



Duke Energy Corporation

McGuire Nuclear Station
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H. B. Barron
Vice President

January 11, 2001

U. S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

ATTENTION: Document Control Desk

Subject: McGuire Nuclear Station, Unit 2
Docket No. 50-370
Inservice Inspection Report
End of Cycle 13 Refueling Outage

Please find attached the Inservice Inspection Report for inspections conducted prior to the conclusion of the end of cycle 13 (EOC-13) refueling outage for McGuire Nuclear Station (MNS), Unit 2. This report is submitted pursuant to the filing requirements of Article IWA-6000 of Section XI of the ASME Code.

Section 5.2 of the attached report lists the limited examination item numbers for which a relief request will be submitted. Limited examination relief request 01-001 is under development. Submittal of relief request 01-001 to the NRC is considered a regulatory commitment.

Article IWA-6000 establishes filing requirements for inservice inspection summary reports. During a review of this report, Duke identified that the filing requirements had not been satisfied for some inspection items. Several of the documented inspection items in this report were performed during a prior outage cycle. Therefore, these items are being submitted beyond the time requirements of Article IWA-6000. A licensee corrective action program report (PIP# M-00-05032) was issued to address the administrative failure to satisfy this ASME Code filing requirement.

Any questions on this matter should be directed to M. R. Wilder, MNS Licensing and Compliance, at (704) 875-5362.

Sincerely,

H. B. Barron

A047

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January 11, 2001
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Attachment

cc w/o att: Mr. L. A Reyes
 Regional Administrator, Region II
 U. S. Nuclear Regulatory Commission
 101 Marietta Street, NW, Suite 2900
 Atlanta, Georgia 30323

 Mr. F. Rinaldi, Project Manager
 Office of Nuclear Reactor Regulation
 U. S. Nuclear Regulatory Commission
 One White Flint North, Mail Stop 9H3
 Washington, D.C. 20555

 S. M. Shaeffer
 Senior NRC Resident Inspector
 McGuire Nuclear Station

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bxc w/att: ELL (EC050)
Master File: 1.3.8.1 - Routine Reports
R.L. Gill, Jr. (EC12R)

bxc w/o att: Kay L. Crane (MG01RC)
Gary D. Gilbert (CN01RC)
Charles J. Thomas (EC050)
Lisa Vaughn (PB05E)
Larry E Nicholson (ON03RC)
R.K. Rhyne (EC07J)
R. Branch (MG01MM)

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

1. Owner: Duke Energy Corporation, 526 S. Church St., Charlotte, NC 28201-1006
 (Name and Address of Owner)
2. Plant: McGuire Nuclear Station, Highway 73 Cowans Ford, N.C. 28216
 (Name and Address of Plant)
3. Plant Unit: 2 4. Owner Certificate of Authorization (if required) N/A
5. Commercial Service Date: March 1, 1984 6. National Board Number for Unit 84
7. Components Inspected:

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

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

- 8. Examination Dates April 16, 1999 to October 13, 2000
- 9. Inspection Period Identification: Second Period
- 10. Inspection Interval Identification: Second Interval
- 11. Applicable Edition of Section XI 1989 Addenda None
- 12. Date/Revision of Inspection Plan: September 7, 1999/Revision 3
- 13. Abstract of Examinations and Test. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Sections 3.0, 4.0 and 11.0
- 14. Abstract of Results of Examination and Tests. See Section 5.0 and 11.0
- 15. Abstract of Corrective Measures. See Section 8.0

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

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A
 Date 12/19 ~~19~~ 2000 Signed Duke Energy Corp. By J. Barlow
 Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of Province of NORTH CAROLINA employed by * The HSBI&I Co. of HARTFORD CT have inspected the components described in this Owners' Report during the period 4-16-99 to 12-19-00, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in the Owners' Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.
 By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, test, and corrective measures described in this Owners' Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection

[Signature] Commissions NB 7728, NC 853, N-I
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 12-19 ~~19~~ 2000

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

**INSERVICE INSPECTION REPORT
UNIT 2 MCGUIRE 2000
OUTAGE 5/EOC-13**

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

NRC Docket No. 50-370

National Board No. 84

Commercial Service Date: March 1, 1984

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

Revision 0

Prepared By: Jerry Underwood Date 12/18/2000
Reviewed By: Ray S. Scarborough Date 12/19/2000
Approved By: J. Scarborough Date 12/19/2000

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State of North Carolina
Department of Labor
c/o J. M. Givens, Jr.

Nuclear GO Regulatory &
Industrial Affairs
c/o Laura Burba
Mail Code/ EC050

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1.0 General Information

This report describes the Inservice Inspection of Duke Energy Corporation's McGuire Nuclear Station Unit 2 during Outage 5/EOC-13. This is the Third Outage of the Second Inspection Period of the Second Ten Year Interval.

Included in this report are the final Inservice Inspection Plan, the inspection results for each item, a summary for each category of examination and corrective action taken when unacceptable conditions were found. In addition, there is a section included for repairs and replacements required since April 16, 1999.

1.1 Identification Numbers

| Item | Manufacturer or Installer | Manufacturer or Installer Serial No. | State or Province No. | National Board No. |
|----------------------------------|---------------------------|--------------------------------------|------------------------|--------------------|
| Reactor Vessel | Rotterdam | 30664 | NC-201819 | -- |
| Pressurizer | Westinghouse | 1491 | NC-201818 | W10285 |
| Steam Generator 2A | BWI | 7700-02 | NC-302674 | 159 |
| Steam Generator 2B | BWI | 7700-04 | NC-302675 | 161 |
| Steam Generator 2C | BWI | 7700-01 | NC-302676 | 158 |
| Steam Generator 2D | BWI | 7700-03 | NC-302677 | 160 |
| Centrifugal Charging Pump | Pacific Pumps | 2A - 48584 2B - 48585 | N/A | 25 28 |
| Containment Spray Heat Exchanger | Delta Southern Co. | 2A-35005-73-3 2B-35005-73-4 | NC-234203 NC-201822 | 3396 3397 |

1.1 **Identification Numbers**

Continued

| Item | Manufacturer or Installer | Manufacturer or Installer Serial No. | State or Province No. | National Board No. |
|--|--|--|------------------------|--------------------|
| Excess Letdown Heat Exchanger | Westinghouse | 1810 | NC-234264 | 1555 |
| Letdown Heat Exchanger | Joseph Oat & Sons, Inc. | 2049-2B | NC-201842 | 553 |
| Reciprocating Charging Pump | Union Pump Co. | N721031B-604 | N/A | 80 |
| Reactor Coolant Pump | Westinghouse | 2A 5-114E841G02 2B 6-114E841G02 2C 7-114E841G02 2D 8-114E841G02 | N/A | N/A |
| Reciprocating Charging Pump Accumulator | Metal Bellows Company | 74730-002 | N/A | 002 |
| Reciprocating Charging Pump Suction Stabilizer | Richmond Engineering Supply Co. | N-2409.20 | N/A | 75220 |
| Residual Heat Removal Heat Exchanger | Joseph Oat & Sons, Inc. | 2A 2046-2C 2B 2046-2D | NC-169800 NC-201823 | 637 638 |
| Safety Injection Pump | Pacific Pumps | 2A 49357 2B 49358 | N/A | 130 131 |
| Regenerative Heat Exchanger | Joseph Oat & Sons, Inc. | 2047-2B | NC-201817 | 628 629 630 |
| Seal Water Heat Exchanger | Atlas Industrial Manufacturing Company | 1767 | NC 201827 | 1549 |
| Seal Water Injection Filter | AMF Cuno | 2A - 20 2B - 22 | N/A | 4364 4365 |

1.1 Identification Numbers

Continued

| Item | Manufacturer or Installer | Manufacturer or Installer Serial No. | State or Province No. | National Board No. |
|---|---------------------------|--------------------------------------|-----------------------|--------------------|
| Main Steam Supply to Auxiliary Equipment System | Duke Power Co. | SA | N/A | 62 |
| Containment Air Release and Addition System | Duke Power Co. | VQ | N/A | 56 |
| Main Steam System | Duke Power Co. | SM | N/A | 70 |
| Main Steam Vent to Atmosphere System | Duke Power Co. | SV | N/A | 67 |
| Reactor Coolant System | Duke Power Co. | NC | N/A | 82 |
| Liquid Waste Recycle System | Duke Power Co. | WL | N/A | 76 |
| Refueling Water System | Duke Power Co. | FW | N/A | 54 |
| Auxiliary Feedwater System | Duke Power Co. | CA | N/A | 73 |
| Residual Heat Removal System | Duke Power Co. | ND | N/A | 63 |
| Nuclear Service Water System | Duke Power Co. | RN | N/A | 60 |
| Chemical & Volume Control System | Duke Power Co. | NV | N/A | 80 |
| Component Cooling System | Duke Power Co. | KC | N/A | 78 |
| Main Feedwater System | Duke Power Co. | CF | N/A | 61 |
| Containment Spray System | Duke Power Co. | NS | N/A | 69 |

1.1 Identification Numbers

Continued

| Item | Manufacturer or Installer | Manufacturer or Installer Serial No. | State or Province No. | National Board No. |
|--|---------------------------|--------------------------------------|-----------------------|--------------------|
| Containment Ventilation Cooling Water System | Duke Power Co. | RV | N/A | 72 |
| Safety Injection System | Duke Power Co. | NI | N/A | 83 |
| Unit 2 | Duke Power Co. | N/A | N/A | 84 |

1.2 Authorized Nuclear Inservice Inspector(s)

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

2.0 Summary of Inservice Inspections

The information shown below provides an abstract of ASME Section XI Class 1, Class 2, and Augmented Items scheduled and examined during Outage 5/EOC-13 at McGuire Nuclear Station Unit 2.

2.1 Class 1 Inspection

Examination Category B-A Pressure Retaining Welds in Reactor Vessel

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

Examination Category B-B

Pressure Retaining Welds in Vessels Other than Reactor Vessels

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

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

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

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

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-F

Pressure Retaining Dissimilar Metal Welds

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|---|-------------------------------------|
| | Reactor Vessel | |
| B05.010 | Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds | 0 |
| B05.020 | Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds | N/A |
| B05.030 | Nozzle-to-Safe End Socket Welds | N/A |
| | Pressurizer | |
| B05.040 | Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds | 0 |
| B05.050 | Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds | N/A |
| B05.060 | Nozzle-to-Safe End Socket Welds | N/A |
| | Steam Generator | |
| B05.070 | Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds | 0 |
| B05.080 | Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds | N/A |
| B05.090 | Nozzle-to-Safe End Socket Welds | N/A |
| | Heat Exchangers | |
| B05.100 | Nominal Pipe Size 4" or Larger Nozzle-to-Safe End Butt Welds | N/A |
| B05.110 | Nominal Pipe Size Less Than 4" Nozzle-to-Safe End Butt Welds | N/A |
| B05.120 | Nozzle-to-Safe End Socket Welds | N/A |

Examination Category B-F

(Continued)

| | <i>Piping</i> | |
|---------------|---|-----|
| B05.130 | Nominal Pipe Size 4" or Larger Dissimilar Metal Butt Welds | 0 |
| B05.140 | Nominal Pipe Size Less Than 4" Dissimilar Metal Butt Welds | N/A |
| B05.150 | Dissimilar Metal Socket Welds | N/A |
| TOTALS | | 0 |

**Examination Category B-G-1 Pressure Retaining Bolting,
Greater Than 2" in Diameter**

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

Examination Category B-G-1

(Continued)

| | <i>Heat Exchangers</i> | |
|---------------|---|-----|
| B06.120 | Bolts and Studs | N/A |
| B06.130 | Flange Surface (when connection disassembled) | N/A |
| B06.140 | Nuts , Bushings, and Washers | N/A |
| | <i>Piping</i> | |
| B06.150 | Bolts and Studs | N/A |
| B06.160 | Flange Surface (when connection disassembled) | N/A |
| B06.170 | Nuts , Bushings, and Washers | N/A |
| | <i>Pumps</i> | |
| B06.180 | Bolts and Studs | 0 |
| B06.190 | Flange Surface ¹ (when connection disassembled) | 0 |
| B06.200 | Nuts , Bushings, and Washers | N/A |
| | <i>Valves</i> | |
| B06.210 | Bolts and Studs | N/A |
| B06.220 | Flange Surface ¹ (when connection disassembled) | N/A |
| B06.230 | Nuts , Bushings, and Washers | N/A |
| TOTALS | | *8 |

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

* These items were examined but will not be counted in the totals. Examinations performed during the third period will be credited for report totals.

