bobbin coil examinations were completed using magnetically biased 0.720 inch, 0.700 inch, 0.680 inch and 0.650 inch diameter probes. Row 1 and 2 u-bends were examined after heat treatment using magnetically biased 0.650 inch diameter probes to verify the heat treatment process.

2. MRPC Examinations - The dual coil and single coil 0.680 inch and 0.650 inch dual motion Mid Range Plus Point (PP11) and High Frequency Plus Point (HFPP9) motorized rotating pancake coil (MRPC) technique was used to examine 100% of the u-bend region of rows 1 and 2 prior to heat treatment. The dual coil and single coil 0.680 inch and 0.650 inch dual motion magnetically biased Mid Range Plus Point (PP11) and magnetically biased High Frequency Plus Point (HFPP9) motorized rotating pancake coil (MRPC) technique was used to examine 100% of the u-bend region of rows 1 and 2 after heat treatment. The 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to examine 100% of the hot leg tubes from three inches above the secondary tube sheet face through the tube end. The 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to examine 20% of the cold leg tubes from one inch above the secondary tube sheet face through the tube end. The 0.600 inch (Plus Point mid range magnetically biased) MRPC technique was used to examine all B&W Inconel 600 (hot leg and cold leg) roll plugs and 25% of the Asea Brown Boveri Combustion Engineering (ABBCE) Inconel 690 hot leg roll plugs.

3. Supplemental Examinations - The 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to supplement the bobbin coil data to further characterize all: absolute drift signals, copper deposit signals, other deposit signals, dent signals > 5.0 volts at ± 0.5" from a support structure or top of tube sheet, indications not reportable > 1.5 volts at tube support plates, manufacturing burnish mark signals, mix residual indication signals, possible loose part signals, possible support ligament indication signals, non quantifiable indication signals, distorted indication signals, cold leg thinning indications equal to or greater than 40% through wall and cold leg thinning indications less than 40% through wall but equal to or greater than 1.5 volts. The 0.720 inch magnetically biased 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) MRPC technique was used to disposition MRPC permeability variation indications.

4. Pre-Service Baseline Examinations - The 0.730 inch combination probe (bobbin / 0.115" mid range pancake / Plus Point mid range) was used to baseline examine and profile all tubes rerolled this outage.

ABBCE was contracted to acquire and evaluate the eddy current data. Zetec, Inc. was subcontracted by ABBCE to perform primary manual data analysis. Framatome Technologies, Inc. was contracted to perform a completely independent evaluation of all data acquired by ABBCE utilizing manual analysis on all MRPC data and Computer Data Screening (CDS) of all bobbin coil data. MoreTech, Inc. was contracted to provide the Independent QDA function. The scope of all the work contracted was completed using remote positioning devices and the Zetec MIZ-30 digital test equipment along with associated acquisition and analysis software. The software utilized was Zetec, Inc. EDDYNET98 version 1.0 including Patch_E98_1.35.

A summary of the distribution and disposition of indications can be found in Table I.

A summary of the distribution and disposition of indications by tube can be found in Table II.

Lists of: tubes left inservice less than the Technical Specification (< T. S.) repair limit, tubes left inservice with the F* criteria without an additional reroll (F*0), tubes left inservice with the F* criteria with one additional reroll (F*1), tubes left inservice with the F* criteria with two additional rerolls (F*2), tubes plugged this outage and plugs replaced this outage can be found in Tables III through VIII respectively.

A summary of the total tubes plugged to date (06/00) can be found in Table IX.

TABLE I
Distribution and Disposition of indications

S/G NO.	< T. S.	F*0	F*1	F*2	PLUG*
21	133	111	717	34	18
22	161	85	398	31	10

* Does not include repairable or replaced plugs

TABLE II
Distribution and Disposition of indications by Tube

S/G NO.	< T. S.	F*0	F*1	EF*	PLUG*
21	102	111	717	34	18
22	137	85	398	31	10

* Does not include repairable or replaced plugs

TABLE III
< T. S. Indications

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	C	16	4	2	01C -0.05	<TS
21	C	16	5	4	02C +0.03	<TS
21	C	14	6	20	01C -0.05	<TS
21	C	19	6	22	NV1 -0.32	<TS
21	C	23	7	22	01C -0.24	<TS
21	C	27	10	26	07H +25.16	<TS
21	C	25	11	26	02C +0.27	<TS
21	C	29	13	12	01C -0.24	<TS
21	C	33	17	15	02C -0.11	<TS
21	C	31	18	26	01C -0.32	<TS
21	C	34	18	9	01C -0.27	<TS
21	C	36	18	1	02C -0.24	<TS
21	C	36	21	15	02C +0.22	<TS
21	C	23	27	26	NV4 +4.81	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	C	41	27	1	01C +0.19	<TS
21	C	41	27	25	01C -0.24	<TS
21	C	34	28	23	NV3 +0.00	<TS
21	C	41	29	1	01C -0.24	<TS
21	C	25	30	23	NV2 +0.82	<TS
21	C	25	30	35	NV2 +19.17	<TS
21	C	25	30	20	NV4 +2.45	<TS
21	C	39	30	24	NV4 +2.56	<TS
21	C	34	32	22	NV2 -0.08	<TS
21	C	25	33	20	07H +27.15	<TS
21	C	25	33	38	NV2 +1.34	<TS
21	C	25	33	34	NV2 +19.65	<TS
21	C	25	33	22	NV4 +0.95	<TS
21	C	39	34	20	NV2 +35.55	<TS
21	C	39	34	28	NV4 +2.75	<TS
21	C	44	34	24	05C -0.08	<TS
21	C	44	34	15	01C -0.19	<TS
21	C	23	37	29	NV2 +17.24	<TS
21	C	17	38	13	NV2 +0.30	<TS
21	C	45	41	9	02C -0.05	<TS
21	C	45	41	24	01C -0.24	<TS
21	C	45	42	21	02C -0.05	<TS
21	C	45	42	9	01C -0.24	<TS
21	C	36	43	20	07H +33.79	<TS
21	C	36	43	25	NV2 +2.51	<TS
21	C	36	43	25	NV2 +32.53	<TS
21	C	46	43	36	01C -0.32	<TS
21	C	43	44	24	01C -0.27	<TS
21	C	44	44	17	01C -0.16	<TS
21	C	28	45	30	07H +29.40	<TS
21	C	28	45	33	NV2 +0.19	<TS
21	C	28	45	29	NV2 +22.63	<TS
21	C	28	45	17	NV2 +24.96	<TS
21	C	28	45	29	NV4 +2.30	<TS
21	C	36	45	24	NV2 +1.22	<TS
21	C	44	45	22	01C -0.08	<TS
21	C	45	45	8	01C +0.03	<TS
21	C	46	45	1	01C -0.05	<TS
21	C	44	46	29	01C -0.13	<TS
21	C	39	47	28	NV2 +35.25	<TS
21	C	39	47	29	NV4 +3.03	<TS
21	C	35	48	36	07H +33.04	<TS
21	C	35	48	23	NV2 +1.91	<TS
21	C	45	48	12	01C +0.11	<TS
21	C	17	50	15	NV2 +0.54	<TS
21	C	29	50	40	NV2 +24.07	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	C	45	50	24	01C -0.08	<TS
21	C	41	53	18	01C -0.16	<TS
21	C	43	54	10	01C -0.03	<TS
21	C	46	54	3	01C -0.08	<TS
21	C	22	55	20	NV2 +18.73	<TS
21	C	40	57	26	01C +0.27	<TS
21	C	43	57	2	01C +0.16	<TS
21	C	19	58	22	NV2 +14.70	<TS
21	C	19	58	20	NV4 +0.53	<TS
21	C	41	58	19	01C -0.16	<TS
21	C	45	58	13	01C +0.05	<TS
21	C	43	59	26	01C +0.05	<TS
21	C	36	60	28	NV2 +2.39	<TS
21	C	42	60	27	01C +0.03	<TS
21	C	43	60	1	01C +0.00	<TS
21	C	43	60	1	02C -0.32	<TS
21	C	21	61	16	NV4 +0.03	<TS
21	C	21	61	23	NV2 +0.94	<TS
21	C	21	61	22	NV2 +16.76	<TS
21	C	39	61	18	01C -0.22	<TS
21	C	42	62	15	01C -0.14	<TS
21	C	39	63	11	01C +0.22	<TS
21	C	21	64	23	NV2 +17.02	<TS
21	C	42	64	5	02C -0.27	<TS
21	C	43	64	5	01C -0.11	<TS
21	C	38	66	36	01C -0.35	<TS
21	C	40	66	22	02C -0.16	<TS
21	C	21	67	16	NV2 +0.14	<TS
21	C	26	69	25	07H +28.83	<TS
21	C	26	69	20	NV2 +2.55	<TS
21	C	26	69	23	NV2 +23.26	<TS
21	C	39	69	31	01C -0.29	<TS
21	C	40	70	17	02C -0.11	<TS
21	C	18	71	21	NV2 +13.25	<TS
21	C	18	71	20	07H +22.86	<TS
21	C	39	71	22	01C -0.22	<TS
21	C	40	71	22	01C -0.29	<TS
21	C	26	72	26	NV2 +1.00	<TS
21	C	26	72	33	NV2 +21.73	<TS
21	C	36	72	10	01C -0.13	<TS
21	C	39	72	17	01C -0.03	<TS
21	C	38	73	25	01C -0.11	<TS
21	C	37	75	6	01C -0.05	<TS
21	C	34	76	8	02C +0.13	<TS
21	C	33	77	8	03C -0.27	<TS
21	C	35	77	3	02C -0.05	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	C	32	78	23	02C -0.08	<TS
21	C	32	78	38	01C -0.29	<TS
21	C	23	85	4	01C +0.00	<TS
21	C	23	86	29	01C +0.03	<TS
21	C	25	86	1	01C +0.00	<TS
21	C	18	87	1	01C -0.19	<TS
21	C	17	89	7	02C -0.08	<TS
21	C	17	89	16	01C +0.00	<TS
21	C	12	90	29	01C -0.19	<TS
21	C	18	90	9	02C -0.11	<TS
21	C	7	91	20	01C -0.19	<TS
21	C	14	91	1	01C +0.00	<TS
21	C	16	91	1	01C -0.05	<TS
21	C	3	92	18	01C +0.11	<TS
21	C	6	92	5	01C -0.11	<TS
21	C	8	92	12	02C -0.21	<TS
21	C	8	92	14	01C -0.08	<TS
21	C	9	92	18	01C +0.00	<TS
21	C	10	92	1	01C -0.03	<TS
21	C	11	92	1	01C +0.05	<TS
21	C	14	92	34	NV1 +2.43	<TS
21	C	14	92	12	01C +0.05	<TS
21	C	2	93	5	02C +0.00	<TS
21	C	2	93	15	01C -0.13	<TS
21	C	5	93	11	01C +0.03	<TS
21	C	5	94	23	01C +0.00	<TS
21	C	7	94	31	01C +0.03	<TS
22	C	12	3	20	02C +0.08	<TS
22	C	16	4	15	01C +0.15	<TS
22	C	17	5	4	01C +0.11	<TS
22	C	16	6	8	01C -0.12	<TS
22	C	17	6	11	01C -0.08	<TS
22	C	19	6	9	02C +0.16	<TS
22	C	20	6	33	01C +0.14	<TS
22	C	21	7	9	02C +0.00	<TS
22	C	21	7	4	01C -0.05	<TS
22	C	25	9	23	01C +0.00	<TS
22	C	20	10	5	01C +0.00	<TS
22	C	24	10	1	01C -0.14	<TS
22	C	26	10	14	02C +0.30	<TS
22	C	28	11	6	02C +0.11	<TS
22	C	28	12	10	01C -0.08	<TS
22	C	29	13	16	01C -0.05	<TS
22	C	31	13	23	01C -0.16	<TS
22	C	30	15	8	01C -0.14	<TS
22	C	34	16	26	02C -0.05	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	34	17	31	02C -0.08	<TS
22	C	34	17	21	01C -0.08	<TS
22	C	30	19	7	01C -0.16	<TS
22	C	31	19	20	01C -0.19	<TS
22	C	32	20	19	01C -0.19	<TS
22	C	36	22	24	02C +0.05	<TS
22	C	36	23	15	NV2 -0.22	<TS
22	C	37	24	33	01C -0.16	<TS
22	C	38	25	10	02C -0.14	<TS
22	C	38	25	10	01C +0.24	<TS
22	C	41	26	9	01C +0.00	<TS
22	C	39	29	20	02C -0.08	<TS
22	C	41	29	22	NV1 +0.00	<TS
22	C	19	31	20	NV2 +2.79	<TS
22	C	36	33	31	NV1 +0.00	<TS
22	C	36	33	39	NV2 +0.00	<TS
22	C	36	33	31	NV3 +0.00	<TS
22	C	36	33	25	NV4 +0.00	<TS
22	C	19	34	20	NV1 +0.00	<TS
22	C	43	34	23	03C -0.06	<TS
22	C	44	34	16	02C -0.05	<TS
22	C	43	35	19	02C -0.19	<TS
22	C	25	36	20	NV2 +3.07	<TS
22	C	38	36	18	NV2 +2.58	<TS
22	C	44	36	23	02C -0.11	<TS
22	C	42	38	19	NV2 +0.00	<TS
22	C	42	38	14	NV1 +0.00	<TS
22	C	42	38	29	02C -0.22	<TS
22	C	38	39	8	NV1 -0.08	<TS
22	C	38	39	8	NV2 -0.19	<TS
22	C	43	39	4	02C -0.22	<TS
22	C	44	39	21	02C -0.19	<TS
22	C	45	39	35	02C -0.14	<TS
22	C	44	40	29	02C +0.00	<TS
22	C	40	41	19	NV1 +0.00	<TS
22	C	40	41	25	NV2 +0.03	<TS
22	C	40	41	15	NV3 +0.00	<TS
22	C	44	42	16	02C -0.11	<TS
22	C	46	42	17	02C -0.19	<TS
22	C	45	43	8	01C +0.11	<TS
22	C	45	44	32	02C +0.08	<TS
22	C	39	45	11	NV1 -0.11	<TS
22	C	38	46	25	07H +35.63	<TS
22	C	38	46	20	NV4 +2.88	<TS
22	C	33	47	16	NV4 +2.18	<TS
22	C	36	47	20	NV2 +1.87	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	38	47	22	NV2 +1.95	<TS
22	C	45	47	4	01C -0.08	<TS
22	C	38	48	25	NV2 +2.28	<TS
22	C	38	48	8	NV4 +0.00	<TS
22	C	41	48	20	NV2 +0.00	<TS
22	C	44	48	14	01C -0.08	<TS
22	C	45	48	4	02C -0.11	<TS
22	C	25	49	11	NV4 +0.00	<TS
22	C	26	49	12	NV4 +0.60	<TS
22	C	38	50	15	NV1 +0.00	<TS
22	C	38	50	20	NV4 +0.00	<TS
22	C	45	50	11	01C +0.11	<TS
22	C	37	51	20	NV2 +2.26	<TS
22	C	37	51	20	NV2 +33.66	<TS
22	C	45	52	18	01C +0.14	<TS
22	C	40	53	22	01C +0.19	<TS
22	C	44	53	16	01C +0.16	<TS
22	C	46	53	16	02C -0.16	<TS
22	C	36	54	22	NV4 +3.59	<TS
22	C	39	54	22	07H +35.49	<TS
22	C	45	54	1	02C +0.00	<TS
22	C	45	54	1	01C +0.05	<TS
22	C	39	55	21	NV2 +3.77	<TS
22	C	36	56	23	NV2 +33.08	<TS
22	C	43	56	22	01C -0.03	<TS
22	C	17	57	21	NV1 +3.20	<TS
22	C	38	57	18	07H +34.78	<TS
22	C	42	57	1	02C -0.22	<TS
22	C	43	57	26	NV3 +0.00	<TS
22	C	35	58	23	07H +32.59	<TS
22	C	43	58	17	NV2 +0.00	<TS
22	C	43	58	19	01C -0.16	<TS
22	C	40	59	20	07H +34.69	<TS
22	C	40	59	20	NV2 +3.91	<TS
22	C	41	60	8	02C -0.22	<TS
22	C	42	60	6	01C -0.05	<TS
22	C	43	60	7	02C +0.03	<TS
22	C	41	61	36	02C -0.08	<TS
22	C	44	62	1	02C -0.14	<TS
22	C	43	63	3	02C -0.22	<TS
22	C	38	64	29	NV2 +34.81	<TS
22	C	39	64	20	02C -0.19	<TS
22	C	42	64	27	02C -0.24	<TS
22	C	42	65	9	02C -0.08	<TS
22	C	43	65	21	02C -0.21	<TS
22	C	40	66	4	02C +0.09	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	41	66	28	02C -0.09	<TS
22	C	36	69	25	NV3 +0.00	<TS
22	C	40	69	26	02C -0.11	<TS
22	C	41	69	11	02C -0.09	<TS
22	C	36	70	41	NV2 +33.09	<TS
22	C	16	71	15	NV3 -0.27	<TS
22	C	38	71	31	01C -0.06	<TS
22	C	40	71	27	02C -0.15	<TS
22	C	32	72	9	NV3 +0.08	<TS
22	C	36	73	21	NV2 +32.19	<TS
22	C	36	73	1	02C -0.13	<TS
22	C	35	74	1	02C +0.00	<TS
22	C	33	75	27	01C -0.09	<TS
22	C	35	75	29	01C -0.09	<TS
22	C	36	75	24	02C -0.11	<TS
22	C	33	76	24	01C +0.03	<TS
22	C	29	77	29	02C +0.16	<TS
22	C	30	79	26	02C +0.16	<TS
22	C	30	79	10	01C +0.11	<TS
22	C	30	81	26	01C +0.00	<TS
22	C	29	82	27	02C -0.22	<TS
22	C	30	82	19	02C -0.14	<TS
22	C	30	83	1	02C -0.22	<TS
22	C	22	85	3	01C -0.14	<TS
22	C	28	85	15	01C +0.08	<TS
22	C	28	85	16	01C -0.14	<TS
22	C	26	86	16	02C -0.16	<TS
22	C	14	88	21	02C -0.11	<TS
22	C	22	88	9	02C -0.25	<TS
22	C	16	89	27	02C -0.11	<TS
22	C	16	89	25	01C -0.22	<TS
22	C	17	89	26	01C +0.00	<TS
22	C	18	89	16	02C -0.03	<TS
22	C	19	89	20	01C +0.00	<TS
22	C	6	90	8	01C -0.05	<TS
22	C	12	90	21	01C -0.08	<TS
22	C	16	90	29	01C +0.05	<TS
22	C	17	90	1	01C -0.14	<TS
22	C	2	91	1	01C +0.08	<TS
22	C	7	91	14	01C +0.00	<TS
22	C	11	91	26	02C +0.00	<TS
22	C	12	91	23	02C -0.05	<TS
22	C	12	91	13	01C -0.03	<TS
22	C	3	92	4	01C +0.06	<TS
22	C	6	92	1	02C +0.00	<TS
22	C	7	92	17	01C +0.05	<TS