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

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|--|-------------------------------------|
| | Reactor Vessel | |
| B07.010 | Bolts, Studs, and Nuts | N/A |
| | Pressurizer | |
| B07.020 | Bolts, Studs, and Nuts | 0 |
| | Steam Generators | |
| B07.030 | Bolts, Studs, and Nuts | 0 |
| | Heat Exchangers | |
| B07.040 | Bolts, Studs, and Nuts | N/A |
| | Piping | |
| B07.050 | Bolts, Studs, and Nuts | 0 |
| | Pumps | |
| B07.060 | Bolts, Studs, and Nuts | 0 |
| | Valves | |
| B07.070 | Bolts, Studs, and Nuts | 1 |
| | CRD Housing | |
| B07.080 | Bolts, Studs, and Nuts in CRD Housing when disassembled ² | 0 |
| TOTALS | | 1 |

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

Examination Category B-H

Integral Attachments for Vessels

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

Examination Category B-J

Pressure Retaining Welds in Piping

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|---------------------------------|-------------------------------------|
| B09.010 | Nominal Pipe Size 4" or Larger | |
| B09.011 | Circumferential Welds | 15 |
| B09.012 | Longitudinal Welds ³ | N/A |
| B09.020 | Nominal Pipe Size Less than 4" | |
| B09.021 | Circumferential Welds | 0 |
| B09.022 | Longitudinal Welds ³ | N/A |

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

| | | |
|---------------|--------------------------------|----|
| B09.030 | Branch Pipe Connection Welds | |
| B09.031 | Nominal Pipe Size 4" or Larger | 0 |
| B09.032 | Less than Nominal Pipe Size 4" | 0 |
| B09.040 | Socket Welds | 10 |
| TOTALS | | 25 |

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

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

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

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

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

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

Examination Category B-N-1 Interior of Reactor Vessel

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

B-N-3 Removable Core Support Structures

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|-------------------------|-------------------------------------|
| | Reactor Vessel | |
| B13.010 | Vessel Interior (B-N-1) | 0 |

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

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

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

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|-----------------------|-------------------------------------|
| | <i>Reactor Vessel</i> | |
| B14.010 | Welds in CRD Housing | 0 |
| TOTALS | | 0 |

Examination Category B-P All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category B-Q Steam Generator Tubing

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

Examination Category F-A Class 1 Component Supports

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|--|-------------------------------------|
| F01.010 | Class 1 Piping Supports (Code Case N-491 applies) Reference Section 4.0 of this report | 2 |
| TOTALS | | 2 |

2.2 Class 2 Inspections

Examination Category C-A Pressure Retaining Welds in Pressure Vessels

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

Examination Category C-B Pressure Retaining Nozzle Welds in Vessels

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

Examination Category C-B

(Continued)

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

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

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

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|-------------------------------|-------------------------------------|
| | Pressure Vessels | |
| C03.010 | Integral Welded Attachments | 0 |
| | Piping | |
| C03.020 | Integrally Welded Attachments | 1 |
| | Pumps | |
| C03.030 | Integrally Welded Attachments | 0 |
| | Valves | |
| C03.040 | Integrally Welded Attachments | N/A |
| TOTALS | | 1 |

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

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

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

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|--|-------------------------------------|
| C05.010 | Piping Welds $\geq 3/8$ " Nominal Wall Thickness for Piping > Nominal Pipe Size 4" | |
| C05.011 | Circumferential Weld | 12 |
| C05.012 | Longitudinal Weld ⁵ | See Code Case N-524 |

Examination Category C-F-1 (Continued)

| | | |
|---------------|---|-----|
| C05.020 | Piping Welds > 1/5" Nominal Wall Thickness for Piping ≥ Nominal Pipe Size 2" and ≤ Nominal Pipe Size 4" | |
| C05.021 | Circumferential Weld | 8 |
| C05.022 | Longitudinal Weld ⁵ | N/A |
| C05.030 | Socket Welds | 5 |
| C05.040 | Pipe Branch Connections of Branch Piping ≥ Nominal Pipe Size 2" | |
| C05.041 | Circumferential Weld | 0 |
| C05.042 | Longitudinal Weld ⁵ | N/A |
| TOTALS | | 25 |

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

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

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

Examination Category C-F-2

(Continued)

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

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

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

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

Examination Category C-H All Pressure Retaining Components

REFERENCE SECTION 11.0 OF THIS REPORT

Examination Category F-A Class 2 Component Supports

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|--|-------------------------------------|
| F01.020 | Class 2 Piping Supports (Code Case N-491 applies) Reference Section 4.0 of this report | 10 |
| TOTALS | | 10 |

Examination Category F-A Supports Other than Piping Supports

| <i>Item Number</i> | <i>Description</i> | <i>Total Examined During Outage</i> |
|--------------------|--|-------------------------------------|
| F01.040 | Supports other than Piping Supports Class 1, 2, & 3 (Code Case N-491 applies) Reference Section 4.0 of this report | 2 |
| TOTALS | | 2 |

Examination Category Component Supports Class 1, 2, & 3

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

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

2.3 Augmented Inspection

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

3.0 Second Ten Year Interval Inspection Status

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

Class 1 Inspections

| Examination Category | Description | Inspections Required | Inspections Completed | Percentage Completed | ⁶Deferral Allowed |
|-----------------------------|---|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| B-A | Pressure Retaining Welds in Reactor Vessel | 15 | 3 | 20.00% | Yes |
| B-B | Pressure Retaining Welds in Vessels Other than Reactor Vessels | 5 | 3 | 60.00% | No |
| B-D | Full Penetration Welds of Nozzles in Vessels Inspection Program B | 36 | 22 | 61.11% | Partial |
| B-E | Pressure Retaining Partial Penetration Welds in Vessels | REFERENCE SECTION 11.0 OF THIS REPORT | | | |
| B-F | Pressure Retaining Dissimilar Metal Welds | 38 | 24 | 63.15% | No |
| B-G-1 | Pressure Retaining Bolting Greater than 2" in Diameter | 241 | 159 | 65.97% | No |
| B-G-2 | Pressure Retaining Bolting 2" and Less in Diameter | 22 | 14 | 63.63% | No |

Class 1 Inspections (Continued)

| Examination Category | Description | Inspections Required | Inspections Completed | Percentage Completed | ⁶Deferral Allowed |
|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| B-H | Integral Attachments for Vessels | 12 | 7 | 58.33% | No |
| B-J | Pressure Retaining Welds in Piping | 197 | 125 | 63.45% | No |
| B-K-1 | Integral Attachments for Piping, Pumps and Valves | N/A | N/A | N/A | No |
| B-L-1 | Pressure Retaining Welds in Pump Casings | N/A | N/A | N/A | Yes |
| B-L-2 | Pump Casings | 1 | 0 | 00.00% | Yes |
| B-M-1 | Pressure Retaining Welds in Valve Bodies | N/A | N/A | N/A | Yes |
| B-M-2 | Valve Body > 4 in. Nominal Pipe Size | 6 | 3 | 50.00% | Yes |
| B-N-1 | Interior of Reactor Vessel | 3 | 2 | 66.66% | No |
| B-N-2 | Integrally Welded Core Support Structures and Interior Attachments to Reactor Vessels | 2 | 0 | 00.00% | Yes |
| B-N-3 | Removable Core Support Structures | 1 | 0 | 00.00% | Yes |
| B-O | Pressure Retaining Welds in Control Rod Housings | 3 | 2 | 66.66% | Yes |

Class 1 Inspections (Continued)

| <i>Examination Category</i> | <i>Description</i> | <i>Inspections Required</i> | <i>Inspections Completed</i> | <i>Percentage Completed</i> | <i>⁶Deferral Allowed</i> |
|-----------------------------|---|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| B-P | All Pressure Retaining Components | REFERENCE SECTION 11.0 OF THIS REPORT | | | |
| B-Q | Steam Generator Tubing | See Note below | | | |
| F-A F01.010 | Class 1 Component Supports (Code Case N-491) | 49 | 32 | 65.30% | No |

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

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

Class 2 Inspections

| Examination Category | Description | Inspections Required | Inspections Completed | Percentage Completed | ⁶Deferral Allowed |
|-----------------------------|---|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| C-A | Pressure Retaining Welds in Pressure Vessels | 25 | 16 | 64.00% | No |
| C-B | Pressure Retaining Nozzle Welds in Vessels | 22 | 12 | 54.54% | No |
| C-C | Integral Attachments for Vessels, Piping, Pumps, and Valves | 9 | 5 | 55.55% | No |
| C-D | Pressure Retaining Bolting Greater Than 2" in Diameter | N/A | N/A | N/A | No |
| C-F-1 | Pressure Retaining Welds in Austenitic Stainless Steel or High Alloy Piping | 251 | 160 | 63.74% | No |
| C-F-2 | Pressure Retaining Welds in Carbon or Low Alloy Steel Piping | 51 | 31 | 60.78% | No |
| C-G | Pressure Retaining Welds in Pumps and Valves | 6 | 4 | 66.66% | No |
| C-H | All Pressure Retaining Components | REFERENCE SECTION 11.0 OF THIS REPORT | | | |
| F-A F01.020 | Class 2 Component Supports (Code Case N-491) | 181 | 116 | 64.08% | No |

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

Additional Component Support Examinations Class 1, 2 & 3

| <i>Examination Category</i> | <i>Description</i> | <i>Inspections Required</i> | <i>Inspections Completed</i> | <i>Percentage Completed</i> | <i>⁶Deferral Allowed</i> |
|-----------------------------|--|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| F-A F01.040 | Supports other than Piping Supports Class 1, 2 & 3 (Code Case N-491 applies) | 36 | 22 | 61.11% | No |

| <i>Examination Category</i> | <i>Description</i> | <i>Inspections Required</i> | <i>Inspections Completed</i> | <i>Percentage Completed</i> | <i>⁶Deferral Allowed</i> |
|-----------------------------|--|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| F-A F01.050 | Component Supports Snubbers Class 1, 2 & 3 | | | * | No |

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

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

Augmented Inspections

| <i>Description</i> | <i>Percentage Complete</i> |
|---|--|
| Reactor Coolant Pump Flywheels (Item No. Series G01.) | 100% of requirements for OUTAGE 5/EOC-13 |
| Pipe Rupture Protection (Item No. Series G03.) | 100% of requirements for OUTAGE 5/EOC-13 |

4.0 Final Inservice Inspection Plan

The final ISI Plan shown in this section lists all ASME Section XI Class 1 and Class 2, and Augmented examinations credited for Outage 5/EOC-13 at McGuire Nuclear Station Unit 2.

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

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

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

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

Steam Generators

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS | ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|---|---------------|-----|--------------------------------------|--------|----------|---------|----------------|------------|--|
| **** Flange Surface, when connection disassembled **** | | | | | | | | | |
| B06.100.001 | 2SGA-MW-Y1-X1 | NC | MCM 2201.01-0194 MCM 2201.01-0126 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2A S/G PRIMARY INLET MANWAY FLANGE. Y1-X1 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.002 | 2SGA-MW-X1-Y2 | NC | MCM 2201.01-0194 MCM 2201.01-0126 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2A S/G PRIMARY OUTLET MANWAY FLANGE. X1-Y2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.003 | 2SGB-MW-Y1-X2 | NC | MCM 2201.01-0194 MCM 2201.01-0127 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2B S/G PRIMARY INLET MANWAY FLANGE. Y1-X2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.004 | 2SGB-MW-X2-Y2 | NC | MCM 2201.01-0194 MCM 2201.01-0127 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2B S/G PRIMARY OUTLET MANWAY FLANGE. X2-Y2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.005 | 2SGC-MW-Y1-X1 | NC | MCM 2201.01-0194 MCM 2201.01-0126 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2C S/G PRIMARY INLET MANWAY FLANGE. Y1-X1 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.006 | 2SGC-MW-X1-Y2 | NC | MCM 2201.01-0194 MCM 2201.01-0126 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2C S/G PRIMARY OUTLET MANWAY FLANGE. X1-Y2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.007 | 2SGD-MW-Y1-X2 | NC | MCM 2201.01-0194 MCM 2201.01-0127 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2D S/G PRIMARY INLET MANWAY FLANGE. Y1-X2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| B06.100.008 | 2SGD-MW-X2-Y2 | NC | MCM 2201.01-0194 MCM 2201.01-0127 | QAL-13 | VT-1 | CS | 0.000 0.000 | | 2D S/G PRIMARY OUTLET MANWAY FLANGE. X2-Y2 QUADRANT. REFERENCE 2MNS-065 |
| Class A | | | | | | | | | |
| Total B06.100 Items: | | | 8 | | | | | | |
| Total B06 Items: | | | 8 | | | | | | |

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

Valves

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIATHK | CAL BLOCKS | COMMENTS |
|---|-----------|--|--------|----------|---------|--------|----------------|---|
| **** Bolts, Studs, and Nuts **** | | | | | | | | |
| B07.070.003B | 2NC-34A | NC MCFI-2NC62 MC 2553-2.0 MCM 1205.09-08 | QAL-13 | VT-1 | SS | | 0.000 0.000 | 3" VALVE. INSPECT ONLY ONE VALVE IN THIS GROUP PER INTERVAL |
| Class A | | | | | | | | |
| Total B07.070 Items: | | 1 | | | | | | |
| Total B07 Items: | | 1 | | | | | | |

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

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL | BLOCKS | COMMENTS |
|--|-----------------|---------------------|---------|------------------------------|---------|---------|-------|--------|---------------------------|
| **** Circumferential Welds **** | | | | | | | | | |
| B09.011.010 | 2NC2FW2-3 | NC MCFI-2NC2 | NDE-600 | UT | SS | 14.000 | 50207 | | PRESSURIZER SURGE LINE SE |
| | Circumferential | MCM 2201.01-118 | | | 160 | 1.406 | | | UT FROM PIPE SIDE |
| Class A | Term end | | | Pipe to SAFE END | | | | | |
| B09.011.010A | 2NC2FW2-3 | NC MCFI-2NC2 | NDE-35 | PT | SS | 14.000 | | | PRESSURIZER SURGE LINE SE |
| | Circumferential | MCM 2201.01-118 | | | 160 | 1.406 | | | |
| Class A | Term end | | | Pipe to SAFE END | | | | | |
| B09.011.010B | 2NC2FW2-3 | NC MCFI-2NC2 | NDE-600 | UT | SS | 14.000 | 50207 | | PRESSURIZER SURGE LINE SE |
| | Circumferential | MCM 2201.01-118 | | | | 1.640 | | | UT FROM SE SIDE |
| Class A | Term end | | | SAFE END to Pipe SAFE END | | | | | |
| B09.011.031 | 2NC2FW53-24 | NC MCFI-2NC53 | NDE-600 | UT | SS | 6.000 | 50211 | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| Class A | Stress weld | | | Pipe to Elbow | | | | | |
| B09.011.031A | 2NC2FW53-24 | NC MCFI-2NC53 | NDE-35 | PT | SS | 6.000 | | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| Class A | Stress weld | | | Pipe to Elbow | | | | | |
| B09.011.032 | 2NC2FW53-25 | NC MCFI-2NC53 | NDE-600 | UT | SS | 6.000 | 50211 | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| Class A | Stress weld | | | Elbow to Flange | | | | | |
| B09.011.032A | 2NC2FW53-25 | NC MCFI-2NC53 | NDE-35 | PT | SS | 6.000 | | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| Class A | Stress weld | | | Elbow to Flange | | | | | |
| B09.011.034 | 2NC2FW53-28 | NC MCFI-2NC53 | NDE-600 | UT | SS | 6.000 | 50211 | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| Class A | Stress weld | | | Pipe to Elbow | | | | | |