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	9	92	6	01C +0.05	<TS
22	C	4	93	8	02C +0.00	<TS
22	C	4	93	15	01C +0.16	<TS
22	C	5	93	16	01C +0.05	<TS

TABLE IV
F*0 Tubes

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	1	2	SAI	TRH -2.50 TO-2.44	F*0
21	H	3	3	SAN	TRH -2.62 TO-2.55	F*0
21	H	1	4	SAN	TRH -2.64 TO-2.40	F*0
21	H	1	6	SAN	TRH -2.57 TO-2.41	F*0
21	H	3	6	MAN	TRH -2.22 TO-2.07	F*0
21	H	1	7	SAN	TRH -2.55 TO-2.48	F*0
21	H	2	7	MAN	TRH -2.64 TO-2.33	F*0
21	H	7	7	SAN	TRH -2.74 TO-2.51	F*0
21	H	2	8	SAN	TRH -2.58 TO-2.38	F*0
21	H	5	8	SAN	TRH -2.22 TO-2.09	F*0
21	H	4	9	SAN	TRH -2.66 TO-2.52	F*0
21	H	2	10	SAN	TRH -2.22 TO-2.09	F*0
21	H	15	10	SAN	TRH -2.19 TO-2.04	F*0
21	H	25	10	SAN	TRH -2.37 TO-2.17	F*0
21	H	1	11	MAN	TRH -2.58 TO-2.42	F*0
21	H	3	11	MAN	TRH -2.66 TO-2.50	F*0
21	H	23	11	SAI	TRH -2.28 TO-2.23	F*0
21	H	27	11	SAI	TRH -2.51 TO-2.36	F*0
21	H	29	11	SAI	TRH -2.40 TO-2.28	F*0
21	H	2	12	SAN	TRH -2.49 TO-2.36	F*0
21	H	5	12	SAI	TRH -2.45 TO-2.34	F*0
21	H	7	12	SAN	TRH -2.61 TO-2.54	F*0
21	H	15	12	SAN	TRH -2.61 TO-2.48	F*0
21	H	28	12	MAN	TRH -2.36 TO-2.26	F*0
21	H	1	13	MAN	TRH -2.49 TO-2.15	F*0
21	H	6	13	SAN	TRH -2.39 TO-2.26	F*0
21	H	7	13	MAN	TRH -2.45 TO-2.26	F*0
21	H	1	14	MAN	TRH -2.54 TO-2.32	F*0
21	H	7	15	SAN	TRH -2.37 TO-2.08	F*0
21	H	27	15	SAN	TRH -2.79 TO-2.56	F*0
21	H	2	16	SAN	TRH -2.39 TO-2.22	F*0
21	H	3	16	SAN	TRH -2.59 TO-2.36	F*0
21	H	5	16	SAN	TRH -2.57 TO-2.44	F*0
21	H	13	16	SAN	TRH -2.46 TO-2.32	F*0
21	H	15	16	SAN	TRH -2.51 TO-2.35	F*0
21	H	18	16	MAN	TRH -2.51 TO-2.33	F*0

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	2	17	SAN	TRH -2.59 TO-2.44	F*0
21	H	5	17	SAI	TRH -2.60 TO-2.53	F*0
21	H	7	17	MAN	TRH -2.51 TO-2.25	F*0
21	H	33	18	SAN	TRH -2.53 TO-2.44	F*0
21	H	7	19	SAN	TRH -2.45 TO-2.30	F*0
21	H	8	19	SAI	TRH -2.51 TO-2.34	F*0
21	H	26	19	SAN	TRH -2.55 TO-2.37	F*0
21	H	25	20	MAN	TRH -2.55 TO-2.31	F*0
21	H	33	20	MAN	TRH -2.46 TO-2.24	F*0
21	H	33	21	SAI	TRH -2.50 TO-2.20	F*0
21	H	7	22	SAN	TRH -2.45 TO-2.11	F*0
21	H	4	24	SAI	TRH -2.55 TO-2.45	F*0
21	H	7	24	SAN	TRH -2.37 TO-2.24	F*0
21	H	8	24	SAN	TRH -2.47 TO-2.36	F*0
21	H	33	24	SAN	TRH -2.43 TO-2.20	F*0
21	H	1	25	SAI	TRH -2.49 TO-2.42	F*0
21	H	24	25	MAI	TRH -2.43 TO-2.33	F*0
21	H	33	25	SAN	TRH -2.46 TO-2.32	F*0
21	H	31	28	SAI	TRH -2.36 TO-2.24	F*0
21	H	33	30	SAN	TRH -2.47 TO-2.31	F*0
21	H	17	32	SAI	TRH -2.44 TO-2.37	F*0
21	H	1	34	SAN	TRH -2.49 TO-2.43	F*0
21	H	33	34	SAI	TRH -2.51 TO-2.47	F*0
21	H	1	35	SAN	TRH -2.49 TO-2.36	F*0
21	H	25	41	SAN	TRH -2.57 TO-2.36	F*0
21	H	1	47	MAN	TRH -2.45 TO-2.16	F*0
21	H	21	47	MAI	TRH -2.39 TO-2.32	F*0
21	H	23	61	SAI	TRH -2.37 TO-2.29	F*0
21	H	24	61	SAN	TRH -2.11 TO-2.01	F*0
21	H	27	61	MAN	TRH -2.38 TO-2.27	F*0
21	H	1	62	SAN	TRH -2.56 TO-2.47	F*0
21	H	15	62	SAN	TRH -2.49 TO-2.30	F*0
21	H	17	62	SAN	TRH -2.38 TO-2.23	F*0
21	H	23	62	MAI	TRH -2.35 TO-2.25	F*0
21	H	33	62	SAI	TRH -2.25 TO-2.19	F*0
21	H	25	63	SAN	TRH -2.39 TO-2.30	F*0
21	H	29	63	SAN	TRH -2.39 TO-2.30	F*0
21	H	1	64	MAN	TRH -2.65 TO-2.39	F*0
21	H	15	64	SAN	TRH -2.43 TO-2.39	F*0
21	H	32	64	SAI	TRH -2.50 TO-2.39	F*0
21	H	1	65	SAN	TRH -2.57 TO-2.42	F*0
21	H	18	65	SAI	TRH -2.32 TO-2.26	F*0
21	H	26	65	MAN	TRH -2.41 TO-2.31	F*0
21	H	30	65	SAI	TRH -2.46 TO-2.41	F*0
21	H	1	66	MAN	TRH -2.60 TO-2.40	F*0
21	H	2	66	SAI	TRH -2.23 TO-2.17	F*0

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	25	66	SAN	TRH -2.77 TO-2.66	F*0
21	H	17	67	SAI	TRH -1.49 TO-1.43	F*0
21	H	1	68	SAN	TRH -2.35 TO-2.29	F*0
21	H	8	68	SAN	TRH -2.27 TO-2.21	F*0
21	H	27	68	SAN	TRH -2.16 TO-2.04	F*0
21	H	1	69	SAN	TRH -2.41 TO-2.26	F*0
21	H	15	69	SAN	TRH -2.52 TO-2.43	F*0
21	H	24	69	MAN	TRH -2.40 TO-2.26	F*0
21	H	24	70	SAI	TRH -2.36 TO-2.32	F*0
21	H	25	70	SAN	TRH -2.49 TO-2.35	F*0
21	H	30	70	SAN	TRH -2.63 TO-2.53	F*0
21	H	17	71	SAN	TRH -2.21 TO-2.18	F*0
21	H	23	71	SAI	TRH -2.35 TO-2.29	F*0
21	H	31	71	SAN	TRH -2.50 TO-2.32	F*0
21	H	27	72	SAN	TRH -2.59 TO-2.52	F*0
21	H	31	72	SAN	TRH -2.59 TO-2.40	F*0
21	H	25	73	SAN	TRH -2.45 TO-2.39	F*0
21	H	1	75	SAN	TRH -2.48 TO-2.36	F*0
21	H	16	75	SAI	TRH -2.15 TO-2.11	F*0
21	H	1	76	SAN	TRH -2.39 TO-2.27	F*0
21	H	6	76	SAN	TRH -2.31 TO-2.21	F*0
21	H	16	76	SAN	TRH -2.44 TO-2.14	F*0
21	H	26	76	SAI	TRH -2.36 TO-2.30	F*0
21	H	27	76	MAN	TRH -2.44 TO-2.34	F*0
21	H	1	77	SAN	TRH -2.47 TO-2.22	F*0
21	H	1	78	SAN	TRH -2.47 TO-2.37	F*0
21	H	20	79	SAN	TRH -2.58 TO-2.47	F*0
21	H	21	79	SAN	TRH -2.46 TO-2.33	F*0
21	H	6	93	SAI	TRH -2.42 TO-2.35	F*0
22	H	4	1	SAI	TRH -2.13 TO-2.06	F*0
22	H	1	7	SAN	TRH -2.41 TO-2.27	F*0
22	H	35	20	SAI	TRH -2.44 TO-2.40	F*0
22	H	1	27	SAN	TRH -2.44 TO-2.37	F*0
22	H	2	29	SAN	TRH -2.23 TO-2.17	F*0
22	H	1	32	MAN	TRH -2.27 TO-2.17	F*0
22	H	1	33	MAN	TRH -2.28 TO-2.15	F*0
22	H	1	34	SAN	TRH -2.34 TO-2.17	F*0
22	H	42	35	SAN	TRH -2.41 TO-2.30	F*0
22	H	1	36	SAN	TRH -2.34 TO-2.27	F*0
22	H	1	37	MAN	TRH -2.35 TO-2.21	F*0
22	H	1	41	MAN	TRH -2.31 TO-2.14	F*0
22	H	2	42	SAN	TRH -2.28 TO-2.15	F*0
22	H	1	43	MAN	TRH -2.32 TO-2.15	F*0
22	H	2	45	SAN	TRH -2.15 TO-2.11	F*0
22	H	9	48	SAN	TRH -2.40 TO-2.34	F*0
22	H	10	48	SAN	TRH -2.39 TO-2.30	F*0

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	37	48	SAN	TRH -2.30 TO-2.23	F*0
22	H	5	49	SAN	TRH -2.68 TO-2.58	F*0
22	H	7	49	SAN	TRH -2.57 TO-2.48	F*0
22	H	7	50	SAN	TRH -2.59 TO-2.46	F*0
22	H	10	50	SAN	TRH -2.63 TO-2.56	F*0
22	H	1	51	MAN	TRH -2.85 TO-2.64	F*0
22	H	3	51	SAN	TRH -2.70 TO-2.60	F*0
22	H	4	51	MAN	TRH -2.60 TO-2.50	F*0
22	H	7	51	SAN	TRH -2.55 TO-2.45	F*0
22	H	9	51	SAN	TRH -2.63 TO-2.53	F*0
22	H	1	52	MAN	TRH -2.94 TO-2.71	F*0
22	H	10	52	SAN	TRH -2.62 TO-2.51	F*0
22	H	1	53	MAN	TRH -2.71 TO-2.56	F*0
22	H	7	53	SAN	TRH -2.45 TO-2.39	F*0
22	H	37	53	SAN	TRH -2.35 TO-2.24	F*0
22	H	5	54	MAN	TRH -2.47 TO-2.36	F*0
22	H	34	55	MAI	TRH -2.39 TO-2.30	F*0
22	H	1	56	MAN	TRH -2.58 TO-2.48	F*0
22	H	2	56	SAN	TRH -2.55 TO-2.45	F*0
22	H	34	56	MAI	TRH -2.35 TO-2.26	F*0
22	H	37	57	SAN	TRH -2.46 TO-2.28	F*0
22	H	34	58	MAN	TRH -2.32 TO-2.05	F*0
22	H	26	59	MAN	TRH -2.30 TO-2.23	F*0
22	H	34	60	MAN	TRH -2.35 TO-2.29	F*0
22	H	11	61	SAI	TRH -2.37 TO-2.27	F*0
22	H	1	62	MAN	TRH -2.54 TO-2.47	F*0
22	H	34	63	MAN	TRH -2.38 TO-2.26	F*0
22	H	5	64	SAN	TRH -2.37 TO-2.31	F*0
22	H	7	65	SAN	TRH -2.42 TO-2.25	F*0
22	H	8	66	SAI	TRH -2.28 TO-2.21	F*0
22	H	37	67	MAN	TRH -2.31 TO-2.18	F*0
22	H	8	68	SAN	TRH -2.31 TO-2.17	F*0
22	H	34	68	MAN	TRH -2.38 TO-2.20	F*0
22	H	1	69	MAN	TRH -2.47 TO-2.31	F*0
22	H	1	70	MAN	TRH -2.54 TO-2.30	F*0
22	H	37	70	SAN	TRH -2.21 TO-2.12	F*0
22	H	11	71	SAI	TRH -2.49 TO-2.39	F*0
22	H	24	71	MAN	TRH -2.27 TO-2.19	F*0
22	H	1	72	MAN	TRH -2.57 TO-2.41	F*0
22	H	5	72	SAI	TRH -2.21 TO-2.15	F*0
22	H	37	72	SAN	TRH -2.24 TO-2.14	F*0
22	H	1	73	MAN	TRH -2.42 TO-2.23	F*0
22	H	1	74	MAN	TRH -2.41 TO-2.21	F*0
22	H	5	74	SAN	TRH -2.35 TO-2.19	F*0
22	H	6	74	SAN	TRH -2.37 TO-2.27	F*0
22	H	1	75	MAN	TRH -2.62 TO-2.24	F*0

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	4	75	SAI	TRH -2.48 TO-2.41	F*0
22	H	1	76	MAN	TRH -2.53 TO-2.24	F*0
22	H	1	77	MAN	TRH -2.47 TO-2.29	F*0
22	H	4	77	SAN	TRH -2.44 TO-2.34	F*0
22	H	1	78	SAN	TRH -2.50 TO-2.29	F*0
22	H	4	78	SAI	TRH -2.46 TO-2.38	F*0
22	H	1	79	MAN	TRH -2.59 TO-2.44	F*0
22	H	3	79	SAI	TRH -2.38 TO-2.32	F*0
22	H	1	80	MAN	TRH -2.84 TO-2.45	F*0
22	H	4	80	SAI	TRH -2.39 TO-2.32	F*0
22	H	5	80	SAN	TRH -2.64 TO-2.52	F*0
22	H	1	81	MAN	TRH -2.68 TO-2.55	F*0
22	H	1	82	MAN	TRH -2.70 TO-2.52	F*0
22	H	5	82	SAI	TRH -2.59 TO-2.52	F*0
22	H	1	83	SAN	TRH -2.80 TO-2.55	F*0
22	H	1	84	SAN	TRH -2.70 TO-2.54	F*0
22	H	1	85	SAN	TRH -2.81 TO-2.52	F*0
22	H	6	85	SAN	TRH -2.34 TO-2.24	F*0
22	H	1	87	SAI	TRH -2.85 TO-2.68	F*0
22	H	4	88	SAI	TRH -2.37 TO-2.30	F*0
22	H	6	91	SAI	TRH -2.43 TO-2.34	F*0
22	H	6	94	MAN	TRH -2.44 TO-2.23	F*0