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

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|-----------------|---------------------|---------|---------------|---------|---------|------------|----------|
| B09.011.034A | 2NC2FW53-28 | NC MCFI-2NC53 | NDE-35 | PT | SS | | 6.000 | |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Pipe to Elbow | | | | |
| B09.011.035 | 2NC2FW53-29 | NC MCFI-2NC53 | NDE-600 | UT | SS | | 6.000 | 50211 |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Elbow to Pipe | | | | |
| B09.011.035A | 2NC2FW53-29 | NC MCFI-2NC53 | NDE-35 | PT | SS | | 6.000 | |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Elbow to Pipe | | | | |
| B09.011.036 | 2NC2FW53-30 | NC MCFI-2NC53 | NDE-600 | UT | SS | | 6.000 | 50211 |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Pipe to Elbow | | | | |
| B09.011.036A | 2NC2FW53-30 | NC MCFI-2NC53 | NDE-35 | PT | SS | | 6.000 | |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Pipe to Elbow | | | | |
| B09.011.037 | 2NC2FW53-31 | NC MCFI-2NC53 | NDE-600 | UT | SS | | 6.000 | 50211 |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Elbow to Pipe | | | | |
| B09.011.037A | 2NC2FW53-31 | NC MCFI-2NC53 | NDE-35 | PT | SS | | 6.000 | |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Elbow to Pipe | | | | |
| B09.011.038 | 2NC2FW53-36 | NC MCFI-2NC53 | NDE-600 | UT | SS | | 6.000 | 50211 |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Pipe to Elbow | | | | |
| B09.011.038A | 2NC2FW53-36 | NC MCFI-2NC53 | NDE-35 | PT | SS | | 6.000 | |
| | Circumferential | | | | 160 | | 0.719 | |
| Class A | Stress weld | | | Pipe to Elbow | | | | |

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

CATEGORY B-J, Pressure Retaining Welds In Piping

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|--------------------------------|---------------------|---------|----------|-----------|----------------|------------|-----------------------|
| B09.011.039 | 2NC2FW53-37 | NC MCFI-2NC53 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | Elbow to Flange |
| Class A | Circumferential Stress weld | | | | | | | |
| B09.011.039A | 2NC2FW53-37 | NC MCFI-2NC53 | NDE-35 | PT | SS 160 | 6.000 0.719 | | Elbow to Flange |
| Class A | Circumferential Stress weld | | | | | | | |
| B09.011.162 | 2NI2F471 | NI MCFI-2NI15 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | Valve 2NI180 to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.162A | 2NI2F471 | NI MCFI-2NI15 | NDE-35 | PT | SS 160 | 6.000 0.719 | | Valve 2NI180 to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.163 | 2NI2F474 | NI MCFI-2NI15 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | Pipe to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.163A | 2NI2F474 | NI MCFI-2NI15 | NDE-35 | PT | SS 160 | 6.000 0.719 | | Pipe to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.164 | 2NI2F477 | NI MCFI-2NI15 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | Pipe to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.164A | 2NI2F477 | NI MCFI-2NI15 | NDE-35 | PT | SS 160 | 6.000 0.719 | | Pipe to Elbow |
| Class A | Circumferential | | | | | | | |
| B09.011.165 | 2NI2F494 | NI MCFI-2NI16 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | Valve 2NI181 to Elbow |
| Class A | Circumferential | | | | | | | |

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

CATEGORY B-J, Pressure Retaining Welds In Piping

NPS 4 or Larger

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL | BLOCKS | COMMENTS |
|--------------|-----------------|---------------------|---------|----------|---------|---------|-----|--------|-----------------------|
| B09.011.165A | 2NI2F494 | NI MCFI-2NI16 | NDE-35 | PT | SS | 6.000 | | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| | Class A | | | | | | | | Valve 2NI181 to Elbow |
| B09.011.166 | 2NI2F496 | NI MCFI-2NI16 | NDE-600 | UT | SS | 6.000 | | 50211 | |
| | Circumferential | | | | 160 | 0.719 | | | |
| | Class A | | | | | | | | Elbow to Pipe |
| B09.011.166A | 2NI2F496 | NI MCFI-2NI16 | NDE-35 | PT | SS | 6.000 | | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| | Class A | | | | | | | | Elbow to Pipe |
| B09.011.167 | 2NI2F866 | NI MCFI-2NI16 | NDE-600 | UT | SS | 6.000 | | 50211 | |
| | Circumferential | | | | 160 | 0.719 | | | |
| | Class A | | | | | | | | Pipe to Elbow |
| B09.011.167A | 2NI2F866 | NI MCFI-2NI16 | NDE-35 | PT | SS | 6.000 | | | |
| | Circumferential | | | | 160 | 0.719 | | | |
| | Class A | | | | | | | | Pipe to Elbow |

Total B09.011 Items: 31

CATEGORY B-J, Pressure Retaining Welds In Piping

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

Socket Welds

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-------------|-------------|---------------------|--------|----------|---------|--------------------------|------------|----------|
| B09.040.006 | 2NC2FW40-1 | NC MCFI-2NC40 | NDE-35 | PT | SS | | 2.000 | |
| | Socket | | | | 160 | | 0.344 | |
| Class A | Stress weld | | | | | Nozzle to Pipe | | |
| B09.040.017 | 2NC2FW40-12 | NC MCFI-2NC40 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Full Coupling to Pipe | | |
| B09.040.018 | 2NC2FW40-14 | NC MCFI-2NC40 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Valve 2NI17 to Pipe | | |
| B09.040.050 | 2NI2FW89-1 | NI MCFI-2NI89 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Valve 2NI349 to Pipe | | |
| B09.040.051 | 2NI2FW89-3 | NI MCFI-2NI89 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Valve 2NI348 to Pipe | | |
| B09.040.052 | 2NI2FW89-4 | NI MCFI-2NI89 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Pipe to Valve 2NI19 | | |
| B09.040.053 | 2NI2FW89-5 | NI MCFI-2NI89 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Valve 2NI354 to Pipe | | |
| B09.040.054 | 2NI2FW89-6 | NI MCFI-2NI89 | NDE-35 | PT | SS | | 1.500 | |
| | Socket | | | | 160 | | 0.281 | |
| Class A | Stress weld | | | | | Pipe to Valve 2NI15 | | |

CATEGORY B-J, Pressure Retaining Welds In Piping

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

Socket Welds

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-----------------------------|-------------|---------------------|--------|----------|-------------------------|---------|------------|----------|
| B09.040.055 | 2NI2FW89-7 | NI MCFI-2NI89 | NDE-35 | PT | SS | 1.500 | | |
| | Socket | | | | 160 | 0.281 | | |
| Class A | Stress weld | | | | Valve 2NI347 to Pipe | | | |
| B09.040.056 | 2NI2FW89-8 | NI MCFI-2NI89 | NDE-35 | PT | SS | 1.500 | | |
| | Socket | | | | 160 | 0.281 | | |
| Class A | Stress weld | | | | Pipe to Valve 2NI17 | | | |
| Total B09.040 Items: | | 10 | | | | | | |
| Total B09 Items: | | 41 | | | | | | |

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DI/THK | CAL | BLOCKS | COMMENTS |
|-----------------------------|-----------------|---------------------|---------|----------|------------------------|--------|-------|--------|---|
| C01.030.011 | 2BCSHX-50-B | NS MCM 1201.06-0093 | NDE-630 | UT | SS | 55.375 | 50420 | | 2B CONTAINMENT SPRAY HEAT EXCH. SHELL TO BOTTOM TUBE SHEET PSI EXAMINATION LISTED ID# AS NS COOLER 2B-120 |
| | Circumferential | MC 2563.1-0 | | | | 0.437 | | | |
| | Class B | | | | SHELL(2B) to TUBESHEET | | | | |
| C01.030.012 | 2BCSHX-50-A | NS MCM 1201.06-0093 | NDE-630 | UT | SS | 55.375 | 50420 | | 2B CONTAINMENT SPRAY HEAT EXCH. SHELL TO TOP TUBE SHEET PSI EXAMINATION LISTED ID# AS NS COOLER 2B-125 |
| | Circumferential | MC 2563.1-0 | | | | 0.437 | | | |
| | Class B | | | | SHELL(2B) to TUBESHEET | | | | |
| Total C01.030 Items: | | 2 | | | | | | | |
| Total C01 Items: | | 2 | | | | | | | |

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

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System
McGuire 2

Piping

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-------------|-----------|---------------------|------|----------|---------|---------|------------|----------|
|-------------|-----------|---------------------|------|----------|---------|---------|------------|----------|

****** Integrally Welded Attachments ******

| | | | | | | | | |
|-------------|--------------|-------------------------------|--------|----|-------|----------------|--|---------------------|
| C03.020.010 | 2MCA-ND-6123 | ND MCFI-2ND18 2MCA-ND-6123 | NDE-35 | PT | SS-CS | 0.000 1.000 | | INTEGRAL ATTACHMENT |
|-------------|--------------|-------------------------------|--------|----|-------|----------------|--|---------------------|

Class B

Total C03.020 Items: 1

Total C03 Items: 1

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

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|---------------------------------------|-----------------|---------------------|---------|----------|--------------------|-----------------|------------|---|
| **** Circumferential Weld **** | | | | | | | | |
| C05.011.021 | 2NDP109-1 | ND MCFI-2ND10 | NDE-600 | UT | SS STD | 12.000 0.375 | 50313 | |
| | Circumferential | | | | | | | |
| | Class B | | | | Elbow to Pipe | | | |
| C05.011.021A | 2NDP109-1 | ND MCFI-2ND10 | NDE-35 | PT | SS STD | 12.000 0.375 | | |
| | Circumferential | | | | | | | |
| | Class B | | | | Elbow to Pipe | | | |
| C05.011.030 | 2ND2F-202 | ND MCFI-2ND10 | NDE-600 | UT | SS STD | 12.000 0.375 | * | *See Section 8 for Calibration Block Requirements |
| | Circumferential | | | | | | | |
| | Class B | | | | Pipe to Elbow | | | |
| C05.011.030A | 2ND2F-202 | ND MCFI-2ND10 | NDE-35 | PT | SS STD | 12.000 0.375 | | |
| | Circumferential | | | | | | | |
| | Class B | | | | Pipe to Elbow | | | |
| C05.011.034 | 2ND2FW16-18 | ND MCFI-2ND16 | NDE-600 | UT | SS STD | 12.000 0.375 | 50313 | |
| | Circumferential | | | | | | | |
| | Class B | | | | Elbow to Pipe | | | |
| C05.011.034A | 2ND2FW16-18 | ND MCFI-2ND16 | NDE-35 | PT | SS STD | 12.000 0.375 | | |
| | Circumferential | | | | | | | |
| | Class B | | | | Elbow to Pipe | | | |
| C05.011.104 | 2NI2F440 | NI MCFI-2NI14 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | |
| | Circumferential | | | | | | | |
| | Class B | | | | Reducer to Pipe | | | |
| C05.011.104A | 2NI2F440 | NI MCFI-2NI14 | NDE-35 | PT | SS 160 | 6.000 0.719 | | |
| | Circumferential | | | | | | | |
| | Class B | | | | Reducer to Pipe | | | |

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

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QUALITY ASSURANCE TECHNICAL SERVICES
Inservice Inspection Database Management System

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|--------------------------------|---------------------|---------|----------|-----------|-----------------|------------|---|
| C05.011.126 | 2NIP145-1 Circumferential | NI MCFI-2NI16 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | |
| | Class B | | | | | | | Elbow to Pipe |
| C05.011.126A | 2NIP145-1 Circumferential | NI MCFI-2NI16 | NDE-35 | PT | SS 160 | 6.000 0.719 | | |
| | Class B | | | | | | | Elbow to Pipe |
| C05.011.129 | 2NI2F493 Circumferential | NI MCFI-2NI16 | NDE-600 | UT | SS 160 | 6.000 0.719 | 50211 | |
| | Class B | | | | | | | Pipe to Valve 2NI181 |
| C05.011.129A | 2NI2F493 Circumferential | NI MCFI-2NI16 | NDE-35 | PT | SS 160 | 6.000 0.719 | | |
| | Class B | | | | | | | Pipe to Valve 2NI181 |
| C05.011.151 | 2NI2FW26-4 Circumferential | NI MCFI-2NI26 | NDE-600 | UT | SS 140 | 12.000 1.125 | 50219 | |
| | Class B | | | | | | | Tee to Reducer |
| C05.011.151A | 2NI2FW26-4 Circumferential | NI MCFI-2NI26 | NDE-35 | PT | SS 140 | 12.000 1.125 | | |
| | Class B | | | | | | | Tee to Reducer |
| C05.011.152 | 2NI2FW26-10 Circumferential | NI MCFI-2NI26 | NDE-600 | UT | SS 140 | 12.000 1.125 | 50219 | |
| | Class B | | | | | | | Tee to Reducer |
| C05.011.152A | 2NI2FW26-10 Circumferential | NI MCFI-2NI26 | NDE-35 | PT | SS 140 | 12.000 1.125 | | |
| | Class B | | | | | | | Tee to Reducer |
| C05.011.159 | 2NI2F449 Circumferential | NI MCFI-2NI14 | NDE-600 | UT | SS 160 | 6.000 0.719 | * | *See Section 8 for Calibration Block Requirements |
| | Class B | | | | | | | Pipe to Elbow |

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|-----------------|---------------------|---------|---------------|---------|---------|------------|----------|
| C05.011.159A | 2NI2F449 | NI MCFI-2NI14 | NDE-35 | PT | SS | 6.000 | | |
| | Circumferential | | | | 160 | 0.719 | | |
| | Class B | | | Pipe to Elbow | | | | |
| C05.011.163 | 2NI2F443 | NI MCFI-2NI14 | NDE-600 | UT | SS | 6.000 | | |
| | Circumferential | | | | 160 | 0.719 | | |
| | Class B | | | Pipe to Elbow | | | | |
| C05.011.163A | 2NI2F443 | NI MCFI-2NI14 | NDE-35 | PT | SS | 6.000 | | |
| | Circumferential | | | | 160 | 0.719 | | |
| | Class B | | | Pipe to Elbow | | | | |
| C05.011.164 | 2NI2F590 | NI MCFI-2NI20 | NDE-600 | UT | SS | 12.000 | | |
| | Circumferential | | | | 140 | 1.125 | | |
| | Class B | | | Elbow to Tee | | | | |
| C05.011.164A | 2NI2F590 | NI MCFI-2NI20 | NDE-35 | PT | SS | 12.000 | | |
| | Circumferential | | | | 140 | 1.125 | | |
| | Class B | | | Elbow to Tee | | | | |
| C05.011.165 | 2NI2F591 | NI MCFI-2NI20 | NDE-600 | UT | SS | 12.000 | | |
| | Circumferential | | | | 140 | 1.125 | | |
| | Class B | | | Tee to Pipe | | | | |
| C05.011.165A | 2NI2F591 | NI MCFI-2NI20 | NDE-35 | PT | SS | 12.000 | | |
| | Circumferential | | | | 140 | 1.125 | | |
| | Class B | | | Tee to Pipe | | | | |

Total C05.011 Items: 24

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

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|---------------------------------------|-----------------|---------------------|---------|------------------|---------|---------|------------|----------|
| **** Circumferential Weld **** | | | | | | | | |
| C05.021.008 | 2NI2F535 | NI MCFI-2NI17 | NDE-600 | UT | SS | 4.000 | 50275 | |
| | Circumferential | | | | 160 | 0.531 | | |
| | Class B | | | Tee to Reducer | | | | |
| C05.021.008A | 2NI2F535 | NI MCFI-2NI17 | NDE-35 | PT | SS | 4.000 | | |
| | Circumferential | | | | 160 | 0.531 | | |
| | Class B | | | Tee to Reducer | | | | |
| C05.021.017 | 2NI2F-693 | NI MCFI-2NI2 | NDE-600 | UT | SS | 4.000 | 50436 | |
| | Circumferential | | | | 80 | 0.337 | | |
| | Class B | | | Reducer to Elbow | | | | |
| C05.021.017A | 2NI2F-693 | NI MCFI-2NI2 | NDE-35 | PT | SS | 4.000 | | |
| | Circumferential | | | | 80 | 0.337 | | |
| | Class B | | | Reducer to Elbow | | | | |
| C05.021.063 | 2NV2FW116-2 | NV MCFI-2NV116 | NDE-600 | UT | SS | 3.000 | 50225 | |
| | Circumferential | | | | 160 | 0.438 | | |
| | Class B | | | Elbow to Pipe | | | | |
| C05.021.063A | 2NV2FW116-2 | NV MCFI-2NV116 | NDE-35 | PT | SS | 3.000 | | |
| | Circumferential | | | | 160 | 0.438 | | |
| | Class B | | | Elbow to Pipe | | | | |
| C05.021.072 | 2NV2FW292-3 | NV MCFI-2NV292 | NDE-600 | UT | SS | 3.000 | 50225 | |
| | Circumferential | | | | 160 | 0.438 | | |
| | Class B | | | Elbow to Elbow | | | | |
| C05.021.072A | 2NV2FW292-3 | NV MCFI-2NV292 | NDE-35 | PT | SS | 3.000 | | |
| | Circumferential | | | | 160 | 0.438 | | |
| | Class B | | | Elbow to Elbow | | | | |

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

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|-----------------|---------------------|---------|----------|---------|---------|------------|--|
| C05.021.081 | 2RCPA-TE | NV MCFI-2NV69 | NDE-600 | UT | SS | 3.000 | 50225 | FOR DWG. ON RECIPROCATING CHARGING PUMP ACCUMULATOR SEE MCM 1201.04-0197 |
| | Circumferential | | | | 160 | 0.438 | | |
| Class B | Term end | | | | | | | Tee to RCHP ACCUMULATOR |
| C05.021.081A | 2RCPA-TE | NV MCFI-2NV69 | NDE-35 | PT | SS | 3.000 | | FOR DWG. ON RECIPROCATING CHARGING PUMP ACCUMULATOR SEE MCM 1201.04-0197 |
| | Circumferential | | | | 160 | 0.438 | | |
| Class B | Term end | | | | | | | Tee to RCHP ACCUMULATOR |
| C05.021.087 | 2NV2FW33-23 | NV MCFI-2NV33 | NDE-600 | UT | SS | 4.000 | | |
| | Circumferential | | | | 40 | 0.237 | | |
| Class B | | | | | | | | Pipe to Elbow |
| C05.021.087A | 2NV2FW33-23 | NV MCFI-2NV33 | NDE-35 | PT | SS | 4.000 | | |
| | Circumferential | | | | 40 | 0.237 | | |
| Class B | | | | | | | | Pipe to Elbow |
| C05.021.090 | 2NV2FW101-1 | NV MCFI-2NV101 | NDE-600 | UT | SS | 4.000 | 50275 | |
| | Circumferential | | | | 160 | 0.531 | | |
| Class B | | | | | | | | Pipe to Reducer |
| C05.021.090A | 2NV2FW101-1 | NV MCFI-2NV101 | NDE-35 | PT | SS | 4.000 | | |
| | Circumferential | | | | 160 | 0.531 | | |
| Class B | | | | | | | | Pipe to Reducer |
| C05.021.099 | 2NV2FW54-16 | NV MCFI-2NV54 | NDE-600 | UT | SS | 4.000 | 50275 | |
| | Circumferential | | | | 160 | 0.531 | | |
| Class B | | | | | | | | Reducer to Elbow |
| C05.021.099A | 2NV2FW54-16 | NV MCFI-2NV54 | NDE-35 | PT | SS | 4.000 | | |
| | Circumferential | | | | 160 | 0.531 | | |
| Class B | | | | | | | | Reducer to Elbow |

Total C05.021 Items: 16

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

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

Socket Welds

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|----------------------|--------------|---------------------|--------|----------|--------------------------|---------|------------|----------|
| C05.030.008 | 2NI2FW33-9 | NI MCFI-2NI33 | NDE-35 | PT | SS | 2.000 | | |
| | Socket | | | | 160 | 0.344 | | |
| | Class B | | | | Pipe to Full Coupling | | | |
| C05.030.052 | 2NV2FW101-7 | NV MCFI-2NV101 | NDE-35 | PT | SS | 2.000 | | |
| | Socket | | | | 160 | 0.344 | | |
| | Class B | | | | Pipe to Tee | | | |
| C05.030.061 | 2NVP182-1 | NV MCFI-2NV180 | NDE-35 | PT | SS | 2.000 | | |
| | Socket | | | | 160 | 0.344 | | |
| | Class B | | | | Pipe to Flange | | | |
| C05.030.070 | 2NV2FW235-4 | NV MCFI-2NV235 | NDE-35 | PT | SS | 2.000 | | |
| | Socket | | | | 160 | 0.344 | | |
| | Class B | | | | Elbow to Pipe | | | |
| C05.030.079 | 2NV2FW303-15 | NV MCFI-2NV303 | NDE-35 | PT | SS | 2.000 | | |
| | Socket | | | | 160 | 0.344 | | |
| | Class B | | | | Tee to Pipe | | | |
| Total C05.030 Items: | | 5 | | | | | | |

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

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|---------------------------------------|------------------|---------------------|---------|----------|---|---------|------------|----------|
| **** Circumferential Weld **** | | | | | | | | |
| C05.051.002 | 2CA2FW45-27 | CA MCFI-2CA45 | NDE-600 | UT | CS | 6.000 | 50331 | |
| | Circumferential | | | | 80 | 0.432 | | |
| | Class B | | | | Valve 2CF128B to Pipe | | | |
| C05.051.002A | 2CA2FW45-27 | CA MCFI-2CA45 | NDE-25 | MT | CS | 6.000 | | |
| | Circumferential | | | | 80 | 0.432 | | |
| | Class B | | | | Valve 2CF128B to Pipe | | | |
| C05.051.003 | 2CA2FW45-21 | CA MCFI-2CA45 | NDE-600 | UT | CS | 6.000 | 50331 | |
| | Circumferential | | | | 80 | 0.432 | | |
| | Class B | | | | Tee to Elbow | | | |
| C05.051.003A | 2CA2FW45-21 | CA MCFI-2CA45 | NDE-25 | MT | CS | 6.000 | | |
| | Circumferential | | | | 80 | 0.432 | | |
| | Class B | | | | Tee to Elbow | | | |
| C05.051.011 | 2CA2FW51-25 | CA MCFI-2CA51 | NDE-600 | UT | CS | 6.000 | 50281 | |
| | Circumferential | | | | 160 | 0.719 | | |
| | Class B Term end | | | | Elbow to Nozzle SG-2C | | | |
| C05.051.011A | 2CA2FW51-25 | CA MCFI-2CA51 | NDE-25 | MT | CS | 6.000 | | |
| | Circumferential | | | | 160 | 0.719 | | |
| | Class B Term end | | | | Elbow to Nozzle SG-2C | | | |
| C05.051.204 | 2SM5C-D | SM MCFI-2SM13 | NDE-600 | UT | CS | 10.000 | 50249 | |
| | Circumferential | | | | | 1.500 | | |
| | Class B | | | | Nozzle Forged nozzle to Transition piece | | | |
| C05.051.204A | 2SM5C-D | SM MCFI-2SM13 | NDE-25 | MT | CS | 10.000 | | |
| | Circumferential | | | | | 1.500 | | |
| | Class B | | | | Nozzle Forged nozzle to Transition piece | | | |

DUKE ENERGY CORPORATION
QUALITY ASSURANCE TECHNICAL SERVICES
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CATEGORY C-F-2, Pressure Retaining Welds
In Carbon Or Low Alloy Steel Piping

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

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

| ITEM NUMBER | ID NUMBER | SYS | ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL | BLOCKS | COMMENTS |
|--------------|-----------------|-----|------------------|---------|----------|---------|---------|-----|--------|--|
| C05.051.209 | 2SM2F-22 | SM | MCFI-2SM50 | NDE-12 | RT | CS | 32.000 | | | |
| | Circumferential | | MCFD 2591-01.01 | | | | 1.375 | | | Transition Ring to Elbow |
| | Class B | | | | | | | | | |
| C05.051.209A | 2SM2F-22 | SM | MCFI-2SM50 | NDE-25 | MT | CS | 32.000 | | | |
| | Circumferential | | MCFD 2591-01.01 | | | | 1.375 | | | Transition Ring to Elbow |
| | Class B | | | | | | | | | |
| C05.051.215 | 2SM2F-72 | SM | MCFI-2SM3 | NDE-600 | UT | CS | 34.000 | | 40415 | |
| | Circumferential | | MCFD 2593-01.03 | | | | 1.250 | | | Elbow to Pipe |
| | Class B | | | | | | | | | |
| C05.051.215A | 2SM2F-72 | SM | MCFI-2SM3 | NDE-25 | MT | CS | 34.000 | | | |
| | Circumferential | | MCFD 2593-01.03 | | | | 1.250 | | | Elbow to Pipe |
| | Class B | | | | | | | | | |
| C05.051.217 | 2SM2FW13-10 | SM | MCFI-2SM13 | NDE-600 | UT | CS | 36.000 | | 50385 | |
| | Circumferential | | | | | | 2.437 | | | Pipe to Valve 2SM3AB |
| | Class B | | | | | | | | | |
| C05.051.217A | 2SM2FW13-10 | SM | MCFI-2SM13 | NDE-25 | MT | CS | 36.000 | | | |
| | Circumferential | | | | | | 2.437 | | | Pipe to Valve 2SM3AB |
| | Class B | | | | | | | | | |
| C05.051.220 | 2SGA-W138 | SM | MCFI-2SM50 | NDE-600 | UT | CS | 32.625 | | * | Steam Generator 2A |
| | Circumferential | | MCFD-2591-01.01 | | | | 1.500 | | | Main Ssteam Nozzle to Transition Ring |
| | Class B | | MCM 2201.01-0207 | | | | | | | Transition Ring added as a result of SGRP |
| | Term end | | | | | | | | | *Reference General Requirements Section 8.1.10 |
| C05.051.220A | 2SGA-W138 | SM | MCFI-2SM50 | NDE-25 | MT | CS | 32.625 | | | Steam Generator 2A |
| | Circumferential | | MCFD-2591-01.01 | | | | 1.500 | | | Main Ssteam Nozzle to Transition Ring |
| | Class B | | MCM 2201.01-0207 | | | | | | | Transition Ring added as a result of SGRP |
| | Term end | | | | | | | | | Transition Ring added as a result of SGRP |