TABLE V
F*1 Tubes

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	14	3	MAD	1BH -1.63	F*1
21	H	6	4	SAD	1BH -1.16	F*1
21	H	7	4	SAD	1BH -1.00	F*1
21	H	1	8	MAD	1BH -1.31	F*1
21	H	5	9	SAD	1BH -1.37	F*1
21	H	7	9	MAD	1BH -1.22	F*1
21	H	1	10	MAD	1BH -1.39	F*1
21	H	4	10	SAD	1BH -1.39	F*1
21	H	5	10	SAD	1BH -1.10	F*1
21	H	12	10	SAD	1BH -1.25	F*1
21	H	20	10	SAD	1BH -1.33	F*1
21	H	2	11	SAD	1BH -0.90	F*1
21	H	4	11	MAN	1BH -1.27 TO-1.14	F*1
21	H	5	11	MAN	1BH -1.36 TO-1.24	F*1
21	H	13	11	SAD	1BH -0.79	F*1
21	H	14	11	MAD	1BH -1.12	F*1
21	H	1	12	SAD	1BH -1.32	F*1
21	H	9	12	SAD	1BH -1.33	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	11	12	SAD	1BH -1.06	F*1
21	H	14	12	MAN	1BH -1.27 TO-0.88	F*1
21	H	22	12	SAD	1BH -1.40	F*1
21	H	2	13	MAN	1BH -1.25 TO-0.77	F*1
21	H	4	13	SAN	1BH -1.32 TO-1.22	F*1
21	H	13	13	SAD	1BH -1.40	F*1
21	H	14	13	SAD	1BH -1.33	F*1
21	H	2	14	SAN	1BH -3.64 TO-3.41	F*1
21	H	4	14	MAD	1BH -1.22	F*1
21	H	5	14	SAD	1BH -2.14	F*1
21	H	6	14	SAD	1BH -1.30	F*1
21	H	7	14	SAN	1BH -3.70 TO-3.59	F*1
21	H	9	14	MAN	1BH -1.35 TO-1.19	F*1
21	H	11	14	MAN	1BH -1.21 TO-1.06	F*1
21	H	1	15	MAN	1BH -1.16 TO-1.04	F*1
21	H	2	15	SAD	1BH -1.38	F*1
21	H	5	15	SAD	1BH -1.17	F*1
21	H	8	15	SAD	1BH -1.21	F*1
21	H	10	15	SAD	1BH -1.37	F*1
21	H	11	15	SAD	1BH -0.89	F*1
21	H	13	15	MAN	1BH -1.44 TO-0.99	F*1
21	H	15	15	SAD	1BH -0.90	F*1
21	H	16	15	MAN	1BH -1.14 TO-0.93	F*1
21	H	18	15	MAN	1BH -1.32 TO-1.19	F*1
21	H	26	15	SAD	1BH -0.85	F*1
21	H	1	16	SAD	1BH -1.34	F*1
21	H	4	16	MAN	1BH -1.29 TO-1.15	F*1
21	H	7	16	SAD	1BH -0.80	F*1
21	H	8	16	MAD	1BH -1.20	F*1
21	H	10	16	SAD	1BH -0.88	F*1
21	H	12	16	MAD	1BH -1.23	F*1
21	H	14	16	MAD	1BH -1.35	F*1
21	H	17	16	SAD	1BH -1.28	F*1
21	H	24	16	MAD	1BH -1.39	F*1
21	H	29	16	MAN	1BH -1.19 TO-1.06	F*1
21	H	1	17	MAN	1BH -1.33 TO-1.00	F*1
21	H	6	17	SAD	1BH -0.92	F*1
21	H	11	17	SAD	1BH -1.32	F*1
21	H	13	17	SAD	1BH -1.31	F*1
21	H	14	17	SAN	1BH -1.24 TO-1.09	F*1
21	H	18	17	SAD	1BH -1.27	F*1
21	H	19	17	SAD	1BH -1.32	F*1
21	H	25	17	MAD	1BH -1.75	F*1
21	H	1	18	MAD	1BH -1.21	F*1
21	H	2	18	SAD	1BH -0.89	F*1
21	H	3	18	SAN	1BH -1.39 TO-1.25	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	4	18	MAN	1BH -1.40 TO-1.11	F*1
21	H	5	18	MAN	1BH -1.41 TO-0.98	F*1
21	H	13	18	SAD	1BH -1.29	F*1
21	H	18	18	MAD	1BH -0.82	F*1
21	H	19	18	SAD	1BH -1.29	F*1
21	H	20	18	SAD	1BH -0.85	F*1
21	H	27	18	SAD	1BH -1.19	F*1
21	H	1	19	MAN	1BH -1.45 TO-1.02	F*1
21	H	2	19	SAD	1BH -1.39	F*1
21	H	4	19	SAD	1BH -1.20	F*1
21	H	6	19	SAD	1BH -1.25 TO-1.21	F*1
21	H	9	19	MAD	1BH -1.20	F*1
21	H	14	19	SAN	1BH -0.90 TO-0.81	F*1
21	H	16	19	SAD	1BH -1.20	F*1
21	H	17	19	MAD	1BH -0.86	F*1
21	H	19	19	MAN	1BH -0.95 TO-0.86	F*1
21	H	22	19	MAD	1BH -0.93	F*1
21	H	23	19	SAD	1BH -1.06	F*1
21	H	24	19	SAD	1BH -0.90	F*1
21	H	25	19	MAD	1BH -1.25	F*1
21	H	27	19	MAD	1BH -1.10	F*1
21	H	31	19	MAD	1BH -1.30	F*1
21	H	33	19	SAD	1BH -1.38	F*1
21	H	4	20	SAD	1BH -0.95	F*1
21	H	6	20	SAD	1BH -0.90	F*1
21	H	7	20	MAN	1BH -1.37 TO-0.97	F*1
21	H	9	20	SAD	1BH -1.16	F*1
21	H	13	20	MAN	1BH -1.36 TO-1.01	F*1
21	H	16	20	SAD	1BH -1.20	F*1
21	H	17	20	MAN	1BH -1.34 TO-1.24	F*1
21	H	18	20	SAD	1BH -1.29	F*1
21	H	19	20	MAD	1BH -1.40	F*1
21	H	27	20	MAN	1BH -1.21 TO-1.02	F*1
21	H	29	20	MAN	1BH -1.19 TO-1.04	F*1
21	H	34	20	SAD	1BH -1.34	F*1
21	H	2	21	SAD	1BH -1.27	F*1
21	H	6	21	MAN	1BH -1.32 TO-1.25	F*1
21	H	8	21	SAD	1BH -1.15	F*1
21	H	9	21	MAN	1BH -1.32 TO-1.10	F*1
21	H	11	21	SAD	1BH -1.21	F*1
21	H	14	21	SAD	1BH -1.29	F*1
21	H	16	21	MAN	1BH -1.21 TO-1.09	F*1
21	H	17	21	MAN	1BH -1.42 TO-1.30	F*1
21	H	20	21	MAD	1BH -0.88	F*1
21	H	23	21	MAD	1BH -1.41	F*1
21	H	24	21	MAN	1BH -1.37 TO-1.03	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	26	21	SAD	1BH -1.25	F*1
21	H	27	21	SAD	1BH -1.47	F*1
21	H	28	21	SAD	1BH -0.85	F*1
21	H	31	21	SAD	1BH -1.27	F*1
21	H	1	22	MAN	1BH -1.36 TO-0.98	F*1
21	H	2	22	MAN	1BH -1.18 TO-1.07	F*1
21	H	4	22	MAN	1BH -1.20 TO-1.11	F*1
21	H	5	22	SAD	1BH -0.84	F*1
21	H	8	22	MAN	1BH -1.25 TO-1.10	F*1
21	H	10	22	SAD	1BH -0.90	F*1
21	H	13	22	MAD	1BH -1.20	F*1
21	H	14	22	MAN	1BH -1.11 TO-1.05	F*1
21	H	16	22	MAN	1BH -1.29 TO-1.16	F*1
21	H	17	22	MAN	1BH -1.38 TO-1.26	F*1
21	H	20	22	SAD	1BH -0.88	F*1
21	H	21	22	MAD	1BH -1.31	F*1
21	H	24	22	MAD	1BH -0.85	F*1
21	H	26	22	MAD	1BH -0.87	F*1
21	H	32	22	SAD	1BH -1.39	F*1
21	H	1	23	MAD	1BH -1.00	F*1
21	H	3	23	MAN	1BH -1.40 TO-0.92	F*1
21	H	6	23	MAN	1BH -1.27 TO-1.19	F*1
21	H	8	23	MAD	1BH -1.30	F*1
21	H	9	23	SAD	1BH -1.29	F*1
21	H	10	23	SAD	1BH -0.87	F*1
21	H	12	23	MAD	1BH -1.21	F*1
21	H	14	23	MAN	1BH -1.26 TO-1.13	F*1
21	H	16	23	MAN	1BH -1.27 TO-1.15	F*1
21	H	17	23	MAD	1BH -1.30	F*1
21	H	19	23	MAN	1BH -1.25 TO-1.18	F*1
21	H	23	23	MAD	1BH -1.22	F*1
21	H	24	23	MAD	1BH -0.83	F*1
21	H	25	23	MAD	1BH -0.78	F*1
21	H	30	23	MAD	1BH -0.97	F*1
21	H	31	23	SAD	1BH -1.23	F*1
21	H	3	24	SAD	1BH -1.47	F*1
21	H	5	24	MAN	1BH -1.28 TO-1.12	F*1
21	H	6	24	MAN	1BH -1.26 TO-1.12	F*1
21	H	9	24	SAN	1BH -1.22 TO-1.12	F*1
21	H	12	24	MAN	1BH -1.24 TO-1.09	F*1
21	H	15	24	SAD	1BH -0.89	F*1
21	H	19	24	MAD	1BH -0.82	F*1
21	H	20	24	MAD	1BH -1.34	F*1
21	H	28	24	SAD	1BH -0.93	F*1
21	H	30	24	MAD	1BH -1.31	F*1
21	H	35	24	SAD	1BH -0.83	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	6	25	MAD	1BH -1.20	F*1
21	H	7	25	SAD	1BH -1.30	F*1
21	H	8	25	SAD	1BH -1.49	F*1
21	H	9	25	SAN	1BH -0.81 TO-0.73	F*1
21	H	14	25	MAD	1BH -1.29	F*1
21	H	16	25	SAN	1BH -1.25 TO-1.11	F*1
21	H	30	25	MAD	1BH -1.39	F*1
21	H	38	25	MAD	1BH -0.89	F*1
21	H	4	26	SAD	1BH -1.32	F*1
21	H	5	26	SAD	1BH -1.27	F*1
21	H	10	26	MAD	1BH -0.91	F*1
21	H	13	26	MAD	1BH -1.27	F*1
21	H	15	26	MAD	1BH -0.85	F*1
21	H	17	26	SAN	1BH -1.29 TO-1.20	F*1
21	H	18	26	SAD	1BH -1.32	F*1
21	H	28	26	SAD	1BH -0.93	F*1
21	H	4	27	MAD	1BH -0.93	F*1
21	H	6	27	SAD	1BH -0.87	F*1
21	H	8	27	SAN	1BH -1.26 TO-1.17	F*1
21	H	13	27	SAD	1BH -1.28	F*1
21	H	17	27	MAN	1BH -1.37 TO-1.06	F*1
21	H	26	27	MAD	1BH -1.27	F*1
21	H	27	27	MAD	1BH -1.30	F*1
21	H	28	27	SAN	1BH -1.20 TO-1.10	F*1
21	H	31	27	MAD	1BH -0.79	F*1
21	H	32	27	SAN	1BH -1.12 TO-1.02	F*1
21	H	37	27	MAD	1BH -0.90	F*1
21	H	1	28	MAN	1BH -1.42 TO-0.85	F*1
21	H	3	28	MAN	1BH -1.36 TO-0.99	F*1
21	H	5	28	MAN	1BH -1.27 TO-1.16	F*1
21	H	6	28	SAD	1BH -1.30	F*1
21	H	9	28	SAN	1BH -1.39 TO-0.87	F*1
21	H	11	28	SAD	1BH -0.77	F*1
21	H	14	28	SAN	1BH -1.20 TO-1.13	F*1
21	H	15	28	SAN	1BH -1.25 TO-1.16	F*1
21	H	16	28	MAN	1BH -1.28 TO-1.14	F*1
21	H	18	28	MAD	1BH -1.23	F*1
21	H	19	28	MAN	1BH -1.57 TO-0.97	F*1
21	H	20	28	SAD	1BH -1.25	F*1
21	H	21	28	MAN	1BH -1.48 TO-1.03	F*1
21	H	23	28	MAN	1BH -1.43 TO-0.97	F*1
21	H	32	28	SAD	1BH -0.96	F*1
21	H	38	28	MAN	1BH -1.19 TO-1.07	F*1
21	H	4	29	MAN	1BH -1.25 TO-1.15	F*1
21	H	5	29	SAD	1BH -0.89	F*1
21	H	7	29	MAN	1BH -1.20 TO-1.13	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	8	29	MAD	1BH -1.27	F*1
21	H	9	29	SAD	1BH -0.90	F*1
21	H	10	29	MAD	1BH -1.31	F*1
21	H	16	29	MAN	1BH -1.26 TO-1.11	F*1
21	H	18	29	SAN	1BH -1.43 TO-1.01	F*1
21	H	19	29	MAD	1BH -1.30	F*1
21	H	23	29	MAD	1BH -1.26	F*1
21	H	26	29	SAD	1BH -1.22	F*1
21	H	27	29	MAD	1BH -1.27	F*1
21	H	31	29	MAD	1BH -1.29	F*1
21	H	35	29	SAD	1BH -0.86	F*1
21	H	1	30	MAD	1BH -1.42	F*1
21	H	3	30	MAD	1BH -1.26	F*1
21	H	4	30	MAI	1BH -0.39 TO-0.27	F*1
21	H	6	30	MAN	1BH -1.26 TO-1.07	F*1
21	H	8	30	SAN	1BH -1.20 TO-1.10	F*1
21	H	21	30	MAD	1BH -1.25	F*1
21	H	26	30	SAD	1BH -0.79	F*1
21	H	29	30	MAD	1BH -0.88	F*1
21	H	2	31	MAD	1BH -1.00	F*1
21	H	3	31	MAN	1BH -1.00 TO-0.93	F*1
21	H	4	31	MAN	1BH -1.42 TO-0.87	F*1
21	H	6	31	SAN	1BH -0.86 TO-0.73	F*1
21	H	10	31	SAD	1BH -1.26	F*1
21	H	22	31	SAD	1BH -1.27	F*1
21	H	23	31	SAN	1BH -1.19 TO-1.13	F*1
21	H	26	31	SAD	1BH -0.84	F*1
21	H	32	31	SAD	1BH -1.36	F*1
21	H	34	31	MAD	1BH -0.82	F*1
21	H	35	31	SAD	1BH -0.90	F*1
21	H	37	31	MAD	1BH -1.23	F*1
21	H	1	32	MAN	1BH -1.42 TO-0.99	F*1
21	H	6	32	MAN	1BH -1.44 TO-0.96	F*1
21	H	8	32	SAD	1BH -0.97	F*1
21	H	25	32	SAD	1BH -1.26	F*1
21	H	26	32	SAD	1BH -1.18	F*1
21	H	27	32	SAD	1BH -1.27	F*1
21	H	30	32	SAN	1BH -1.35 TO-1.11	F*1
21	H	32	32	SAN	1BH -1.23 TO-1.13	F*1
21	H	36	32	MAD	1BH -0.90	F*1
21	H	3	33	MAN	1BH -1.24 TO-1.10	F*1
21	H	4	33	SAD	1BH -1.30	F*1
21	H	7	33	MAN	1BH -1.24 TO-1.07	F*1
21	H	8	33	MAN	1BH -1.21 TO-1.10	F*1
21	H	11	33	SAD	1BH -1.24	F*1
21	H	21	33	MAN	1BH -1.25 TO-1.08	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	22	33	SAD	1BH -1.27	F*1
21	H	23	33	SAD	1BH -0.88	F*1
21	H	24	33	SAD	1BH -1.31	F*1
21	H	27	33	MAN	1BH -1.22 TO-1.14	F*1
21	H	2	34	SAD	1BH -1.27	F*1
21	H	3	34	SAN	1BH -1.22 TO-1.09	F*1
21	H	8	34	MAN	1BH -1.23 TO-1.09	F*1
21	H	10	34	MAN	1BH -1.25 TO-1.12	F*1
21	H	23	34	MAN	1BH -1.25 TO-1.16	F*1
21	H	27	34	SAD	1BH -0.87	F*1
21	H	28	34	SAD	1BH -0.88	F*1
21	H	34	34	MAN	1BH -1.18 TO-1.06	F*1
21	H	4	35	MAD	1BH -0.95	F*1
21	H	5	35	MAD	1BH -1.18	F*1
21	H	8	35	MAN	1BH -1.23 TO-1.13	F*1
21	H	11	35	SAD	1BH -1.28	F*1
21	H	13	35	MAN	1BH -1.14 TO-1.00	F*1
21	H	21	35	MAD	1BH -1.21	F*1
21	H	29	35	SAD	1BH -1.29	F*1
21	H	31	35	SAD	1BH -1.36	F*1
21	H	3	36	SAD	1BH -1.32	F*1
21	H	4	36	MAD	1BH -1.27	F*1
21	H	6	36	MAN	1BH -1.20 TO-1.09	F*1
21	H	7	36	SAD	1BH -1.27	F*1
21	H	8	36	MAN	1BH -1.24 TO-1.08	F*1
21	H	20	36	MAN	1BH -1.29 TO-1.16	F*1
21	H	22	36	SAN	1BH -1.32 TO-1.22	F*1
21	H	23	36	MAD	1BH -1.30	F*1
21	H	29	36	SAD	1BH -1.31	F*1
21	H	35	36	MAD	1BH -0.86	F*1
21	H	36	36	SAD	1BH -0.90	F*1
21	H	4	37	SAD	1BH -1.33	F*1
21	H	6	37	MAN	1BH -1.18 TO-1.07	F*1
21	H	8	37	MAN	1BH -1.02 TO-0.92	F*1
21	H	9	37	SAD	1BH -0.90	F*1
21	H	10	37	SAD	1BH -0.90	F*1
21	H	13	37	MAN	1BH -1.18 TO-1.03	F*1
21	H	21	37	SAN	1BH -1.16 TO-1.09	F*1
21	H	22	37	SAD	1BH -0.80	F*1
21	H	27	37	MAD	1BH -1.25	F*1
21	H	28	37	MAD	1BH -0.84	F*1
21	H	33	37	SAD	1BH -0.88	F*1
21	H	1	38	MAD	1BH -1.25	F*1
21	H	3	38	MAN	1BH -1.02 TO-0.88	F*1
21	H	4	38	MAN	1BH -1.21 TO-1.11	F*1
21	H	5	38	SAD	1BH -1.35	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	7	38	MAN	1BH -1.13 TO-0.99	F*1
21	H	8	38	MAD	1BH -0.93	F*1
21	H	9	38	MAN	1BH -1.06 TO-0.96	F*1
21	H	13	38	SAN	1BH -1.19 TO-1.10	F*1
21	H	23	38	MAD	1BH -0.91	F*1
21	H	24	38	SAD	1BH -1.18	F*1
21	H	30	38	MAD	1BH -1.11	F*1
21	H	31	38	SAD	1BH -1.25	F*1
21	H	2	39	SAD	1BH -1.36	F*1
21	H	4	39	MAN	1BH -1.20 TO-0.97	F*1
21	H	9	39	SAD	1BH -1.24	F*1
21	H	12	39	SAN	1BH -1.19 TO-1.08	F*1
21	H	15	39	SAD	1BH -0.91	F*1
21	H	19	39	SAD	1BH -1.29	F*1
21	H	20	39	SAN	1BH -1.22 TO-1.12	F*1
21	H	21	39	SAN	1BH -1.24 TO-1.16	F*1
21	H	22	39	SAD	1BH -1.28	F*1
21	H	25	39	MAN	1BH -1.11 TO-1.06	F*1
21	H	30	39	MAD	1BH -1.17	F*1
21	H	35	39	SAD	1BH -1.13	F*1
21	H	36	39	SAD	1BH -1.43	F*1
21	H	3	40	MAD	1BH -1.26	F*1
21	H	6	40	MAD	1BH -1.30	F*1
21	H	10	40	MAN	1BH -1.22 TO-1.07	F*1
21	H	12	40	MAD	1BH -1.30	F*1
21	H	30	40	SAD	1BH -0.80	F*1
21	H	33	40	SAD	1BH -1.20	F*1
21	H	37	40	MAD	1BH -1.14	F*1
21	H	2	41	SAD	1BH -0.93	F*1
21	H	3	41	SAD	1BH -1.31	F*1
21	H	4	41	MAN	1BH -1.42 TO-0.84	F*1
21	H	5	41	MAN	1BH -1.12 TO-1.05	F*1
21	H	7	41	MAN	1BH -1.14 TO-1.05	F*1
21	H	8	41	MAD	1BH -1.27	F*1
21	H	11	41	SAD	1BH -1.37	F*1
21	H	12	41	MAN	1BH -1.19 TO-0.99	F*1
21	H	14	41	MAN	1BH -0.88 TO-0.10	F*1
21	H	23	41	SAD	1BH -0.98	F*1
21	H	33	41	MAD	1BH -1.20	F*1
21	H	2	42	MAN	1BH -1.32 TO-1.11	F*1
21	H	3	42	MAD	1BH -1.22	F*1
21	H	5	42	MAD	1BH -0.92	F*1
21	H	7	42	SAN	1BH -1.15 TO-1.09	F*1
21	H	8	42	MAD	1BH -1.23	F*1
21	H	9	42	SAD	1BH -1.23	F*1
21	H	10	42	SAD	1BH -1.28	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	15	42	MAN	1BH -1.19 TO-1.09	F*1
21	H	16	42	SAD	1BH -1.31	F*1
21	H	17	42	SAN	1BH -0.85 TO-0.79	F*1
21	H	21	42	SAD	1BH -1.33	F*1
21	H	24	42	SAD	1BH -1.25	F*1
21	H	25	42	SAD	1BH -0.85	F*1
21	H	28	42	SAD	1BH -1.05	F*1
21	H	36	42	MAD	1BH -1.37	F*1
21	H	5	43	SAN	1BH -1.22 TO-1.13	F*1
21	H	7	43	MAN	1BH -1.10 TO-1.02	F*1
21	H	8	43	SAN	1BH -1.26 TO-1.06	F*1
21	H	9	43	MAN	1BH -1.25 TO-0.92	F*1
21	H	12	43	SAN	1BH -0.87 TO-0.81	F*1
21	H	21	43	SAD	1BH -1.23	F*1
21	H	23	43	MAN	1BH -1.26 TO-1.03	F*1
21	H	24	43	MAN	1BH -1.47 TO-0.80	F*1
21	H	30	43	SAD	1BH -0.80	F*1
21	H	32	43	SAD	1BH -1.10	F*1