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

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-----------------------------|-----------------|---------------------|---------|----------|-----------|-----------------|------------|---|
| C05.051.252 | 2SV2FW9-7 | SV MCFI-2SV9 | NDE-600 | UT | CS XXS | 6.000 0.864 | 50281 | |
| | Circumferential | | | | | | | Pipe to Valve 2SV19 |
| | Class B | | | | | | | |
| C05.051.252A | 2SV2FW9-7 | SV MCFI-2SV9 | NDE-25 | MT | CS XXS | 6.000 0.864 | | |
| | Circumferential | | | | | | | Pipe to Valve 2SV19 |
| | Class B | | | | | | | |
| C05.051.300 | 2VP2FW1-4 | VP MCFI-2VP1 | NDE-600 | UT | CS STD | 12.000 0.375 | 50440 | |
| | Circumferential | | | | | | | Flange to Pipe |
| | Class B | | | | | | | |
| C05.051.300A | 2VP2FW1-4 | VP MCFI-2VP1 | NDE-25 | MT | CS STD | 12.000 0.375 | | |
| | Circumferential | | | | | | | Flange to Pipe |
| | Class B | | | | | | | |
| C05.051.301 | 2VP2FW2-1 | VP MCFI-2VP2 | NDE-600 | UT | CS STD | 24.000 0.375 | * | * REFERENCE 8.1.10 OF GENERAL REQUIREMENTS |
| | Circumferential | | | | | | | Flange to Pipe |
| | Class B | | | | | | | |
| C05.051.301A | 2VP2FW2-1 | VP MCFI-2VP2 | NDE-25 | MT | CS STD | 24.000 0.375 | | |
| | Circumferential | | | | | | | Flange to Pipe |
| | Class B | | | | | | | |
| Total C05.051 Items: | | 22 | | | | | | |
| Total C05 Items: | | 67 | | | | | | |

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

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

Integral Attachment

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--|-----------------|---------------------|--------|----------|---------|---------|------------|-----------------|
| **** Component Supports and Restraints **** | | | | | | | | |
| D02.020.040 | 2MCA-RN-3083 | RN 2RN-351 | QAL-14 | VT-3 | NA | | 0.000 | RIGID RESTRAINT |
| | Rigid Restraint | (SHT.20F3) | | | | | 0.594 | PIPE ATT. |
| | Class C | | | | | | | |
| D02.020.041 | 2MCA-RN-3086 | RN 2RN-351 | QAL-14 | VT-3 | NA | | 0.000 | RIGID SUPPORT |
| | Rigid Support | (SHT.20F3) | | | | | 0.375 | PIPE ATT. |
| | Class C | | | | | | | |
| Total D02.020 Items: | | 2 | | | | | | |
| Total D02 Items: | | 2 | | | | | | |

CATEGORY F-A, Supports (Category A)

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

Class 1 Piping Supports

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DI/THK | CAL BLOCKS | COMMENTS |
|-------------|-----------|---------------------|------|----------|---------|--------|------------|----------|
|-------------|-----------|---------------------|------|----------|---------|--------|------------|----------|

| | | | | | | | | |
|--------------|---------------|----------------------|--------|------|----|--|----------------|--|
| F01.010.102A | 2MCR-NV-4443 | NV 2NV-204(SHT.1OF3) | QAL-14 | VT-3 | NA | | 2.000 0.000 | |
| | Rigid Support | | | | | | | |
| | Class A | | | | | | | |

| | | | | | | | | |
|--------------|---------------|----------------------|--------|------|----|--|----------------|--|
| F01.010.103A | 2MCR-NV-4438 | NV 2NV-204(SHT.1OF3) | QAL-14 | VT-3 | NA | | 3.000 0.000 | |
| | Rigid Support | | | | | | | |
| | Class A | | | | | | | |

Total F01.010 Items: 2

CATEGORY F-A, Supports (Category A)

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

Class 2 Piping Supports

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|--------------------|-------------------------|--------|----------|---------|---------|------------|----------|
| F01.020.078B | 2MCA-FW-5009 | FW 2FW-350 SHT.1 | QAL-14 | VT-3 | NA | | 0.000 | |
| | Mech Snubber | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.079C | 2MCA-FW-5160 | FW 2FW-350 SHT.2 | QAL-14 | VT-3 | NA | | 0.000 | |
| | Spring Hgr | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.080C | 2MCA-FW-5180 | FW 2FW-350 SHT.2 | QAL-14 | VT-3 | NA | | 0.000 | |
| | Hyd Snubber | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.108B | 2MCA-ND-6108 | ND 2ND-350(SHT.10F7) | QAL-14 | VT-3 | NA | | 8.000 | |
| | Rigid Restraint | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.122B | 2MCA-ND-6117 | ND 2ND-350(SHT.70F7) | QAL-14 | VT-3 | NA | | 8.000 | |
| | Rigid Restraint | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.224B | 2MCA-NS-5305 | NS 2NS-352(SHT.10F2) | QAL-14 | VT-3 | NA | | 10.000 | |
| | Rigid Restraint | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.225B | 2MCA-NS-5308 | NS 2NS-352(SHT.20F2) | QAL-14 | VT-3 | NA | | 8.000 | |
| | Rigid Restraint | | | | | | 0.000 | |
| | Class B | | | | | | | |
| F01.020.250A | 2-MCA-S-NI-504-I-K | NV 2-MCA-S-NI-504-I-RD7 | QAL-14 | VT-3 | NA | | 2.000 | |
| | Rigid Restraint | | | | | | 0.000 | |
| | Class B | | | | | | | |

CATEGORY F-A, Supports (Category A)

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

Class 2 Piping Supports

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|--------------|--------------------|-------------------------|--------|----------|---------|---------|------------|----------|
| F01.020.251C | 2-MCA-S-NI-504-I-L | NV 2-MCA-S-NI-504-I-RD7 | QAL-14 | VT-3 | NA | | 2.000 | |
| | Mech Snubber | | | | | | 0.000 | |
| Class B | | | | | | | | |
| F01.020.264A | 2MCR-NV-5191 | NV 2NV-201(SHT.2OF2) | QAL-14 | VT-3 | NA | | 2.000 | |
| | Rigid Support | | | | | | 0.000 | |
| Class B | | | | | | | | |

Total F01.020 Items: 10

CATEGORY F-A, Supports (Category A)

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

Class 3 Piping Supports

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-------------|-----------|---------------------|------|----------|---------|---------|------------|----------|
|-------------|-----------|---------------------|------|----------|---------|---------|------------|----------|

| | | | | | | | | |
|--------------|-----------------|----------------------|--------|------|----|--|-----------------|--|
| F01.030.154B | 2MCA-RN-3028 | RN 2RN-351(SHT.1OF3) | QAL-14 | VT-3 | NA | | 20.000 0.000 | |
| | Rigid Restraint | | | | | | | |
| | Class C | | | | | | | |

| | | | | | | | | |
|--------------|-----------------|----------------------|--------|------|----|--|-----------------|--|
| F01.030.155B | 2MCA-RN-3083 | RN 2RN-351(SHT.2OF3) | QAL-14 | VT-3 | NA | | 18.000 0.000 | |
| | Rigid Restraint | | | | | | | |
| | Class C | | | | | | | |

| | | | | | | | | |
|--------------|-----------------|----------------------|--------|------|----|--|-----------------|--|
| F01.030.156A | 2MCA-RN-3086 | RN 2RN-351(SHT.2OF3) | QAL-14 | VT-3 | NA | | 18.000 0.000 | |
| | Rigid Restraint | | | | | | | |
| | Class C | | | | | | | |

| | | | | | | | | |
|--------------|-----------------|----------------------|--------|------|----|--|-----------------|--|
| F01.030.157B | 2MCA-RN-3045 | RN 2RN-351(SHT.3OF3) | QAL-14 | VT-3 | NA | | 18.000 0.000 | |
| | Rigid Restraint | | | | | | | |
| | Class C | | | | | | | |

| | | | | | | | | |
|-----------------------------|----------|--|--|--|--|--|--|--|
| Total F01.030 Items: | 4 | | | | | | | |
|-----------------------------|----------|--|--|--|--|--|--|--|

CATEGORY F-A, Supports

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

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

McGuire 2

Inservice Inspection Plan for Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYS | ISO/DWG NUMBERS | PROC | INSP REQ | MAT/SCH | DIA/THK | CAL BLOCKS | COMMENTS |
|-----------------------------|----------------|-----|--------------------------------------|--------|----------|---------|---------|----------------|--|
| F01.040.005 | 2RCP-B-SUPPORT | NC | MC 1070-7 MC 1070-8 MC 1070-17 | QAL-14 | VT-3 | NA | | 0.000 0.000 | 2B RCP SUPPORT COLUMN ASSEMBLIES AND LATERAL SUPPORT HANGER FUNCTION CATEGORIZATION B |
| Class A | | | | | | | | | |
| F01.040.023 | 2RNP-SUP-2B | RN | MC1201.05-190 | QAL-14 | VT-3 | NA | | 0.000 0.000 | 2B NUCLEAR SERVICE WATER PUMP SUPPORT HANGER FUNCTION CATEGORIZATION B |
| Class C | | | | | | | | | |
| Total F01.040 Items: | | | | | | | | 2 | |
| Total F01 Items: | | | | | | | | 18 | |

5.0 Results Of Inspections Performed

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

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

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

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
 McGuire 2 Inservice Inspection Listing

EOC 13
 Plant: McGuire 2

Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYSTEM | INSP DATE | INSP STATUS | INSP LIMITED | GEO REF | RFR | COMMENTS |
|--------------|---------------|--------|------------|-------------|--------------|---------|-----|----------|
| B06.100.001 | 2SGA-MW-Y1-X1 | NC | 09/21/2000 | CLR | --- | N | N | |
| B06.100.002 | 2SGA-MW-X1-Y2 | NC | 09/21/2000 | CLR | --- | N | N | |
| B06.100.003 | 2SGB-MW-Y1-X2 | NC | 09/20/2000 | CLR | --- | N | N | |
| B06.100.004 | 2SGB-MW-X2-Y2 | NC | 09/20/2000 | CLR | --- | N | N | |
| B06.100.005 | 2SGC-MW-Y1-X1 | NC | 09/25/2000 | CLR | --- | N | N | |
| B06.100.006 | 2SGC-MW-X1-Y2 | NC | 09/25/2000 | CLR | --- | N | N | |
| B06.100.007 | 2SGD-MW-Y1-X2 | NC | 09/22/2000 | CLR | --- | N | N | |
| B06.100.008 | 2SGD-MW-X2-Y2 | NC | 09/22/2000 | CLR | --- | N | N | |
| B07.070.003B | 2NC-34A | NC | 09/28/2000 | CLR | --- | N | N | |
| B09.011.010 | 2NC2FW2-3 | NC | 09/21/2000 | CLR | --- | N | N | |
| B09.011.010A | 2NC2FW2-3 | NC | 09/21/2000 | CLR | --- | N | N | |
| B09.011.010B | 2NC2FW2-3 | NC | 09/21/2000 | CLR | --- | N | N | |
| B09.011.031 | 2NC2FW53-24 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.031A | 2NC2FW53-24 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.032 | 2NC2FW53-25 | NC | 09/20/2000 | CLR | 60.30% | N | Y | |
| B09.011.032A | 2NC2FW53-25 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.034 | 2NC2FW53-28 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.034A | 2NC2FW53-28 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.035 | 2NC2FW53-29 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.035A | 2NC2FW53-29 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.036 | 2NC2FW53-30 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.036A | 2NC2FW53-30 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.037 | 2NC2FW53-31 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.037A | 2NC2FW53-31 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.038 | 2NC2FW53-36 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.038A | 2NC2FW53-36 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.039 | 2NC2FW53-37 | NC | 09/20/2000 | CLR | 60.30% | N | Y | |
| B09.011.039A | 2NC2FW53-37 | NC | 09/20/2000 | CLR | --- | N | N | |
| B09.011.162 | 2NI2F471 | NI | 09/12/2000 | CLR | 59.70% | N | Y | |
| B09.011.162A | 2NI2F471 | NI | 09/12/2000 | CLR | --- | N | N | |
| B09.011.163 | 2NI2F474 | NI | 09/07/2000 | CLR | --- | N | N | |
| B09.011.163A | 2NI2F474 | NI | 09/07/2000 | CLR | --- | N | N | |
| B09.011.164 | 2NI2F477 | NI | 09/07/2000 | REC | --- | Y | N | |
| B09.011.164A | 2NI2F477 | NI | 09/07/2000 | CLR | --- | N | N | |
| B09.011.165 | 2NI2F494 | NI | 09/12/2000 | CLR | 59.61% | N | Y | |
| B09.011.165A | 2NI2F494 | NI | 09/12/2000 | CLR | --- | N | N | |
| B09.011.166 | 2NI2F496 | NI | 09/12/2000 | REC | --- | Y | N | |

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
 McGuire 2 Inservice Inspection Listing

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 Plant: McGuire 2

Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYSTEM | INSP DATE | INSP STATUS | INSP LIMITED | GEO REF | RFR | COMMENTS |
|--------------|--------------|--------|------------|-------------|--------------|---------|-----|----------|
| B09.011.166A | 2NI2F496 | NI | 09/12/2000 | CLR | --- | N | N | |
| B09.011.167 | 2NI2F866 | NI | 09/12/2000 | CLR | --- | N | N | |
| B09.011.167A | 2NI2F866 | NI | 09/12/2000 | CLR | --- | N | N | |
| B09.040.006 | 2NC2FW40-1 | NC | 09/18/2000 | CLR | --- | N | N | |
| B09.040.017 | 2NC2FW40-12 | NC | 09/08/2000 | CLR | --- | N | N | |
| B09.040.018 | 2NC2FW40-14 | NC | 09/08/2000 | CLR | --- | N | N | |
| B09.040.050 | 2NI2FW89-1 | NI | 09/08/2000 | CLR | --- | N | N | |
| B09.040.051 | 2NI2FW89-3 | NI | 09/08/2000 | CLR | --- | N | N | |
| B09.040.052 | 2NI2FW89-4 | NI | 09/08/2000 | CLR | --- | N | N | |
| B09.040.053 | 2NI2FW89-5 | NI | 09/18/2000 | CLR | --- | N | N | |
| B09.040.054 | 2NI2FW89-6 | NI | 09/18/2000 | CLR | --- | N | N | |
| B09.040.055 | 2NI2FW89-7 | NI | 09/18/2000 | CLR | --- | N | N | |
| B09.040.056 | 2NI2FW89-8 | NI | 09/18/2000 | CLR | --- | N | N | |
| C01.030.011 | 2BCSHX-50-B | NS | 08/29/2000 | REC | --- | Y | N | |
| C01.030.012 | 2BCSHX-50-A | NS | 08/29/2000 | REC | --- | Y | N | |
| C02.021.007 | 2SGC-W259 | SM | 09/23/2000 | CLR | 74.40% | N | Y | |
| C02.021.007A | 2SGC-W259 | SM | 09/22/2000 | CLR | --- | N | N | |
| C03.020.010 | 2MCA-ND-6123 | ND | 08/31/2000 | CLR | --- | N | N | |
| C05.011.021 | 2NDP109-1 | ND | 08/29/2000 | CLR | --- | N | N | |
| C05.011.021A | 2NDP109-1 | ND | 08/29/2000 | CLR | --- | N | N | |
| C05.011.030 | 2ND2F-202 | ND | 08/29/2000 | CLR | --- | N | N | |
| C05.011.030A | 2ND2F-202 | ND | 08/29/2000 | CLR | --- | N | N | |
| C05.011.034 | 2ND2FW16-18 | ND | 08/30/2000 | CLR | --- | N | N | |
| C05.011.034A | 2ND2FW16-18 | ND | 08/30/2000 | CLR | --- | N | N | |
| C05.011.104 | 2NI2F440 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.104A | 2NI2F440 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.126 | 2NIP145-1 | NI | 09/16/2000 | CLR | --- | N | N | |
| C05.011.126A | 2NIP145-1 | NI | 09/16/2000 | CLR | --- | N | N | |
| C05.011.129 | 2NI2F493 | NI | 09/12/2000 | CLR | 59.86% | N | Y | |
| C05.011.129A | 2NI2F493 | NI | 09/12/2000 | CLR | --- | N | N | |
| C05.011.151 | 2NI2FW26-4 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.151A | 2NI2FW26-4 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.152 | 2NI2FW26-10 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.152A | 2NI2FW26-10 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.159 | 2NI2F449 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.159A | 2NI2F449 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.163 | 2NI2F443 | NI | 09/13/2000 | CLR | --- | N | N | |

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
 McGuire 2 Inservice Inspection Listing
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| ITEM NUMBER | ID NUMBER | SYSTEM | INSP DATE | INSP STATUS | INSP LIMITED | GEO REF | RFR | COMMENTS |
|--------------|--------------|--------|------------|-------------|--------------|---------|-----|----------|
| C05.011.163A | 2NI2F443 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.011.164 | 2NI2F590 | NI | 08/31/2000 | REC | --- | Y | N | |
| C05.011.164A | 2NI2F590 | NI | 08/30/2000 | CLR | --- | N | N | |
| C05.011.165 | 2NI2F591 | NI | 08/31/2000 | CLR | --- | N | N | |
| C05.011.165A | 2NI2F591 | NI | 08/30/2000 | CLR | --- | N | N | |
| C05.021.008 | 2NI2F535 | NI | 09/16/2000 | CLR | --- | N | N | |
| C05.021.008A | 2NI2F535 | NI | 09/16/2000 | CLR | --- | N | N | |
| C05.021.017 | 2NI2F-693 | NI | 08/31/2000 | CLR | --- | N | N | |
| C05.021.017A | 2NI2F-693 | NI | 08/31/2000 | CLR | --- | N | N | |
| C05.021.063 | 2NV2FW116-2 | NV | 09/26/2000 | CLR | --- | N | N | |
| C05.021.063A | 2NV2FW116-2 | NV | 09/26/2000 | CLR | --- | N | N | |
| C05.021.072 | 2NV2FW292-3 | NV | 08/30/2000 | CLR | --- | N | N | |
| C05.021.072A | 2NV2FW292-3 | NV | 08/30/2000 | CLR | --- | N | N | |
| C05.021.081 | 2RCPA-TE | NV | 08/31/2000 | CLR | 58.17% | N | Y | |
| C05.021.081A | 2RCPA-TE | NV | 08/31/2000 | CLR | --- | N | N | |
| C05.021.087 | 2NV2FW33-23 | NV | 08/31/2000 | CLR | --- | N | N | |
| C05.021.087A | 2NV2FW33-23 | NV | 08/31/2000 | CLR | --- | N | N | |
| C05.021.090 | 2NV2FW101-1 | NV | 09/16/2000 | CLR | --- | N | N | |
| C05.021.090A | 2NV2FW101-1 | NV | 09/16/2000 | CLR | --- | N | N | |
| C05.021.099 | 2NV2FW54-16 | NV | 09/06/2000 | CLR | --- | N | N | |
| C05.021.099A | 2NV2FW54-16 | NV | 09/06/2000 | CLR | --- | N | N | |
| C05.030.008 | 2NI2FW33-9 | NI | 09/13/2000 | CLR | --- | N | N | |
| C05.030.052 | 2NV2FW101-7 | NV | 09/16/2000 | CLR | --- | N | N | |
| C05.030.061 | 2NVP182-1 | NV | 09/06/2000 | CLR | --- | N | N | |
| C05.030.070 | 2NV2FW235-4 | NV | 09/16/2000 | CLR | --- | N | N | |
| C05.030.079 | 2NV2FW303-15 | NV | 08/31/2000 | CLR | --- | N | N | |
| C05.051.002 | 2CA2FW45-27 | CA | 09/16/2000 | REC | --- | Y | N | |
| C05.051.002A | 2CA2FW45-27 | CA | 09/16/2000 | CLR | --- | N | N | |
| C05.051.003 | 2CA2FW45-21 | CA | 09/15/2000 | CLR | --- | N | N | |
| C05.051.003A | 2CA2FW45-21 | CA | 09/15/2000 | CLR | --- | N | N | |
| C05.051.011 | 2CA2FW51-25 | CA | 09/23/2000 | REC | --- | Y | N | |
| C05.051.011A | 2CA2FW51-25 | CA | 09/23/2000 | CLR | --- | N | N | |
| C05.051.204 | 2SM5C-D | SM | 09/15/2000 | CLR | --- | N | N | |
| C05.051.204A | 2SM5C-D | SM | 09/15/2000 | CLR | --- | N | N | |
| C05.051.209 | 2SM2F-22 | SM | 09/17/2000 | REC | --- | N | N | |
| C05.051.209A | 2SM2F-22 | SM | 09/16/2000 | CLR | --- | N | N | |
| C05.051.215 | 2SM2F-72 | SM | 09/09/2000 | CLR | --- | N | N | |

DUKE ENERGY CORPORATION
 QUALITY ASSURANCE TECHNICAL SERVICES
 In-Service Inspection Database Management System
 McGuire 2 Inservice Inspection Listing

EOC 13
 Plant: McGuire 2

Interval 2 Outage 5

| ITEM NUMBER | ID NUMBER | SYSTEM | INSP DATE | INSP STATUS | INSP LIMITED | GEO REF | RFR | COMMENTS |
|--------------|--------------------|--------|------------|-------------|--------------|---------|-----|----------|
| C05.051.215A | 2SM2F-72 | SM | 09/08/2000 | CLR | --- | N | N | |
| C05.051.217 | 2SM2FW13-10 | SM | 09/15/2000 | CLR | --- | N | N | |
| C05.051.217A | 2SM2FW13-10 | SM | 09/15/2000 | CLR | --- | N | N | |
| C05.051.220 | 2SGA-W138 | SM | 09/16/2000 | CLR | --- | N | N | |
| C05.051.220A | 2SGA-W138 | SM | 09/16/2000 | CLR | --- | N | N | |
| C05.051.252 | 2SV2FW9-7 | SV | 09/15/2000 | CLR | --- | N | N | |
| C05.051.252A | 2SV2FW9-7 | SV | 09/15/2000 | CLR | --- | N | N | |
| C05.051.300 | 2VP2FW1-4 | VP | 09/07/2000 | CLR | --- | N | N | |
| C05.051.300A | 2VP2FW1-4 | VP | 09/07/2000 | CLR | --- | N | N | |
| C05.051.301 | 2VP2FW2-1 | VP | 09/07/2000 | CLR | --- | N | N | |
| C05.051.301A | 2VP2FW2-1 | VP | 09/07/2000 | CLR | --- | N | N | |
| D02.020.040 | 2MCA-RN-3083 | RN | 08/30/2000 | CLR | --- | N | N | |
| D02.020.041 | 2MCA-RN-3086 | RN | 08/22/2000 | CLR | --- | N | N | |
| F01.010.102A | 2MCR-NV-4443 | NV | 09/02/2000 | CLR | --- | N | N | |
| F01.010.103A | 2MCR-NV-4438 | NV | 09/06/2000 | CLR | --- | N | N | |
| F01.020.078B | 2MCA-FW-5009 | FW | 08/22/2000 | CLR | --- | N | N | |
| F01.020.079C | 2MCA-FW-5160 | FW | 08/22/2000 | CLR | --- | N | N | |
| F01.020.080C | 2MCA-FW-5180 | FW | 08/22/2000 | CLR | --- | N | N | |
| F01.020.108B | 2MCA-ND-6108 | ND | 08/22/2000 | CLR | --- | N | N | |
| F01.020.122B | 2MCA-ND-6117 | ND | 08/22/2000 | CLR | --- | N | N | |
| F01.020.224B | 2MCA-NS-5305 | NS | 08/22/2000 | CLR | --- | N | N | |
| F01.020.225B | 2MCA-NS-5308 | NS | 08/22/2000 | CLR | --- | N | N | |
| F01.020.250A | 2-MCA-S-NI-504-I-K | NV | 08/22/2000 | CLR | --- | N | N | |
| F01.020.251C | 2-MCA-S-NI-504-I-L | NV | 08/22/2000 | CLR | --- | N | N | |
| F01.020.264A | 2MCR-NV-5191 | NV | 09/06/2000 | CLR | --- | N | N | |
| F01.030.154B | 2MCA-RN-3028 | RN | 08/22/2000 | REC | --- | N | N | |
| F01.030.155B | 2MCA-RN-3083 | RN | 08/30/2000 | CLR | --- | N | N | |
| F01.030.156A | 2MCA-RN-3086 | RN | 08/22/2000 | CLR | --- | N | N | |
| F01.030.157B | 2MCA-RN-3045 | RN | 08/22/2000 | CLR | --- | N | N | |
| F01.040.005 | 2RCP-B-SUPPORT | NC | 09/06/2000 | CLR | --- | N | N | |
| F01.040.023 | 2RNP-SUP-2B | RN | 08/22/2000 | CLR | --- | N | N | |

- 5.2** Limited examinations (i.e., 90% or less of the required examination coverage obtained) identified during Outage 5/EOC-13 are shown below. A Request for Relief will be submitted for NRC approval. Reference Section 9 for additional information.

| <u>Item Number</u> | <u>Request for Relief Serial Number</u> |
|---------------------------|--|
| B09.011.032 | 01-001 |
| B09.011.039 | 01-001 |
| B09.011.162 | 01-001 |
| B09.011.165 | 01-001 |
| C02.021.007 | 01-001 |
| C05.011.129 | 01-001 |
| C05.021.081 | 01-001 |

6.0 Reportable Indications

Outage 5/EOC-13 had no reportable indications.

7.0 Personnel, Equipment and Material Certifications

All personnel who performed or evaluated the results of inservice inspections from to April 16, 1999 to October 13, 2000 at McGuire Nuclear Station, Unit 2, were certified in accordance with the requirements of the 1989 Edition of ASME Section XI with no addenda including Appendix VII for ultrasonic inspections. In addition, ultrasonic examiners were qualified in accordance with ASME Section XI, Appendix VIII, and 1992 Edition with the 1993 Addenda through the Performance Demonstration Initiative (PDI) for similar metal piping welds. The appropriate certification records for each inspector are on file at McGuire Nuclear Station or copies can be obtained by contacting the Duke Energy's Corporate Office in Charlotte, North Carolina.

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

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

8.0 Corrective Action

No corrective action was required as a result of examinations performed during Outage 5/EOC-13.