21	H	1	44	MAD	1BH -1.32	F*1
21	H	3	44	SAD	1BH -1.30	F*1
21	H	4	44	MAD	1BH -1.25	F*1
21	H	8	44	SAD	1BH -0.90	F*1
21	H	9	44	MAD	1BH -1.25	F*1
21	H	12	44	MAN	1BH -0.95 TO-0.87	F*1
21	H	13	44	SAD	1BH -0.93	F*1
21	H	21	44	SAD	1BH -1.30	F*1
21	H	22	44	SAD	1BH -0.90	F*1
21	H	24	44	MAN	1BH -1.42 TO-0.98	F*1
21	H	1	45	SAD	1BH -1.36	F*1
21	H	3	45	MAN	1BH -1.45 TO-0.85	F*1
21	H	6	45	SAD	1BH -1.18	F*1
21	H	9	45	SAN	1BH -1.20 TO-1.10	F*1
21	H	10	45	MAD	1BH -0.89	F*1
21	H	13	45	MAN	1BH -1.49 TO-0.92	F*1
21	H	14	45	SAN	1BH -0.88 TO-0.82	F*1
21	H	16	45	SAD	1BH -1.30	F*1
21	H	21	45	MAD	1BH -1.26	F*1
21	H	23	45	SAD	1BH -1.33	F*1
21	H	30	45	MAN	1BH -1.22 TO-1.11	F*1
21	H	34	45	SAD	1BH -1.07	F*1
21	H	3	46	MAN	1BH -1.35 TO-0.92	F*1
21	H	4	46	MAN	1BH -1.21 TO-1.14	F*1
21	H	5	46	SAD	1BH -1.13	F*1
21	H	6	46	MAD	1BH -1.55	F*1
21	H	8	46	MAN	1BH -1.28 TO-1.11	F*1
21	H	14	46	MAN	1BH -1.28 TO-1.07	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	15	46	SAD	1BH -0.93	F*1
21	H	16	46	MAD	1BH -1.36	F*1
21	H	17	46	SAD	1BH -1.25	F*1
21	H	19	46	SAD	1BH -1.18	F*1
21	H	21	46	SAD	1BH -1.25	F*1
21	H	22	46	SAD	1BH -1.24	F*1
21	H	24	46	SAI	1BH -0.45 TO-0.29	F*1
21	H	27	46	SAD	1BH -0.85	F*1
21	H	28	46	MAD	1BH -1.28	F*1
21	H	3	47	MAD	1BH -1.41	F*1
21	H	4	47	MAN	1BH -1.28 TO-1.08	F*1
21	H	8	47	SAN	1BH -1.26 TO-1.13	F*1
21	H	9	47	SAD	1BH -0.75	F*1
21	H	11	47	MAD	1BH -1.18	F*1
21	H	12	47	SAN	1BH -0.83 TO-0.70	F*1
21	H	13	47	MAN	1BH -1.31 TO-0.89	F*1
21	H	19	47	MAD	1BH -1.29	F*1
21	H	23	47	MAD	1BH -1.19	F*1
21	H	24	47	MAD	1BH -1.32	F*1
21	H	34	47	SAD	1BH -1.20	F*1
21	H	36	47	MAD	1BH -1.10	F*1
21	H	37	47	SAD	1BH -1.60	F*1
21	H	1	48	SAD	1BH -1.29	F*1
21	H	3	48	SAD	1BH -1.34	F*1
21	H	4	48	MAN	1BH -1.26 TO-0.90	F*1
21	H	5	48	SAD	1BH -1.36	F*1
21	H	6	48	SAN	1BH -1.24 TO-1.12	F*1
21	H	9	48	SAD	1BH -1.36	F*1
21	H	11	48	MAD	1BH -1.41	F*1
21	H	12	48	MAD	1BH -1.31	F*1
21	H	16	48	SAD	1BH -0.89	F*1
21	H	18	48	SAI	1BH -0.52 TO-0.32	F*1
21	H	22	48	MAD	1BH -1.15	F*1
21	H	28	48	SAD	1BH -0.92	F*1
21	H	1	49	MAD	1BH -0.91	F*1
21	H	4	49	MAD	1BH -1.39	F*1
21	H	7	49	MAD	1BH -1.39	F*1
21	H	11	49	MAD	1BH -1.36	F*1
21	H	12	49	MAD	1BH -1.45	F*1
21	H	13	49	MAN	1BH -1.31 TO-1.01	F*1
21	H	14	49	SAN	1BH -0.68 TO-0.45	F*1
21	H	23	49	SAD	1BH -0.88	F*1
21	H	24	49	SAD	1BH -0.87	F*1
21	H	25	49	MAD	1BH -0.88	F*1
21	H	29	49	MAD	1BH -1.26	F*1
21	H	31	49	SAD	1BH -1.26	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	2	50	MAN	1BH -1.43 TO-0.83	F*1
21	H	3	50	SAD	1BH -0.90	F*1
21	H	4	50	MAN	1BH -1.25 TO-0.95	F*1
21	H	5	50	MAN	1BH -1.32 TO-1.02	F*1
21	H	7	50	MAN	1BH -1.09 TO-0.75	F*1
21	H	8	50	MAD	1BH -0.93	F*1
21	H	10	50	MAN	1BH -1.21 TO-1.13	F*1
21	H	12	50	MAN	1BH -0.51 TO-0.30	F*1
21	H	18	50	MAD	1BH -1.21	F*1
21	H	19	50	MAD	1BH -0.90	F*1
21	H	21	50	SAD	1BH -1.30	F*1
21	H	24	50	MAI	1BH -0.67 TO-0.38	F*1
21	H	25	50	SAD	1BH -1.26	F*1
21	H	37	50	SAD	1BH -0.90	F*1
21	H	1	51	SAN	1BH -1.18 TO-1.05	F*1
21	H	2	51	SAD	1BH -1.36	F*1
21	H	4	51	MAN	1BH -1.10 TO-1.01	F*1
21	H	5	51	MAN	1BH -1.26 TO-1.03	F*1
21	H	6	51	MAD	1BH -1.27	F*1
21	H	8	51	MAN	1BH -1.30 TO-0.85	F*1
21	H	11	51	SAD	1BH -1.75	F*1
21	H	13	51	SAD	1BH -1.41	F*1
21	H	14	51	SAD	1BH -1.35	F*1
21	H	16	51	MAD	1BH -1.27	F*1
21	H	23	51	MAD	1BH -0.88	F*1
21	H	34	51	MAD	1BH -0.84	F*1
21	H	35	51	SAD	1BH -0.86	F*1
21	H	1	52	SAN	1BH -1.22 TO-1.10	F*1
21	H	2	52	MAN	1BH -1.37 TO-0.85	F*1
21	H	3	52	MAN	1BH -1.30 TO-1.17	F*1
21	H	4	52	SAN	1BH -1.18 TO-1.10	F*1
21	H	5	52	MAD	1BH -1.38	F*1
21	H	7	52	SAD	1BH -1.31	F*1
21	H	9	52	SAD	1BH -1.34	F*1
21	H	10	52	SAD	1BH -1.36	F*1
21	H	11	52	MAD	1BH -1.34	F*1
21	H	14	52	MAN	1BH -1.07 TO-0.46	F*1
21	H	16	52	SAD	1BH -0.88	F*1
21	H	18	52	SAD	1BH -0.90	F*1
21	H	20	52	MAD	1BH -0.89	F*1
21	H	22	52	SAD	1BH -1.27	F*1
21	H	35	52	SAD	1BH -0.90	F*1
21	H	2	53	SAD	1BH -0.93	F*1
21	H	3	53	MAD	1BH -1.40	F*1
21	H	4	53	SAN	1BH -1.19 TO-0.98	F*1
21	H	7	53	MAN	1BH -0.63 TO-0.36	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	10	53	SAN	1BH -1.15 TO-0.98	F*1
21	H	18	53	SAD	1BH -1.10	F*1
21	H	20	53	SAD	1BH -1.30	F*1
21	H	21	53	SAD	1BH -0.95	F*1
21	H	22	53	SAD	1BH -0.85	F*1
21	H	27	53	MAD	1BH -0.88	F*1
21	H	35	53	SAD	1BH -0.84	F*1
21	H	1	54	SAN	1BH -1.30 TO-1.18	F*1
21	H	7	54	MAN	1BH -1.29 TO-1.18	F*1
21	H	10	54	SAD	1BH -0.92	F*1
21	H	14	54	MAD	1BH -1.37	F*1
21	H	17	54	MAD	1BH -1.16	F*1
21	H	18	54	SAD	1BH -1.21	F*1
21	H	19	54	MAN	1BH -1.23 TO-1.16	F*1
21	H	21	54	MAD	1BH -1.10	F*1
21	H	29	54	MAD	1BH -1.32	F*1
21	H	34	54	MAD	1BH -1.29	F*1
21	H	7	55	SAD	1BH -1.58	F*1
21	H	10	55	MAN	1BH -1.28 TO-0.89	F*1
21	H	18	55	MAD	1BH -0.85	F*1
21	H	23	55	MAD	1BH -1.19	F*1
21	H	29	55	SAD	1BH -1.30	F*1
21	H	31	55	SAD	1BH -0.85	F*1
21	H	33	55	SAD	1BH -0.90	F*1
21	H	34	55	SAD	1BH -1.26	F*1
21	H	2	56	SAN	1BH -0.36 TO-0.30	F*1
21	H	4	56	MAD	1BH -1.54	F*1
21	H	6	56	MAN	1BH -1.19 TO-1.05	F*1
21	H	10	56	MAN	1BH -1.29 TO-0.96	F*1
21	H	13	56	SAD	1BH -0.85	F*1
21	H	18	56	SAD	1BH -1.35	F*1
21	H	27	56	SAD	1BH -0.88	F*1
21	H	34	56	MAD	1BH -0.85	F*1
21	H	1	57	SAN	1BH -1.25 TO-1.18	F*1
21	H	2	57	MAD	1BH -1.43	F*1
21	H	4	57	SAD	1BH -1.28	F*1
21	H	6	57	MAN	1BH -1.16 TO-1.04	F*1
21	H	7	57	MAD	1BH -1.36	F*1
21	H	8	57	MAN	1BH -0.65 TO-0.03	F*1
21	H	11	57	MAN	1BH -0.81 TO-0.62	F*1
21	H	13	57	MAN	1BH -1.22 TO-0.76	F*1
21	H	14	57	SAD	1BH -1.30	F*1
21	H	15	57	MAD	1BH -1.37	F*1
21	H	17	57	SAD	1BH -1.30	F*1
21	H	19	57	SAD	1BH -1.28	F*1
21	H	21	57	MAD	1BH -0.87	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	23	57	MAN	1BH -1.18 TO-0.99	F*1
21	H	27	57	SAD	1BH -1.11	F*1
21	H	2	58	SAD	1BH -1.39	F*1
21	H	3	58	SAD	1BH -1.00	F*1
21	H	4	58	MAD	1BH -1.41	F*1
21	H	5	58	MAN	1BH -1.32 TO-1.08	F*1
21	H	11	58	SAD	1BH -1.20	F*1
21	H	14	58	MAN	1BH -1.17 TO-1.10	F*1
21	H	16	58	MAN	1BH -1.29 TO-0.82	F*1
21	H	21	58	MAN	1BH -1.36 TO-1.18	F*1
21	H	1	59	MAD	1BH -1.37	F*1
21	H	3	59	SAD	1BH -1.29	F*1
21	H	8	59	MAN	1BH -1.37 TO-0.99	F*1
21	H	9	59	MAD	1BH -1.39	F*1
21	H	10	59	MAN	1BH -1.17 TO-1.07	F*1
21	H	11	59	MAN	1BH -1.19 TO-1.11	F*1
21	H	13	59	MAN	1BH -1.28 TO-1.01	F*1
21	H	14	59	MAN	1BH -1.33 TO-1.29	F*1
21	H	21	59	SAD	1BH -1.28	F*1
21	H	27	59	SAN	1BH -0.98 TO-0.94	F*1
21	H	28	59	SAD	1BH -1.20	F*1
21	H	3	60	MAN	1BH -1.29 TO-1.21	F*1
21	H	5	60	MAN	1BH -1.33 TO-1.13	F*1
21	H	7	60	SAN	1BH -1.18 TO-1.07	F*1
21	H	11	60	MAN	1BH -1.35 TO-0.98	F*1
21	H	14	60	MAN	1BH -1.28 TO-1.12	F*1
21	H	16	60	MAN	1BH -1.16 TO-1.02	F*1
21	H	24	60	SAD	1BH -0.93	F*1
21	H	25	60	MAN	1BH -0.99 TO-0.95	F*1
21	H	29	60	MAD	1BH -1.27	F*1
21	H	2	61	MAN	1BH -1.32 TO-1.12	F*1
21	H	3	61	MAN	1BH -1.39 TO-1.31	F*1
21	H	4	61	SAD	1BH -1.26	F*1
21	H	5	61	MAN	1BH -1.30 TO-1.27	F*1
21	H	9	61	MAN	1BH -1.20 TO-1.12	F*1
21	H	10	61	MAN	1BH -1.23 TO-1.12	F*1
21	H	13	61	SAD	1BH -0.92	F*1
21	H	17	61	MAN	1BH -1.14 TO-1.01	F*1
21	H	31	61	SVI	1BH -1.53 TO-1.33	F*1
21	H	2	62	MAN	1BH -1.27 TO-1.11	F*1
21	H	5	62	MAN	1BH -1.37 TO-1.27	F*1
21	H	8	62	MAN	1BH -1.28 TO-1.21	F*1
21	H	10	62	MAN	1BH -1.20 TO-1.08	F*1
21	H	12	62	SAN	1BH -1.25 TO-1.11	F*1
21	H	13	62	MAD	1BH -1.34	F*1
21	H	14	62	MAN	1BH -1.28 TO-1.06	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	21	62	SAN	1BH -1.10 TO-1.03	F*1
21	H	25	62	SAN	1BH -1.18 TO-1.07	F*1
21	H	27	62	MAD	1BH -0.83	F*1
21	H	37	62	SAD	1BH -0.90	F*1
21	H	3	63	MAN	1BH -1.30 TO-1.18	F*1
21	H	5	63	MAN	1BH -1.15 TO-1.06	F*1
21	H	7	63	SAD	1BH -1.40	F*1
21	H	8	63	MAN	1BH -1.22 TO-0.95	F*1
21	H	9	63	SAD	1BH -1.34	F*1
21	H	11	63	SAD	1BH -1.39	F*1
21	H	14	63	MAD	1BH -1.37	F*1
21	H	16	63	SAD	1BH -1.33	F*1
21	H	18	63	SAD	1BH -0.89	F*1
21	H	19	63	MAI	1BH -0.49 TO-0.40	F*1
21	H	36	63	SAD	1BH -0.89	F*1
21	H	3	64	SAN	1BH -1.23 TO-1.15	F*1
21	H	4	64	MAN	1BH -1.28 TO-1.14	F*1
21	H	5	64	MAN	1BH -1.41 TO-0.91	F*1
21	H	6	64	MAN	1BH -1.20 TO-1.07	F*1
21	H	7	64	MAN	1BH -1.20 TO-1.12	F*1
21	H	12	64	MAN	1BH -1.15 TO-1.02	F*1
21	H	14	64	MAN	1BH -1.16 TO-1.04	F*1
21	H	17	64	SAN	1BH -1.06 TO-0.91	F*1
21	H	22	64	SAD	1BH -1.35	F*1
21	H	29	64	SAD	1BH -0.80	F*1
21	H	34	64	MAD	1BH -1.22	F*1
21	H	35	64	SAD	1BH -1.28	F*1
21	H	2	65	SAD	1BH -1.42	F*1
21	H	4	65	SAD	1BH -1.40	F*1
21	H	5	65	MAN	1BH -1.20 TO-1.08	F*1
21	H	8	65	SAN	1BH -1.31 TO-1.25	F*1
21	H	12	65	MAN	1BH -1.13 TO-1.00	F*1
21	H	14	65	SAD	1BH -1.19	F*1
21	H	16	65	SAN	1BH -1.13 TO-1.02	F*1
21	H	20	65	SAD	1BH -1.00	F*1
21	H	25	65	SAD	1BH -0.79	F*1
21	H	5	66	MAN	1BH -1.25 TO-1.16	F*1
21	H	7	66	SAD	1BH -1.27	F*1
21	H	14	66	SAD	1BH -1.29	F*1
21	H	16	66	SAN	1BH -2.10 TO-2.07	F*1
21	H	17	66	SAD	1BH -1.40	F*1
21	H	18	66	SAD	1BH -1.36	F*1
21	H	19	66	SAD	1BH -0.82	F*1
21	H	21	66	SAD	1BH -1.24	F*1
21	H	35	66	SAD	1BH -1.35	F*1
21	H	1	67	MAD	1BH -1.31	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	3	67	MAD	1BH -1.36	F*1
21	H	5	67	MAD	1BH -1.35	F*1
21	H	6	67	SAD	1BH -1.33	F*1
21	H	8	67	SAD	1BH -0.86	F*1
21	H	11	67	SAD	1BH -1.34	F*1
21	H	16	67	SAN	1BH -3.21 TO-3.17	F*1
21	H	19	67	SAD	1BH -0.79	F*1
21	H	20	67	SAD	1BH -0.92	F*1
21	H	24	67	MAN	1BH -1.08 TO-1.00	F*1
21	H	25	67	SAN	1BH -3.83 TO-3.66	F*1
21	H	34	67	MAD	1BH -1.41	F*1
21	H	4	68	MAN	1BH -1.44 TO-0.84	F*1
21	H	5	68	MAN	1BH -1.18 TO-1.09	F*1
21	H	7	68	MAN	1BH -1.41 TO-1.13	F*1
21	H	12	68	SAI	1BH -0.48 TO-0.32	F*1
21	H	13	68	MAD	1BH -1.39	F*1
21	H	19	68	SAD	1BH -0.85	F*1
21	H	20	68	SAD	1BH -0.85	F*1
21	H	34	68	MAN	1BH -1.42 TO-1.09	F*1
21	H	4	69	MAD	1BH -1.42	F*1
21	H	5	69	SAD	1BH -1.35	F*1
21	H	8	69	SAD	1BH -1.40	F*1
21	H	11	69	SAN	1BH -1.30 TO-1.12	F*1
21	H	12	69	MAD	1BH -1.33	F*1
21	H	14	69	SAD	1BH -1.34	F*1
21	H	16	69	SAD	1BH -1.35	F*1
21	H	17	69	SAD	1BH -1.30	F*1
21	H	35	69	SAD	1BH -1.32	F*1
21	H	2	70	SAD	1BH -1.23	F*1
21	H	5	70	MAN	1BH -1.09 TO-0.98	F*1
21	H	6	70	SAD	1BH -1.41	F*1
21	H	7	70	SAD	1BH -0.86	F*1
21	H	9	70	MAD	1BH -1.20	F*1
21	H	11	70	MAD	1BH -0.87	F*1
21	H	17	70	MAD	1BH -0.78	F*1
21	H	2	71	MAN	1BH -1.00 TO-0.86	F*1
21	H	3	71	MAN	1BH -1.35 TO-0.94	F*1
21	H	4	71	MAD	1BH -0.96	F*1
21	H	5	71	MAD	1BH -1.41	F*1
21	H	9	71	SAD	1BH -1.46	F*1
21	H	10	71	MAN	1BH -1.16 TO-1.03	F*1
21	H	11	71	MAN	1BH -1.12 TO-1.04	F*1
21	H	16	71	SAD	1BH -0.87	F*1
21	H	22	71	MAD	1BH -0.86	F*1
21	H	4	72	SAD	1BH -1.00	F*1
21	H	5	72	SAD	1BH -1.41	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	8	72	MAN	1BH -1.21 TO-1.11	F*1
21	H	11	72	MAN	1BH -1.27 TO-1.14	F*1
21	H	17	72	SAD	1BH -1.39	F*1
21	H	2	73	SAD	1BH -0.95	F*1
21	H	3	73	MAN	1BH -1.36 TO-1.24	F*1
21	H	5	73	MAN	1BH -1.24 TO-1.15	F*1
21	H	10	73	SAD	1BH -1.48	F*1
21	H	11	73	MAN	1BH -1.23 TO-1.12	F*1
21	H	12	73	MAD	1BH -0.89	F*1
21	H	16	73	MAD	1BH -0.86	F*1
21	H	17	73	MAD	1BH -0.88	F*1
21	H	23	73	SAN	1BH -0.85 TO-0.80	F*1
21	H	3	74	SAN	1BH -1.39 TO-1.07	F*1
21	H	4	74	MAD	1BH -1.43	F*1
21	H	5	74	MAN	1BH -1.34 TO-1.13	F*1
21	H	9	74	MAN	1BH -1.19 TO-1.13	F*1
21	H	11	74	MAN	1BH -1.26 TO-1.13	F*1
21	H	25	74	SAD	1BH -0.85	F*1
21	H	28	74	SAN	1BH -0.97 TO-0.91	F*1
21	H	5	75	MAN	1BH -1.31 TO-1.23	F*1
21	H	8	75	MAD	1BH -0.90	F*1
21	H	7	76	MAD	1BH -1.41	F*1
21	H	9	76	MAD	1BH -1.39	F*1
21	H	18	76	SAD	1BH -0.87	F*1
21	H	3	77	MAD	1BH -0.93	F*1
21	H	6	77	MAD	1BH -1.39	F*1
21	H	7	77	SAN	1BH -1.29 TO-1.21	F*1
21	H	11	77	SAD	1BH -1.44	F*1
21	H	16	77	SAD	1BH -0.87	F*1
21	H	22	77	SAD	1BH -1.16	F*1
21	H	3	78	MAD	1BH -1.53	F*1
21	H	4	78	MAN	1BH -1.08 TO-1.04	F*1
21	H	5	78	MAD	1BH -1.44	F*1
21	H	7	78	MAN	1BH -1.44 TO-1.14	F*1
21	H	9	78	MAD	1BH -1.39	F*1
21	H	11	78	SAN	1BH -1.27 TO-1.16	F*1
21	H	4	79	SAD	1BH -1.37	F*1
21	H	7	79	MAN	1BH -1.36 TO-1.25	F*1
21	H	8	79	SAD	1BH -0.92	F*1
21	H	11	79	SAD	1BH -1.47	F*1
21	H	19	79	MAD	1BH -1.52	F*1
21	H	5	80	SAD	1BH -1.56	F*1
21	H	12	80	SAD	1BH -1.26	F*1
21	H	28	80	SAN	1BH -1.31 TO-1.20	F*1
21	H	1	81	MAD	1BH -0.90	F*1
21	H	11	81	SAD	1BH -1.45	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	1	82	SAD	1BH -1.40	F*1
21	H	7	82	SAD	1BH -1.52	F*1
21	H	9	82	MAD	1BH -0.88	F*1
21	H	12	82	SAD	1BH -1.44	F*1
21	H	2	83	SAN	1BH -0.94 TO-0.80	F*1
21	H	9	83	MAD	1BH -1.52	F*1
21	H	5	84	MAD	1BH -1.00	F*1
21	H	12	84	MAD	1BH -0.90	F*1
21	H	18	86	SAN	1BH -1.33 TO-1.19	F*1