9.0 Reference Documents

The following reference documents apply to the inservice inspection performed during Outage 5/EOC-13 at McGuire Unit 2. A copy of these can be obtained by contacting the ISI Plan Manager at Duke Energy's Corporate Office in Charlotte, North Carolina:

Request for Relief 01-001

10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record of (Form NIS-2) the Class 1 and Class 2 Repairs and Replacements for work performed from April 16, 1999 to October 13, 2000 is provided and is included in this section of the report. The individual work request documents are on file at McGuire Nuclear Station.

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

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

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

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

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

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

3a. Work Order #: 98043857
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2A Steam Generator | B&W | 770002 | 159 | N/A | 1996 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Studs

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed FL Grass Jr. FL Grass Jr., QA Tech Specialist Date 5/19/99, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-6-99 to 5-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

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

Date 5-20, 19 99

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

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

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

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

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

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

3a. Work Order #: 98043858
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|--------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2B Steam Generator | B&W | 770004 | 161 | N/A | 1996 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced stud #16

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/8/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-6-99 to 5-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-20, 19 99

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

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

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

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

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

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

3a. Work Order #: 98043860
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2D Steam Generator | B&W | 770003 | 160 | N/A | 1996 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced stud #2

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *Thomas J. Grass Jr.* FL Grass Jr., QA Tech Specialist Date 5/18/ 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-6-99 to 5-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection:

W. Klein Commissions NB7728, NC 853, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5-20 19 99

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

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

1a. Date May 25, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98044201

Repair Organization Job #

3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2NI-0070 | Walworth | A1344 | 564 | N/A | 1976 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/25/ 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 323-99 to 528-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
 Inspector's Signature

Commissions NB 7728, NC 853, N-I
 National Board, State, Province and Endorsements

Date 5-28 19 99

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

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

1a. Date May 11, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98142149
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2NV-14 | Walworth | A0658 | 244 | N/A | 1974 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced 12 body to bonnet studs with 24 nuts

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/11, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-25-99 to 5-12-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] Commissions NR 7728, NC 853, N-I
Inspector's Signature National Board, State, Province and Endorsements

Date 5-12, 19 99

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

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

1a. Date September 11, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98220269
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-MCR-NI-4556 | Duke Power | 14984 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2-MCR-NI-4556 | Duke Power | 21122 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 9/11, 2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-5-00 to 9-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-11 2000

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

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

1a. Date October 10, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98243414
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-NC-VA-0003 | Crosby | N56925-00-0002 | 26 | N/A | 1974 | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | 2-NC-VA-0003 | Crosby | N56925-00-0001 | 25 | N/A | 1974 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of Work Replaced valve

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

Pressure 2235 psig Test Temp. 557 °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks test was performed per work order 98243956 / 01 under procedure MP/0/A/7650/076.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 10/10/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSEI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-4-00 to 10-10-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-10-2000

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

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

1a. Date October 12, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98243461
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2A Steam Generator | B & W | 770002 | 159 | N/A | 1996 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced one primary manway stud (18)

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks The test was performed per work order number 98243956 / 01 during the class A walkdown.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 10/12/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-30-00 to 10-12-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-12, 2000

FORM NIS-2 OWNER'S REPORT
As Required By The Provisio.

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 10/06/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98245228/08
Repair Organization Job # _____

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

3b. NSM or MM # N/A

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2MCR-NC-4783 | DUKE POWER | N/A | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced pipe clamp

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. Date 10/06 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-30-00 to 10-6-00 ; 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 ASME Code, Section XI.

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

R. D. Klein Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 10-6, 20 03

FORM NIS-2 OWNER'S REPORT
As Required By The Provisi

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

Ia. Date 09/30/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98312705/01
Repair Organization Job # _____

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

3b. NSM or MM # 11970

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2MCR-NI-4122 | DUKE POWER | N/A | N/A | S/N-10404 | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2MCR-NI-4122 | DUKE POWER | N/A | N/A | S/N-61224-70 | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : Replaced Mech. Snubber with Lesiga HYD.

Snubber

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. Sorrow* Date 09/30 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-25-00 to 9-30-00 ; 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 ASME Code, Section XI.

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

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

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

Date 9-30, 2000

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

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

1a. Date September 27, 2000

Sheet 1 of 1

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

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

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

3a. Work Order #: 98314147

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-MCR-NC-4288 | Duke Power | 2443 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2-MCR-NC-4288 | Duke Power | 2365 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 9/27/2000
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-18-00 to 9-28-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-28 2000

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

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

1a. Date May 19, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 97050156
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI -Safety Injection 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2NI-14 | BWPI | 97EP0203 | N/A | N/A | 1997 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/19/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-1-99 to 5-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-20, 19 99

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

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

1a. Date May 19, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 97050160
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NI - Safety Injection 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2NI-18 | BWPI | 97EP0201 | N/A | N/A | 1997 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/19/ 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-24-99 to 5-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-20 19 99

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

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

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

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

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

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

3a. Work Order #: 97107046
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2ND32 | Kerotest | KP13-12 | 7047 | N/A | 1975 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced disc and bonnet

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date July, 20, 1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-24-99 to 7-20-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 7-20-99

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

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

1a. Date May 26, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98024352
Repair Organization Job # _____
3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | CF Piping | Duke Power | N/A | 61 | N/A | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Seal welded valve 2CF0188 body to bonnet

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/26/1999, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-11-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature [Signature] Commissions NB 7728, NC P53, N-1
National Board, State, Province and Endorsements
Date 5-28-99, 19 99

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

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

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

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

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

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

3a. Work Order #: 98024727
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2NV0124 | Fisher | 5921347 | 741 | N/A | 1975 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Plug

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/20/ 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-25-99 to 5-25-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions NB7728, NCR53, N-I
National Board, State, Province and Endorsements
Date 5-25 19 99

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

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

1a. Date April 29, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98024747

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2NV-11 | Walworth | 2318SP | A0598 | N/A | 1973 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced bonnett bolts and nuts.

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 4/29/1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSEI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-25-99 to 4-30-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Inspector's Signature [Signature] Commissions NB 7728, NC 853, N-1
Date 4-30 19 99
National Board, State, Province and Endorsements

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

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

1a. Date May 26, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98025055
Repair Organization Job # _____
3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2CF-0190 | Kerotest | DAN1-8 | 31242 | N/A | 1980 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Seal welded Body to bonnet

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. Grass Jr. FL Grass Jr., QA Tech Specialist Date 5/26/ 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-1-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728 NC 853 N-I
National Board, State, Province and Endorsements

Date 5-28 19 99

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

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

1a. Date 4/1/99
Sheet 1 of 1

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

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

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

3a. Work Order # 98043826
Repair Organization Job # _____

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------------|---------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Hanger 2-MCR-NV-4483 | DUKE POWER CO | NA | NA | LOAD PIN 3/8" DIA | NA | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | HANGER 2-MCR-NV-4483 | DUKE POWER CO | NA | NA | LOAD PIN 3/8" DIA | NA | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced load pin

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

No testing required, snubber operability was not affected

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed Heblach, Technical Specialist II Date 4/1 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-99 to 7-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

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

Date 7-16, 1999

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 4/28/99

Sheet 1 of 1

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

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

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

3a. Work Order # 98043826
Repair Organization Job #

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

3b. NSM or MM # N/A

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

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------------|---------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Hanger 2-MCA-CA-H089 | DUKE POWER CO | NA | NA | LOAD PIN 3/4" DIA | NA | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | HANGER 2-MCA-CA-H089 | DUKE POWER CO | NA | NA | LOAD PIN 3/4" DIA | NA | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced load pin

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

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

9. Remarks :

No testing required, snubber operability was not affected

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J. Blank TECHNICAL SPECIALIST Date 4/28 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-1-99 to 7-16-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions

NB706, NC 853, N-1
National Board, State, Providence and Endorsements

Date 7-16, 1999

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

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

1a. Date May 20, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98071681
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM10405

4. (a) Identification of System: RV - Containment Ventilation Cooling Water 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | RV Piping | Duke Power | N/A | 72 | N/A | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting in flange at Valve 2RV32A.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/20/ 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-26-99 to 5-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-21 19 99

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

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

1a. Date May 20, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98071683
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM10405

4. (a) Identification of System: RV - Containment Ventilation Cooling Water 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | RV Piping | Duke Power | N/A | 72 | N/A | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting in flange at Valve 2RV33B.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/24, 19 99
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-26-99 to 5-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 5-21, 19 99

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

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

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

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

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

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

3a. Work Order #: 98071686
Repair Organization Job #

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

3b. NSM or MM #: MGMM10405

4. (a) Identification of System: RV - Containment Ventilation Cooling Water 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | RV Piping | Duke Power | N/A | 72 | N/A | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting in flange at Valve 2RV76A.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/21, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-26-99 to 5-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]
Inspector's Signature

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

Date 5-21, 19 99

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

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

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

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

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

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

3a. Work Order #: 98071687
Repair Organization Job #

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

3b. NSM or MM #: MGMM10405

4. (a) Identification of System: RV - Containment Ventilation Cooling Water 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | RV Piping | Duke Power | N/A | 72 | N/A | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced bolting in flange at Valve 2RV77B.

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/20, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-26-99 to 5-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-21, 19 99

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

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

1a. Date 09-23-00
Sheet 1 of 1

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

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

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

3a. Work Order # 98071897-08
Repair Organization Job # _____

3b. NSM or MM # MGMM10177

4. (a) Identification of System: FW REFUELING WATER 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2FW 009 | WALWORTH | A1116 | 316 | 2FW | 1974 | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | VALVE 2FW 075 | ITT GRINNELL | 80-52815-1-8 | WR6321 | 2FW | 1980 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| C | PIPING | DUKE POWER | N/A | 54 | 2FW | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : DELETED VALVE 2FW 009 & INSTALL VALVE
2FW 75 & PIPING

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

| | | | | | |
|----------|-------------|------|-----------|-------------|----|
| Pressure | <u>HEAD</u> | psig | Test Temp | <u>81.9</u> | °F |
| Pressure | _____ | psig | Test Temp | _____ | °F |
| Pressure | _____ | psig | Test Temp | _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. E. P. Robinson Date 09-28 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-20-00 to 9-28-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 9-28, 20 00

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

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

1a. Date May 25, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98090072
Repair Organization Job # _____
3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2SM-0101 | Kerotest | TM5-5 | 12302 | N/A | 1996 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/25/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-17-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NB7728, NC853, N-7
Inspector's Signature National Board, State, Province and Endorsements

Date 5-28, 19 99

526 S. Church Street, Charlotte, NC 28201-1006

2. Plant Address: Mcguire Nuclear Station

12700 Hagers Ferry Road, Huntersville, NC 28078

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

3. Work Performed By: Duke Power Company

3a. Work Order # 98098695-58
Repair Organization Job #

Address: 526 S. Church Street, Charlotte, NC 28201-1006

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

3b. NSM or MM # 22509

4. (a) Identification of System: NI (SAFETY INJECTION)

4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2NI VALVE 9A | WALWORTH | C54751 | 2 | NI | 1973 | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | 2NI VALVE 9A | BWIP | E492A-1-3 | 2102 | NI | 1998 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

1. Owner Address: Duke Power Company 1a. Date 05/20/99
526 S. Church Street, Charlotte, NC 28201-1006 Sheet 1 of 1
2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078
- 2a. Unit: 1 2 3 Shared (specify units) _____
3. Work Performed By: Duke Power Company 3a. Work Order # 98103158
 Address: 526 S. Church Street, Charlotte, NC 28201-1006 Repair Organization Job #
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A 3b. NSM or MM # N/A
4. (a) Identification of System: NV 4. (b) Class of System: B
5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
 (b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda
6. Identification of Components Repaired or Replaced and Replacement Components:

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE | DRESSER | TE09057 | 415 | 2NV-486 | 1978 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : REPLACED DISC

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F.R. Sorrow Exec. Supp. *F.R. Sorrow* Date 05/20 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-26-99 to 5-21-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 5-21, 19 99

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

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

1a. Date July 6, 2000

Sheet 1 of 1

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

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

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

3a. Work Order #: 98107296
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2NV-265 | Kerotest | DG5-11 | 5879 | N/A | 1981 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/2/2000
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-4-1999 to 7-14-2000, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 7/4 2000

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

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

1a. Date May 25, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98122733

Repair Organization Job #

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|---------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2ND-0008 | Borg - Warner | 4625 | 39 | N/A | 1975 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc Assembly

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/25/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-26-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

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

Date 5-25, 19 99

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

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

1a. Date May 25, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98142870

Repair Organization Job #
3b. NSM or MM #: N/A

4. (a) Identification of System: VI - Instrument Air

4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2VI-0040 | Kerotest | S20-12 | N/A | N/A | 1973 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/25/1999
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-22-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions

NB7728, NC 853, N-1
National Board, State, Province and Endorsements

Date 5-28 19 99

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

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

1a. Date May 20, 1999

Sheet 1 of 1

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

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

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

3a. Work Order #: 98143386

Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2NV238 | Fisher | 5921349 | 790 | N/A | 1976 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Plug

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr., QA Tech Specialist Date 5/20/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-20-99 to 5-21-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

OKlein
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 5-21- 19 99

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

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

1a. Date July 6, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98145459
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VI - Instrument Air 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2VI-124 | Kerotest | S20-9 | N/A | N/A | 1973 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 7/10/2000
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-6-2000 to 7-14-2000 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Date 7/14/2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 4/1/1999

Sheet 1 of 1

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

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

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

3a. Work Order # 98146480
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, NO Code Cases

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------------|---------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Hanger 2-MCR-NV-4470 | DUKE POWER CO | NA | NA | LOAD PIN 3/4" DIA | NA | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | HANGER 2-MCR-NV-4470 | DUKE POWER CO | NA | NA | LOAD PIN 3/4" DIA | NA | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : Replaced load pin