22	H	15	7	SAD	1BH -1.05	F*1
22	H	1	10	SAN	1BH -2.44 TO-2.31	F*1
22	H	4	14	SAN	1BH -2.32 TO-2.28	F*1
22	H	18	14	SAN	1BH -1.20 TO-1.15	F*1
22	H	2	15	SAN	1BH -2.25 TO-2.21	F*1
22	H	14	15	SAD	1BH -1.06	F*1
22	H	24	15	MAN	1BH -1.54 TO-1.24	F*1
22	H	25	15	SAD	1BH -1.49	F*1
22	H	25	16	SAD	1BH -1.07	F*1
22	H	1	17	MAN	1BH -2.40 TO-2.20	F*1
22	H	25	17	SAD	1BH -1.40	F*1
22	H	1	18	MAN	1BH -2.30 TO-2.16	F*1
22	H	4	19	SAN	1BH -2.39 TO-2.31	F*1
22	H	15	19	MAD	1BH -1.08	F*1
22	H	21	19	SVI	1BH -2.51 TO-2.31	F*1
22	H	1	20	MAN	1BH -2.29 TO-2.11	F*1
22	H	3	20	SAN	1BH -1.95 TO-1.87	F*1
22	H	14	20	SAD	1BH -0.91	F*1
22	H	1	21	MAN	1BH -2.19 TO-2.05	F*1
22	H	4	21	SAN	1BH -2.20 TO-2.10	F*1
22	H	31	21	SAD	1BH -1.40	F*1
22	H	18	22	SAN	1BH -1.39 TO-1.31	F*1
22	H	25	22	MAN	1BH -1.34 TO-1.26	F*1
22	H	28	22	SAD	1BH -1.47	F*1
22	H	33	22	SAD	1BH -1.28	F*1
22	H	16	23	SAD	1BH -1.27	F*1
22	H	22	23	SAN	1BH -1.51 TO-1.42	F*1
22	H	32	23	SAD	1BH -1.24	F*1
22	H	15	24	MAD	1BH -0.90	F*1
22	H	27	24	MAD	1BH -1.57	F*1
22	H	28	24	SAN	1BH -1.44 TO-1.33	F*1
22	H	34	24	SAD	1BH -1.02	F*1
22	H	20	25	MAD	1BH -0.96	F*1
22	H	21	25	SAD	1BH -1.51	F*1
22	H	23	25	MAN	1BH -1.48 TO-1.34	F*1
22	H	26	25	SAN	1BH -1.17 TO-1.07	F*1
22	H	31	25	SAD	1BH -1.00	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	32	25	SAD	1BH -1.40	F*1
22	H	33	25	SAD	1BH -1.00	F*1
22	H	1	26	SAN	1BH -0.48 TO-0.32	F*1
22	H	18	26	SAD	1BH -1.27	F*1
22	H	19	26	MAD	1BH -1.67	F*1
22	H	22	26	SAD	1BH -1.56	F*1
22	H	28	26	SAN	1BH -0.95 TO-0.91	F*1
22	H	33	26	SAD	1BH -1.33	F*1
22	H	13	27	MAD	1BH -1.29	F*1
22	H	14	27	SAD	1BH -0.95	F*1
22	H	15	27	SAD	1BH -1.59	F*1
22	H	20	27	SAD	1BH -1.52	F*1
22	H	24	27	SAD	1BH -1.35	F*1
22	H	25	27	SAD	1BH -1.22	F*1
22	H	20	28	SAD	1BH -1.21	F*1
22	H	1	29	MAD	1BH -1.35	F*1
22	H	19	29	SAD	1BH -1.72	F*1
22	H	24	29	SAD	1BH -1.57	F*1
22	H	29	29	MAI	1BH -0.76 TO-0.06	F*1
22	H	32	29	SAD	1BH -1.52	F*1
22	H	5	30	SAN	1BH -0.35 TO-0.15	F*1
22	H	32	30	MAD	1BH -1.40	F*1
22	H	35	30	SAD	1BH -1.40	F*1
22	H	3	31	MAN	1BH -1.55 TO-1.35	F*1
22	H	27	31	SAD	1BH -1.25	F*1
22	H	32	31	SAD	1BH -1.40	F*1
22	H	20	32	MAN	1BH -1.40 TO-1.28	F*1
22	H	21	32	SAD	1BH -1.36	F*1
22	H	28	32	SAD	1BH -1.17	F*1
22	H	31	32	SAN	1BH -1.52 TO-1.43	F*1
22	H	32	32	SAD	1BH -1.44	F*1
22	H	25	33	SAD	1BH -0.90	F*1
22	H	32	33	MAD	1BH -1.49	F*1
22	H	33	33	SAD	1BH -1.00	F*1
22	H	28	34	MAN	1BH -1.51 TO-1.41	F*1
22	H	33	34	SAD	1BH -0.97	F*1
22	H	12	35	MAD	1BH -1.21	F*1
22	H	13	35	MAN	1BH -1.49 TO-1.26	F*1
22	H	22	35	SAD	1BH -0.90	F*1
22	H	28	35	MAN	1BH -1.63 TO-1.40	F*1
22	H	29	35	SAD	1BH -1.27	F*1
22	H	20	36	MAD	1BH -1.47	F*1
22	H	23	36	MAN	1BH -1.47 TO-1.25	F*1
22	H	27	36	SAD	1BH -1.48	F*1
22	H	29	36	SAD	1BH -1.22	F*1
22	H	32	36	SAI	1BH -0.76 TO-0.45	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	2	37	SAD	1BH -1.25	F*1
22	H	20	37	SAD	1BH -1.48	F*1
22	H	23	37	SAD	1BH -1.51	F*1
22	H	24	37	SAN	1BH -1.55 TO-1.48	F*1
22	H	30	37	SAD	1BH -1.29	F*1
22	H	33	37	MAD	1BH -1.44	F*1
22	H	37	37	SAD	1BH -1.40	F*1
22	H	14	38	MAN	1BH -1.38 TO-1.31	F*1
22	H	19	38	MAN	1BH -1.37 TO-1.21	F*1
22	H	20	38	MAN	1BH -1.31 TO-1.18	F*1
22	H	37	38	SAD	1BH -1.37	F*1
22	H	33	39	SAD	1BH -1.31	F*1
22	H	1	40	MAD	1BH -1.34	F*1
22	H	12	40	SAN	1BH -1.05 TO-1.01	F*1
22	H	21	40	SAD	1BH -1.36	F*1
22	H	22	40	MAD	1BH -0.95	F*1
22	H	23	40	SAN	1BH -1.00 TO-0.98	F*1
22	H	33	40	SAD	1BH -1.00	F*1
22	H	14	41	MAN	1BH -1.40 TO-1.23	F*1
22	H	19	41	SAD	1BH -1.54	F*1
22	H	21	41	SAD	1BH -1.58	F*1
22	H	22	41	SAD	1BH -1.47	F*1
22	H	27	41	MAN	1BH -1.51 TO-1.39	F*1
22	H	28	41	SAD	1BH -0.92	F*1
22	H	29	41	SAD	1BH -1.28	F*1
22	H	33	41	MAD	1BH -1.41	F*1
22	H	37	41	MAD	1BH -1.45	F*1
22	H	1	42	SAD	1BH -1.35	F*1
22	H	13	42	SAD	1BH -1.28	F*1
22	H	21	42	MAD	1BH -0.95	F*1
22	H	22	42	SAD	1BH -1.49	F*1
22	H	24	42	SAD	1BH -1.71	F*1
22	H	29	42	SAD	1BH -1.50	F*1
22	H	33	42	MAN	1BH -1.50 TO-1.36	F*1
22	H	22	43	MAD	1BH -1.44	F*1
22	H	33	43	MAN	1BH -1.45 TO-1.31	F*1
22	H	37	43	SAN	1BH -0.39 TO-0.27	F*1
22	H	13	44	MAN	1BH -1.30 TO-1.17	F*1
22	H	14	44	SAD	1BH -1.58	F*1
22	H	17	44	SAN	1BH -1.22 TO-1.12	F*1
22	H	18	44	SAD	1BH -0.93	F*1
22	H	27	44	SAD	1BH -1.55	F*1
22	H	30	44	SAD	1BH -1.50	F*1
22	H	33	44	SAD	1BH -1.36	F*1
22	H	1	45	MAN	1BH -0.79 TO-0.74	F*1
22	H	13	45	SAN	1BH -1.36 TO-1.20	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	15	45	MAD	1BH -1.52	F*1
22	H	19	45	MAD	1BH -0.90	F*1
22	H	28	45	MAD	1BH -1.57	F*1
22	H	12	46	SAD	1BH -1.38	F*1
22	H	17	46	MAN	1BH -1.33 TO-1.23	F*1
22	H	19	46	SAN	1BH -1.48 TO-1.39	F*1
22	H	26	46	MAN	1BH -1.52 TO-1.23	F*1
22	H	12	47	SAD	1BH -1.43	F*1
22	H	20	47	SAD	1BH -0.93	F*1
22	H	28	47	SAD	1BH -0.99	F*1
22	H	2	48	MAN	1BH -1.16 TO-1.06	F*1
22	H	3	48	MAN	1BH -1.17	F*1
22	H	21	48	SAN	1BH -1.06 TO-0.97	F*1
22	H	22	48	SAD	1BH -1.52	F*1
22	H	23	48	MAN	1BH -1.49 TO-1.21	F*1
22	H	28	48	MAN	1BH -1.59 TO-1.26	F*1
22	H	29	48	SAD	1BH -1.59	F*1
22	H	1	49	SAN	1BH -0.93 TO-0.87	F*1
22	H	4	49	SAD	1BH -1.28	F*1
22	H	10	49	SAD	1BH -1.35	F*1
22	H	11	49	MAD	1BH -1.36	F*1
22	H	12	49	SAN	1BH -0.26 TO-0.03	F*1
22	H	13	49	SAD	1BH -1.53	F*1
22	H	14	49	MAN	1BH -1.32 TO-0.96	F*1
22	H	18	49	MAN	1BH -1.27 TO-1.12	F*1
22	H	21	49	SAD	1BH -0.86	F*1
22	H	23	49	MAN	1BH -1.37 TO-1.07	F*1
22	H	28	49	SAN	1BH -1.45 TO-1.35	F*1
22	H	32	49	MAN	1BH -1.58 TO-1.12	F*1
22	H	41	49	SAN	1BH -1.28 TO-1.14	F*1
22	H	1	50	SAD	1BH -1.44	F*1
22	H	9	50	MAN	1BH -1.08 TO-1.05	F*1
22	H	18	50	MAD	1BH -0.94	F*1
22	H	22	50	SAD	1BH -0.99	F*1
22	H	23	50	MAN	1BH -1.02 TO-0.88	F*1
22	H	24	50	MAN	1BH -1.48 TO-1.38	F*1
22	H	25	50	SAN	1BH -2.38 TO-2.25	F*1
22	H	27	50	MAD	1BH -1.51	F*1
22	H	28	50	SAN	1BH -1.13 TO-1.03	F*1
22	H	29	50	SAD	1BH -1.60	F*1
22	H	30	50	SAD	1BH -1.22	F*1
22	H	32	50	MAN	1BH -1.43 TO-1.29	F*1
22	H	33	50	SAN	1BH -1.45 TO-1.34	F*1
22	H	34	50	SAD	1BH -1.55	F*1
22	H	35	50	SAN	1BH -1.60 TO-1.56	F*1
22	H	12	51	SAD	1BH -1.17	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	18	51	MAD	1BH -1.37	F*1
22	H	21	51	SAD	1BH -1.33	F*1
22	H	28	51	SAD	1BH -1.47	F*1
22	H	32	51	SAD	1BH -1.45 TO-1.32	F*1
22	H	3	52	SAD	1BH -1.35	F*1
22	H	7	52	SAD	1BH -1.03	F*1
22	H	9	52	SAD	1BH -1.15	F*1
22	H	28	52	SAD	1BH -1.44 TO-1.32	F*1
22	H	33	52	SAN	1BH -1.50 TO-1.37	F*1
22	H	13	53	MAN	1BH -1.30 TO-0.96	F*1
22	H	17	53	MAD	1BH -1.33	F*1
22	H	18	53	SAD	1BH -1.33	F*1
22	H	24	53	SAD	1BH -1.46	F*1
22	H	32	53	SAD	1BH -1.35	F*1
22	H	33	53	SAD	1BH -1.34	F*1
22	H	1	54	MAN	1BH -1.20 TO-1.00	F*1
22	H	15	54	SAD	1BH -1.07	F*1
22	H	16	54	SAI	1BH -0.62 TO-0.16	F*1
22	H	18	54	MAD	1BH -1.41	F*1
22	H	23	54	SAN	1BH -1.57 TO-1.49	F*1
22	H	24	54	SAD	1BH -1.46	F*1
22	H	25	54	SAD	1BH -1.33	F*1
22	H	27	54	SAD	1BH -1.45	F*1
22	H	34	54	SAN	1BH -1.00 TO-0.90	F*1
22	H	10	55	MAN	1BH -1.16 TO-1.03	F*1
22	H	13	55	MAN	1BH -1.44 TO-0.72	F*1
22	H	21	55	MAD	1BH -1.41	F*1
22	H	22	55	SAN	1BH -1.43 TO-1.30	F*1
22	H	23	55	SAN	1BH -1.43 TO-1.35	F*1
22	H	28	55	SVI	1BH -2.34 TO-2.17	F*1
22	H	29	55	SAN	1BH -1.40 TO-1.33	F*1
22	H	32	55	SAD	1BH -1.30	F*1
22	H	33	55	SAN	1BH -1.50 TO-1.33	F*1
22	H	4	56	MAN	1BH -1.43 TO-1.01	F*1
22	H	6	56	SAD	1BH -1.26	F*1
22	H	7	56	SAD	1BH -1.36	F*1
22	H	11	56	MAN	1BH -1.19	F*1
22	H	12	56	MAD	1BH -1.24	F*1
22	H	13	56	SAD	1BH -1.41	F*1
22	H	15	56	MAD	1BH -1.25	F*1
22	H	27	56	SAD	1BH -1.60	F*1
22	H	28	56	SAD	1BH -1.55	F*1
22	H	29	56	SAD	1BH -1.50	F*1
22	H	7	57	SAN	1BH -1.23 TO-1.13	F*1
22	H	10	57	SAD	1BH -1.24	F*1
22	H	13	57	MAD	1BH -1.31	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	15	57	SAD	1BH -1.06	F*1
22	H	18	57	MAD	1BH -0.92	F*1
22	H	21	57	MAN	1BH -1.15 TO-0.96	F*1
22	H	25	57	SAD	1BH -1.44	F*1
22	H	27	57	SAD	1BH -1.37	F*1
22	H	28	57	MAD	1BH -1.41	F*1
22	H	34	57	SAD	1BH -1.45	F*1
22	H	1	58	SAD	1BH -1.30	F*1
22	H	3	58	SAD	1BH -1.27	F*1
22	H	14	58	SAD	1BH -1.31	F*1
22	H	18	58	MAD	1BH -1.31	F*1
22	H	23	58	SAN	1BH -1.52 TO-1.25	F*1
22	H	37	58	SAN	1BH -1.52 TO-1.33	F*1
22	H	5	59	SAD	1BH -1.42	F*1
22	H	9	59	SAD	1BH -1.30	F*1
22	H	15	59	MAD	1BH -1.34	F*1
22	H	16	59	MAD	1BH -1.16	F*1
22	H	25	59	SAD	1BH -1.40	F*1
22	H	27	59	SAD	1BH -1.41	F*1
22	H	28	59	MAN	1BH -1.48 TO-1.33	F*1
22	H	30	59	MAN	1BH -1.49 TO-1.36	F*1
22	H	34	59	SAD	1BH -1.39	F*1
22	H	5	60	SAD	1BH -1.35	F*1
22	H	6	60	SAD	1BH -1.34	F*1
22	H	7	60	SAD	1BH -1.35	F*1
22	H	32	60	SAN	1BH -1.40 TO-1.30	F*1
22	H	37	60	SAD	1BH -1.45	F*1
22	H	7	61	MAD	1BH -1.26	F*1
22	H	12	61	SAD	1BH -1.29	F*1
22	H	20	61	SAD	1BH -1.35	F*1
22	H	22	61	MAN	1BH -1.43 TO-1.32	F*1
22	H	23	61	SAN	1BH -1.40 TO-1.20	F*1
22	H	27	61	MAI	1BH -0.46 TO-0.22	F*1
22	H	5	62	MAD	1BH -1.62	F*1
22	H	7	62	SAD	1BH -1.23	F*1
22	H	10	62	SAD	1BH -1.38	F*1
22	H	18	62	SAD	1BH -1.34	F*1
22	H	19	62	MAN	1BH -1.34 TO-1.10	F*1
22	H	23	62	MAD	1BH -1.55	F*1
22	H	24	62	SAN	1BH -1.39 TO-1.25	F*1
22	H	25	62	SAD	1BH -1.45	F*1
22	H	34	62	SAD	1BH -1.46	F*1
22	H	37	62	SAN	1BH -1.52 TO-1.40	F*1
22	H	1	63	SAD	1BH -1.24	F*1
22	H	11	63	SAD	1BH -1.30	F*1
22	H	23	63	SAD	1BH -1.16	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	24	63	SAD	1BH -1.38	F*1
22	H	37	63	SAN	1BH -1.49 TO-1.38	F*1
22	H	1	64	SAD	1BH -1.21	F*1
22	H	2	64	SAD	1BH -1.26	F*1
22	H	7	64	SAN	1BH -1.68 TO-1.48	F*1
22	H	9	64	SAN	1BH -1.18 TO-1.09	F*1
22	H	32	64	MAD	1BH -1.50	F*1
22	H	34	64	MAN	1BH -1.55 TO-1.42	F*1
22	H	37	64	SAD	1BH -1.18	F*1
22	H	6	65	MAD	1BH -1.27	F*1
22	H	8	65	SAD	1BH -1.18	F*1
22	H	10	65	MAN	1BH -1.21 TO-1.14	F*1
22	H	11	65	SAD	1BH -1.33	F*1
22	H	12	65	MAN	1BH -1.21 TO-1.15	F*1
22	H	15	65	MAN	1BH -1.12 TO-1.02	F*1
22	H	19	65	SAD	1BH -1.29	F*1
22	H	24	65	MAN	1BH -1.46 TO-1.33	F*1
22	H	27	65	SAN	1BH -1.53 TO-1.34	F*1
22	H	34	65	SAD	1BH -1.23	F*1
22	H	37	65	SAD	1BH -1.28	F*1
22	H	9	66	SAD	1BH -1.15	F*1
22	H	11	66	MAN	1BH -1.30 TO-1.11	F*1
22	H	12	66	MAD	1BH -1.50	F*1
22	H	13	66	SAD	1BH -1.28	F*1
22	H	21	66	MAD	1BH -1.03	F*1
22	H	24	66	SAN	1BH -1.56 TO-1.50	F*1
22	H	37	66	SAN	1BH -1.34 TO-1.29	F*1
22	H	7	67	SAD	1BH -1.31	F*1
22	H	9	67	MAN	1BH -1.23 TO-1.06	F*1
22	H	16	67	SAN	1BH -1.08 TO-1.02	F*1
22	H	24	67	MAN	1BH -1.42 TO-1.30	F*1
22	H	27	67	MAN	1BH -1.52 TO-1.33	F*1
22	H	31	67	SAD	1BH -1.00	F*1
22	H	32	67	SAD	1BH -1.22	F*1
22	H	34	67	SAD	1BH -1.48	F*1
22	H	10	68	SAD	1BH -1.24	F*1
22	H	13	68	SAD	1BH -1.17	F*1
22	H	21	68	MAD	1BH -1.33	F*1
22	H	24	68	MAN	1BH -1.43 TO-1.35	F*1
22	H	27	68	SAN	1BH -1.45 TO-1.35	F*1
22	H	31	68	SAD	1BH -0.90	F*1
22	H	32	68	SAD	1BH -1.32	F*1
22	H	37	68	MAN	1BH -1.52 TO-1.39	F*1
22	H	15	69	MAD	1BH -0.94	F*1
22	H	16	69	MAD	1BH -1.30	F*1
22	H	24	69	MAN	1BH -1.52 TO-1.42	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	25	69	MAN	1BH -1.46 TO-1.36	F*1
22	H	27	69	SAD	1BH -1.51	F*1
22	H	31	69	SAD	1BH -1.46	F*1
22	H	37	69	SAD	1BH -1.43	F*1
22	H	11	70	SAD	1BH -0.95	F*1
22	H	22	70	SAD	1BH -1.19	F*1
22	H	23	70	SAD	1BH -1.14	F*1
22	H	27	70	SAN	1BH -1.50 TO-1.41	F*1
22	H	31	70	SAN	1BH -1.26 TO-1.16	F*1
22	H	12	71	MAD	1BH -1.11	F*1
22	H	14	71	SAD	1BH -1.36	F*1
22	H	17	71	MAD	1BH -1.35	F*1
22	H	18	71	SAD	1BH -1.28	F*1
22	H	20	71	SAD	1BH -1.29	F*1
22	H	22	71	MAD	1BH -1.24	F*1
22	H	23	71	MAD	1BH -1.42	F*1
22	H	27	71	SAD	1BH -0.90	F*1
22	H	8	72	SAD	1BH -1.28	F*1
22	H	9	72	MAD	1BH -1.20	F*1
22	H	12	72	MAN	1BH -1.30 TO-1.14	F*1
22	H	13	72	SAD	1BH -1.37	F*1
22	H	16	72	SAD	1BH -1.37	F*1
22	H	24	72	SAI	1BH -0.30 TO-0.10	F*1
22	H	27	72	MAD	1BH -1.32	F*1
22	H	9	73	SAD	1BH -1.27	F*1
22	H	12	73	MAN	1BH -1.21 TO-1.11	F*1
22	H	14	73	MAD	1BH -1.13	F*1
22	H	15	73	MAN	1BH -1.08 TO-1.02	F*1
22	H	17	73	MAD	1BH -1.30	F*1
22	H	18	73	SAD	1BH -1.30	F*1
22	H	19	73	SAD	1BH -1.22	F*1
22	H	25	73	SAD	1BH -1.49	F*1
22	H	12	74	SAD	1BH -1.34	F*1
22	H	14	74	MAD	1BH -1.34	F*1
22	H	15	74	MAD	1BH -1.29	F*1
22	H	17	74	MAI	1BH -0.94 TO-0.31	F*1
22	H	18	74	SAD	1BH -0.94	F*1
22	H	24	74	SAD	1BH -1.54	F*1
22	H	10	75	MAD	1BH -1.24	F*1
22	H	12	75	MAD	1BH -1.22	F*1
22	H	13	75	SAN	1BH -1.10 TO-1.04	F*1
22	H	14	75	MAD	1BH -1.33	F*1
22	H	15	75	MAD	1BH -1.30	F*1
22	H	27	75	MAD	1BH -0.90	F*1
22	H	8	76	SAD	1BH -1.29	F*1
22	H	11	76	SAN	1BH -1.27 TO-1.08	F*1

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	13	76	SAD	1BH -1.48	F*1
22	H	17	76	MAD	1BH -1.13	F*1
22	H	22	76	SAN	1BH -0.71 TO-0.16	F*1
22	H	26	76	MAD	1BH -1.50	F*1
22	H	8	77	SAD	1BH -1.26	F*1
22	H	12	77	MAD	1BH -1.49	F*1
22	H	13	77	SAN	1BH -1.10 TO-1.07	F*1
22	H	17	77	MAD	1BH -1.10	F*1
22	H	22	77	SAN	1BH -0.90 TO-0.73	F*1
22	H	25	77	SAD	1BH -0.94	F*1
22	H	12	78	SAD	1BH -0.95	F*1
22	H	18	78	SAD	1BH -1.38	F*1
22	H	22	78	SAD	1BH -1.53	F*1
22	H	26	78	MAN	1BH -1.42 TO-1.32	F*1
22	H	12	79	SAI	1BH -0.55 TO-0.38	F*1
22	H	13	79	MAN	1BH -1.12 TO-1.07	F*1
22	H	14	79	MAN	1BH -1.04 TO-0.98	F*1
22	H	15	79	MAD	1BH -1.29	F*1
22	H	22	79	SAD	1BH -1.31	F*1
22	H	25	79	SAD	1BH -1.36	F*1
22	H	26	79	SAD	1BH -1.49	F*1
22	H	9	80	MAN	1BH -1.15 TO-1.09	F*1
22	H	10	80	MAD	1BH -1.36	F*1
22	H	12	80	MAD	1BH -1.36	F*1
22	H	13	80	MAN	1BH -1.09 TO-1.04	F*1
22	H	15	80	SAD	1BH -1.32	F*1
22	H	17	80	MAD	1BH -1.27	F*1
22	H	9	81	MAD	1BH -1.30	F*1
22	H	12	81	SAD	1BH -0.88	F*1
22	H	15	81	MAD	1BH -0.94	F*1
22	H	18	81	SAD	1BH -1.26	F*1
22	H	22	81	SAN	1BH -1.44 TO-1.34	F*1
22	H	12	82	SAD	1BH -1.30	F*1
22	H	13	82	MAD	1BH -1.00	F*1
22	H	17	82	MAD	1BH -1.30	F*1
22	H	15	83	SAD	1BH -0.90	F*1
22	H	17	83	SAD	1BH -0.86	F*1
22	H	22	83	SAD	1BH -1.44	F*1
22	H	18	84	MAD	1BH -0.92	F*1

TABLE VI
F*2 Tubes

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H	4	17	SAD	2BH -3.11	F*2
21	H	3	22	SAN	2BH -0.72 TO-0.61	F*2
21	H	4	25	SAN	2BH -0.71 TO-0.30	F*2
21	H	19	25	MAD	2BH -3.03	F*2
21	H	12	27	MAI	2BH -0.62 TO-0.41	F*2
21	H	30	27	SAI	2BH -0.84 TO-0.75	F*2
21	H	13	29	SAN	2BH -3.31 TO-3.24	F*2
21	H	9	30	MAN	2BH -2.97 TO-2.87	F*2
21	H	5	36	MAN	2BH -2.49 TO-1.98	F*2
21	H	14	36	MAD	2BH -3.00	F*2
21	H	14	40	MAN	2BH -2.86 TO-1.38	F*2
21	H	10	44	MAN	2BH -3.63 TO-3.48	F*2
21	H	12	46	MAN	2BH -2.67 TO-1.82	F*2
21	H	20	46	SAD	2BH -1.50	F*2
21	H	6	47	SAN	2BH -2.89 TO-1.89	F*2
21	H	7	47	MAN	2BH -3.18 TO-2.37	F*2
21	H	18	47	MAD	2BH -3.12	F*2
21	H	10	48	SAN	2BH -2.98 TO-2.92	F*2
21	H	8	49	SAN	2BH -2.70 TO-1.73	F*2
21	H	14	50	SAN	2BH -1.97 TO-1.82	F*2
21	H	12	52	SAD	2BH -1.81	F*2
21	H	4	55	SAN	2BH -0.71 TO-0.62	F*2
21	H	11	55	SAN	2BH -0.64 TO-0.58	F*2
21	H	7	56	SAI	2BH -0.68 TO-0.45	F*2
21	H	11	56	SAI	2BH -0.75 TO-0.64	F*2
21	H	16	56	MAN	2BH -2.01 TO-1.72	F*2
21	H	2	60	MAN	2BH -3.27 TO-3.04	F*2
21	H	4	60	MAN	2BH -3.23 TO-3.10	F*2
21	H	7	61	SAN	2BH -0.80 TO-0.52	F*2
21	H	4	62	SAI	2BH -0.57 TO-0.42	F*2
21	H	8	64	SAN	2BH -0.71 TO-0.54	F*2
21	H	10	66	SAN	2BH -0.64 TO-0.55	F*2
21	H	7	67	SAN	2BH -0.72 TO-0.62	F*2
21	H	14	67	SAD	2BH -3.02	F*2
22	H	21	22	SAD	2BH -3.51	F*2
22	H	17	28	SAD	2BH -2.12	F*2
22	H	20	29	SAD	2BH -3.16	F*2
22	H	27	30	SAN	2BH -1.94 TO-1.78	F*2
22	H	15	31	SAD	2BH -0.31	F*2
22	H	14	35	SAN	2BH -3.34 TO-3.24	F*2
22	H	19	35	SAD	2BH -3.18	F*2
22	H	37	35	SAD	2BH -0.88	F*2
22	H	19	36	SAD	2BH -3.32	F*2
22	H	18	39	SAD	2BH -3.16	F*2

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	H	14	40	SAD	2BH -3.17	F*2
22	H	12	42	SAI	2BH -0.76 TO-0.66	F*2
22	H	1	44	MAD	2BH -3.24	F*2
22	H	17	45	MAN	2BH -3.24 TO-3.08	F*2
22	H	15	46	MAD	2BH -3.28	F*2
22	H	23	46	SAN	2BH -3.40 TO-3.29	F*2
22	H	18	47	MAN	2BH -3.40 TO-3.33	F*2
22	H	21	47	SAD	2BH -3.20	F*2
22	H	18	48	SAD	2BH -2.96	F*2
22	H	27	48	SAD	2BH -3.08	F*2
22	H	3	49	SAN	2BH -0.80 TO-0.73	F*2
22	H	26	50	MAD	2BH -3.14	F*2
22	H	18	52	SAD	2BH -3.10	F*2
22	H	24	52	MAN	2BH -3.45 TO-3.28	F*2
22	H	12	53	SAN	2BH -3.08 TO-2.87	F*2
22	H	37	56	SAD	2BH -3.00	F*2
22	H	13	58	SAN	2BH -0.65 TO-0.55	F*2
22	H	9	60	SAN	2BH -1.56 TO-1.46	F*2
22	H	20	60	SAD	2BH -3.25	F*2
22	H	16	65	MAD	2BH -3.04	F*2
22	H	19	74	SAN	2BH -2.02 TO-1.85	F*2

TABLE VII
Tubes plugged 04/00 outage

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	C	2	3	TBP		① PLUG
21	C	1	9	TBP		① PLUG
21	H	33	16	SVI	03H +0.01 TO+0.28	② PLUG
21	H	7	21	SAI	1BH +0.96 TO+1.32	③ PLUG
21	H	39	22	SAI	1BH +1.07 TO+1.20	④ PLUG
21	H	14	38	SAD	2BH -3.06	⑤ PLUG
21	H	18	43	SAD	2BH -3.17	⑤ PLUG
21	C	45	53	SVI	01C +0.24 TO+0.44	② PLUG
21	H	11	54	SAI	1BH +17.08 TO+17.48	③ PLUG
21	C	41	54	SVI	01C +0.15 TO+0.32	② PLUG
21	C	45	57	SVI	01C +0.25 TO+0.42	② PLUG
21	H	1	60	TBP		① PLUG
21	C	1	63	TBP		① PLUG
21	C	2	64	TBP		① PLUG
21	H	11	65	TBP		① PLUG
21	C	2	77	TBP		① PLUG
21	C	2	87	TBP		① PLUG
21	H	1	93	SCI	07H +3.59 TO+3.92	③ PLUG

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	1	9	TBP		① PLUG
22	C	24	14	SVI	02C +0.15 TO+0.37	② PLUG
22	C	34	21	SVI	01C -0.16 TO+0.38	② PLUG
22	C	1	31	TBP		① PLUG
22	C	1	38	TBP		① PLUG
22	H	2	41	SAI	1BH +0.16 TO+0.74	⑥ PLUG
22	H	9	62	SAI	1BH +0.74 TO+0.81	⑥ PLUG
22	C	32	75	SVI	01C +0.16 TO+0.27	② PLUG
22	C	31	77	SVI	01C +0.05 TO+0.15	② PLUG
22	C	33	77	SVI	02C -0.14 TO+0.06	② PLUG

① U-bend data quality problem

② No qualified sizing technique or ARC available

③ In-situ pressure tested

④ Reroll equipment channel head restriction

⑤ Failed reroll profilometry criteria

⑥ No reroll attempted due to ODSCC

TABLE VIII
Plugs Replaced 04/00 outage

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
21	H&C	39	25	SAI	LPH -0.03 TO+0.13	B&W
21	H&C	41	28	MAI	LPH -0.02 TO+0.05	B&W
21	H&C	42	28		PREVENTIVE	B&W
21	H&C	25	34	SAI	LPH -0.03 TO+0.07	B&W
21	H&C	29	37		PREVENTIVE	B&W
21	H&C	45	37		PREVENTIVE	B&W
21	H&C	45	40		PREVENTIVE	B&W
21	H&C	43	41		PREVENTIVE	B&W
21	H&C	36	44		PREVENTIVE	B&W
21	H&C	45	46	MAI	LPH -0.03 TO+0.05	B&W
21	H&C	44	52		PREVENTIVE	B&W
21	H&C	44	54		PREVENTIVE	B&W
21	H&C	45	54	SAI	LPH -0.03 TO+0.05	B&W
21	H&C	43	62		PREVENTIVE	B&W
21	H&C	41	67		PREVENTIVE	B&W
21	H&C	27	69		PREVENTIVE	B&W
21	H	40	69	MAI	LPH -0.07 TO+0.03	B&W
21	H&C	37	76		PREVENTIVE	B&W
21	H&C	20	87	MAI	LPH -0.04 TO+0.08	B&W
22	H	1	1		PREVENTIVE	West.
22	C	26	11		PREVENTIVE	B&W

S/G NO.	LEG	ROW	COL	PERCENT	LOCATION	STATUS
22	C	31	16		PREVENTIVE	B&W
22	C	33	16		PREVENTIVE	B&W
22	C	32	18		PREVENTIVE	B&W
22	H&C	35	18	SAI	LPH +0.02 TO+0.09	B&W
22	H&C	36	20	SAI	LPH +0.06 TO+0.09	B&W
22	H&C	38	23		PREVENTIVE	B&W
22	H&C	46	41		PREVENTIVE	B&W
22	H&C	36	50		PREVENTIVE	B&W
22	H&C	43	52		PREVENTIVE	B&W
22	H&C	40	54		PREVENTIVE	B&W
22	H&C	44	60	MAI	LPH -0.04 TO+0.10	B&W
22	H&C	43	62	SAI	LPH +0.00 TO+0.07	B&W
22	H&C	31	82		PREVENTIVE	B&W

TABLE IX
Total tubes plugged to date (06/00)

S/G NO.	PLUGGED	% PLUGGED
21	211	6.23
22	217	6.40

LEGEND OF FIELDS AND CODES

FIELD	EXPLANATION
S/G NO.	Steam Generator Number (21 or 22)
LEG	Channel head tested from (H = inlet & C = outlet)
ROW	Row number of tube location
COL	Column number of tube location
PERCENT	Measured percent or three digit code - see below
LOCATION	Physical Location of Indication - see below
STATUS	Repair status – see below

FIELD	CODE	EXPLANATION
PERCENT	MAD	Multiple Axial Indication Not Detectable
	MAI	Multiple Axial Indication
	MAN	Multiple Axial Indication - No Change
	MCI	Multiple Circumferential Indication
	MVI	Multiple Volumetric Indication
	SAD	Single Axial Indication Not Detectable
	SAI	Single Axial Indication
	SAN	Single Axial Indication - No Change
	SCI	Single Circumferential Indication
	SVI	Single Volumetric Indication
	TBP	To Be Plugged
LOCATION	TEH	Tube end hot (primary face)
	TRH	Top of roll expansion hot leg
	1BH	Bottom of Additional roll expansion #1 hot leg
	2BH	Bottom of Additional roll expansion #2 hot leg
	EBH	Bottom of Elevated roll expansion hot leg
	TSH	Tube sheet hot (secondary face)
	WCH	Weld Centerline hot leg
	0?H	? = First through Seventh tube support plate on hot leg side
	NV?	? = First through Fourth new antivibration bar
	0?C	? = First through Seventh tube support plate on cold leg side
	TSC	Tube sheet cold (secondary face)
	TRC	Top of roll expansion cold leg
	TEC	Tube end cold (primary face)
STATUS	<TS	Less Than the Technical Specification repair limit
	F*0	Tube meets F* criteria with no additional roll expansion
	F*1	Tube meets F* criteria with one additional roll expansion
	F*2	Tube meets F* criteria with two additional roll expansions
	PLG	Tube Plugged

APPENDIX D

LIST OF SNUBBER INSERVICE TESTING

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Table 3, 2000 Unit 2 Outage Snubber Functional Testing Results

Category	Location	Size/Mfr.	System	TS/NON TS	PI# Removed	PI# Replaced	Test WO#	Test Results
	2-CH-71	AD1002	CD	NON TS	605	430	9912208	Unsat
	2-RBDH-339	3/4 X 5	RC	TS	480	480	9912205	Sat
	2-MSDH-19	1 X 5	MS	TS	397	397	9912206	Sat
	2-RCRH-9	1 1/2 X 5	RC	TS	123	123	9912207	Sat
	2-CVCRH-4	1 1/2 X 5	VC	NON TS	387	293	9912203	Sat
#*	2-CCH-161	1 1/2 X 5	CC	TS	414	33	9912203	Sat
#$	2-CCH-166	1 1/2 X 5	CC	TS	443	279	9912203	Sat
#*	2-CCH-167	1 1/2 X 5	CC	TS	99	226	9912203	Sat
#$	2-CCH-172	1 1/2 X 5	CC	TS	75	285	9912203	Sat
$	2-CCH-173	1 1/2 X 5	CC	TS	298	277	9912203	Sat
*	2-CCH-179A	1 1/2 X 5	CC	TS	297	241	9912203	Sat
$	2-CCH-180	1 1/2 X 5	CC	TS	280	74	9912203	Sat
*	2-CCH-181	1 1/2 X 5	CC	TS	261	36	9912203	Sat
$	2-CCH-182	1 1/2 X 5	CC	TS	244	161	9912203	Sat
*	2-CCH-186	1 1/2 X 5	CC	TS	216	384	9912203	Sat
$	2-CCRH-47	1 1/2 X 5	CC	TS	32	160	9912203	Sat
#*	2-RRCH-291	1 X 5	RC	TS	558	186	9912203	Sat
$	2-RBDH-602	1 X 5	RC	TS	179	509	9912203	Sat
*	2-MSH-83	2 1/2 X 5	MS	TS	429	83	9912203	Sat
*	2-FWH-72A	2 1/2 X 5	FW	TS	476	431	9912203	Sat
	2-FWH-11	2 X 10	FW	NON TS	42	41	9912203	Sat
	2-RHRRH-4	2 X 5	RHR	TS	270	119	9912203	Unsat
*	2-RHRRH-23	2 X 5	RHR	TS	570	59	9912203	Sat
#$	2-MSDH-18	3 1/4 X 5	MS	TS	487	462	9912203	Sat
$	2-MSH-77	3 1/4 X 5	MS	TS	423	506	9912203	Sat
*	2-RBDH-607	3/4 X 5	RC	TS	266	373	9912203	Sat
$	2-RCVCH-1337	3/4 X 5	VC	TS	182	331	9912203	Sat
*	2-RCVCH-1338	3/4 X 5	VC	TS	113	187	9912203	Sat
$	2-RCVCH-1354B	3/4 X 5	VC	TS	460	403	9912203	Sat
*	2-RCVCH-1355	3/4 X 5	VC	TS	458	461	9912203	Sat
$	2-RCVCH-1505	3/4 X 5	VC	TS	336	173	9912203	Sat
#$	2-RCVCH-1574	3/4 X 5	VC	TS	139	105	9912203	Sat
$	2-RCVCH-1855	3/4 X 5	VC	TS	453	140	9912203	Sat
*	2-MSH-105A	4 X 10	MS	TS	557	550	9912203	Sat
$	2-MSH-103B	4 X 5	MS	TS	548	524	9912203	Sat
*	2-MSH-105B	4 X 5	MS	TS	85	305	9912203	Sat
#*	2-MSH-82B	5 X 5	MS	TS	580	568	9912203	Sat
*	2-MSH-108	PM2300	MS	TS	1103	1103	9912209	Sat
*	SG06	SG valve	22S/G02	TS	SG06	SG06	9912210	Sat
$	SG14	SG valve	21S/G02	TS	SG14	SG14	9912211	Sat
#*	2-RCRH-42	3 1/4 X 5 ITT	RC	TS	7923	7698	9912203	Sat

Asterisks (*) indicate that the snubber is part of the initial 10% plan for its respective type.
Dollar signs ($) indicate that the snubber was scheduled to be part of the first 10% plan expansion for its type, if required.
Pound signs (#) indicate that the snubber is included in the category described by TS.4.13.C sections a,b and c.