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :
No testing required, snubber operability was not affected

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed W. Black, Technical Specialist B Date 4/1 19 99
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Providence of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-29-99 to 4-29-99 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NB 7728, NC 853, N-1
 Inspector's Signature National Board, State, Providence and Endorsements
 Date 4-29, 1999

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

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

1a. Date May 27, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98149341
Repair Organization Job #

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

3b. NSM or MM #: MGMM - 10952

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|--------------------|-------------|----------------|--------------------|--------------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2MCA-S-NV-504-1-KK | Duke Power | 14183 | N/A | PSA Mechanical Snubber | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2MCA-S-NV-504-1-KK | Duke Power | 61224-36 | N/A | Lisega Hydraulic Snubber | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of Work Replaced PSA Mechanical Snubber with a Lisega Hydraulic Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 5/27/19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-27-99 to 5-28-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-1
National Board, State, Province and Endorsements

Date 5-28, 1999

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

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

1a. Date July 15, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98150360
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2MCA-SM-H020 | Duke Power | 18871 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2MCA-SM-H020 | Duke Power | 21359 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date July 15, 1999

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-15-99 to 7-16-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 7-16-99

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

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

1a. Date June 3, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98150372
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 1-MCA-SM-H11 | Duke Power | 22389 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 1-MCA-SM-H11 | Duke Power | 15720 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 6/3/, 19 99
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-3-99 to 6-4-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature]
Inspector's Signature

Commissions NB 7728, NC 853, N-I
National Board, State, Province and Endorsements

Date 6-4, 19 99

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

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

1a. Date 9-26-00
Sheet 1 of 1

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

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

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

3a. Work Order # 98182096-16
Repair Organization Job # _____

3b. NSM or MM # n/a

4. (a) Identification of System: SV- MAIN STEAM VENT TO ATMO 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|----------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2SV 7 | BABCOCK WILCOX | 15958-5-2 | 12 | 2SV | 1977 | <input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : WELD BUILD UP ON BONNET OF VALVE

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *[Signature]* Date 9-26 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 9-26-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *[Signature]* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 9-26, 20 00

FORM NIS-2 OWNER'S REPORT
As Required By The Provisic

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 10/05/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98182096/01
Repair Organization Job # _____

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

3b. NSM or MM # N/A

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Valve 2SV-7 | B & W | 15958-5-2 | 12 | SV | 1977 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced plug assembly

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

| CERTIFICATE OF COMPLIANCE | | | |
|--|----------------------------------|----------------------------------|---------------------------|
| We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI. | | | |
| Type Code Symbol Stamp | <u>N/A</u> | Certificate of Authorization No. | <u>N/A</u> |
| | | Expiration Date | <u>N/A</u> |
| Signed | <u>F. R. Sorrow Exec. Supp.</u> | Date | <u>10/05</u> 20 <u>00</u> |
| | Owner or Owner's Designee, Title | | |

| CERTIFICATE OF INSERVICE INSPECTION | |
|---|---|
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-4-00</u> to <u>10-6-00</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u>R. D. Klein</u> Inspector's Signature | Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements |
| Date <u>10-6</u> , 20 <u>00</u> | |

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

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

1a. Date June 29, 2000

Sheet 1 of 1

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

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

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

3a. Work Order #: 98220267
Repair/Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: ND - Residual Heat Removal 4. (b) Class of System: B

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2-MCA-ND-H5508 | Duke Power | 14936 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2-MCA-ND-H5508 | Duke Power | 21746 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

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

1a. Date September 11, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98221268
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col 6 | Column 7 | Column 8 |
|---|-------------------|-------------|----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg | Mfg Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2-MCA-CA-60 | Duke Power | 15679 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2-MCA-CA-60 | Duke Power | 18871 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed *FL Grass Jr.* FL Grass Jr., QA Tech Specialist Date 9/11/2000
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-5-00 to 9-12-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-12-2000

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

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

1a. Date September 11, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98221269
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-MCA-CA-56 | Duke Power | 14807 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | 2-MCA-CA-56 | Duke Power | 10734 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner of Owner's Designee, Title

Date 9/11/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSB and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-4-00 to 9-12-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-12, 2000

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

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

1a. Date 09-21-00
Sheet 1 of 1

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

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

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

3a. Work Order # 98237248-10
Repair Organization Job # _____

3b. NSM or MM # MGMM-11289

4. (a) Identification of System: ND RESIDUAL HEAT REMOVAL 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2ND 23 | BORG WARNER | 4626 | 40 | ND | 1975 | <input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : WELD NEW BACKSTOP ON TO VALVE BONNET

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. E.P. Robinson Date 09-21 20 00
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 9-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein R. D. Klein Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Province and Endorsements
 Date 9-22, 2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09-21-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98237249-11
Repair Organization Job #

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

3b. NSM or MM # MGMM-11289

4. (a) Identification of System: ND RESIDUAL HEAT REMOVAL 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2ND 8 | BORG WARNER | 4625 | 39 | ND | 1975 | <input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : WELD NEW BACKSTOP ON TO VALVE BONNET

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 09-21 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-15-00 to 9-22-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 9-22, 2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09-23-00

Sheet 1 of 1

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

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

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

3a. Work Order # 98251940-30
Repair Organization Job #

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

3b. NSM or MM # MGMM10698

4. (a) Identification of System: NV CHEM. & VOL. CONTROL 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | PIPING | DUKE POWER | N/A | 80 | 2NV | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : ADD FITTINGS FOR HP & LP INSTR. LOOP
2NVLT 5761 FOR VCT

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

Pressure 32 psig Test Temp 75 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 09-29 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 7-25-00 to 9-30-00; 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 ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 9-30, 2000

FORM NIS-2 OWNER'S REPORT
As Required By The Provisio.

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 09/29/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98252135
Repair Organization Job # _____

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

3b. NSM or MM # N/A

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Valve | Kerotest | JH13-2 | 6985 | 2SM-18 | 1975 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : Replaced valve disc

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 09/29 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-00 to 9-30-00 ; 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 ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 9-30, 20 00

FORM NIS-2 OWNER'S REPORT
As Required By The Provision

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 09/29/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98258913/03
Repair
Organization Job # _____

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

3b. NSM or MM # 11580

4. (a) Identification of System: RF

4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Valve | TRW | J6814 | 11 | 1RF-834 | 1979 | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | Vvalve | Anderson Greenwood | N15031 | 14 | 1RF-834 | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : Replaced valve, studs and nuts in flange

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 09/29 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-12-00 to 9-29-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Endorsements

Date 9-29, 2000

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

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

1a. Date 09-23-00
Sheet 1 of 1

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

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

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

3a. Work Order # 98263089-13
Repair Organization Job # _____

3b. NSM or MM # N/A

4. (a) Identification of System: SV MAIN STEAM VENT TO ATMOS. 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|----------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2SV 13 | BABCOCK WILCOX | 15958-5-3 | 13 | SV | 1977 | <input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS -2 (Back)

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

7. Description of work : WELD BUILDUP ON BONNET OF VALVE

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 09-23 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-14-00 to 9-23-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 9-23, 2000

FORM NIS-2 OWNER'S REPORT
As Required By The Provisio

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 10/05/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98263089/01
Repair Organization Job # _____

3b. NSM or MM # N/A

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Valve 2SV-13 | B & W | 15958-5-3 | 13 | SV | 1977 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced plug assembly

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

| CERTIFICATE OF COMPLIANCE | | | |
|--|---|------|----------------------------|
| We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI. | | | |
| Type Code Symbol Stamp | <u>N/A</u> | | |
| Certificate of Authorization No. | <u>N/A</u> | | Expiration Date <u>N/A</u> |
| Signed | <u>F. R. Sorrow Exec. Supp.</u> | Date | <u>10/05</u> 20 <u>00</u> |
| | <u>F. R. Sorrow</u> Owner or Owner's Designee, Title | | |

| CERTIFICATE OF INSERVICE INSPECTION | |
|---|---|
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>9-4-00</u> to <u>10-6-00</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| R. D. Klein <u>R. D. Klein</u> Inspector's Signature | Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements |
| Date <u>10-6</u> , 20 <u>00</u> | |

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

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

1a. Date September 22, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98264158
Repair Organization Job # _____

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

3b. NSM or MM #: MGMM-11127

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

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-MCR-NV-5180 | Duke Power | N/A | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced spring can

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 9/22/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 09-01-00 to 09-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-22-2000

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-10-00

Sheet 1 of 1

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

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

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

3a. Work Order # 98264158-15
Repair Organization Job #

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

3b. NSM or MM # MGMM11127

4. (a) Identification of System: NV CHEM. & VOL. CONTROL 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|---------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2NV 454 | CCI | 100072-1-2 | 55 | 2NV | 2000 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | HANGER 2MCR-NV-5180 | DUKE POWER | N/A | N/A | N/A | 2000 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : REPLACE VALVE 2NV 454 & SPRING CAN ON HGR
2 MCR-NV-5180 (ITEM # 15)

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

| | | | | | |
|----------|-------------|------|-----------|------------|----|
| Pressure | <u>2235</u> | psig | Test Temp | <u>260</u> | °F |
| Pressure | <u>330</u> | psig | Test Temp | _____ | °F |
| Pressure | _____ | psig | Test Temp | _____ | °F |

9. Remarks :
ONE SIDE OF VALVE IS 2235 PSIG AND 330 PSIG ON OTHER SIDE

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 10-10 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-1-00 to 10-10-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
 Date 10-10, 20 00

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

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

1a. Date October 9, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98265754
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam 4. (b) Class of System: B

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

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

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2-SM-VA-1AB | Atwood - Morrell | 5-623 | N/A | N/A | 1976 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

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

7. Description of Work Replaced Plug

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 10/9/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-28-00 to 10-10-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 10-10-2000

FORM NIS-2 OWNER'S REPORT
As Required By The Provision

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

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

1a. Date 09/26/00
Sheet 1 of 1

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

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

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

3a. Work Order # 98267345/01
Repair Organization Job # _____

3b. NSM or MM # N/A

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

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Valve | Kerotest | SVF-1-25 | 16712 | 2NV-77 | 1977 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : Replaced Disc Assembly

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

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. Sorrow* Date 09/26 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-22-00 to 9-28-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 9-28, 20 00

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 09-23-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98279643-06
Repair Organization Job #

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

3b. NSM or MM # MGMM-11844

4. (a) Identification of System: FW REFUELING WATER 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | FW PIPING | DUKE POWER | N/A | 54 | 2FW | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-09-00
 Sheet 1 of 1

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

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

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

3a. Work Order # 98312376-05
Repair Organization Job #

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

3b. NSM or MM # MGMM11989

4. (a) Identification of System: NV CHEMICAL & VOLUME CONTROL 4. (b) Class of System: B

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

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

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

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | VALVE 2NV 151A | KEROTEST | CAB22-8 | 2538 | 2NV | 1979 | <input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | VALVE 2NV 151A | KEROTEST | AEC1-6 | 35770 | 2NV | 1983 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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

7. Description of work : REPLACE VALVE 2NV151A

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

| | | | | | |
|----------|-------------------|------|-----------|-------------------|----|
| Pressure | <u>2640</u> | psig | Test Temp | <u>100</u> | °F |
| Pressure | <u> </u> | psig | Test Temp | <u> </u> | °F |
| Pressure | <u> </u> | psig | Test Temp | <u> </u> | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 10-09 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-23-00 to 10-9-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 10-9, 20 00

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

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

1a. Date September 12, 2000

Sheet 1 of 1

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

2a. Unit: 1 2 3 Shared (specify Units _____)

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte NC 28201-1006

3a. Work Order #: 98312407
Repair Organization Job #

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM #: N/A

4. (a) Identification of System: SM - Main Steam

4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

| | Column 1 Name of Component | Column 2 Name of Mfg | Column 3 Mfg Serial No. | Column 4 National Board No. | Column 5 Other Identification | Col 6 Year Built | Column 7 Repaired, Replaced, or Replacement | Column 8 ASME Code Stamped (yes or no) |
|---|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------------------------|---------------------|---|--|
| A | 2MCA-SM-HG-0064 | Duke Power | 6457 | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Form NIS-2 (Back)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of Work Replaced pivot pin

8. Test Conducted: Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature] FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 9/12/2000

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-12-00 to 9-13-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

[Signature] R.D. Klein
Inspector's Signature

Commissions NB7728, NC853, N-1
National Board, State, Province and Endorsements

Date 9-13-2000

FORM NIS-2 OWNER'S REPORT
As Required By The Provisi

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date 10/09/00
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98317278/06
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM # N/A

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | Piping | Duke Power | N/A | 80 | 2NV | 1982 | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

FORM NIS-2 OWNER'S REPOP
As Required By The Provision

REPAIRS OR REPLACEMENTS
The ASME Code Section XI

1. Owner Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

Ia. Date 10/07/00
Sheet 1 of 1

2. Plant Address: Mcguire Nuclear Station
12700 Hagers Ferry Road, Huntersville, NC 28078

2a. Unit: 1 2 3 Shared (specify units) _____

3. Work Performed By: Duke Power Company
Address: 526 S. Church Street, Charlotte, NC 28201-1006

3a. Work Order # 98317575/01
Repair Organization Job # _____

Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A

3b. NSM or MM # 12030

4. (a) Identification of System: NV 4. (b) Class of System: B

5. (a) Applicable Construction Code: ASME III 1971 Edition, Summer and Winter Addenda, N/A Code Cases

(b) Applicable Edition of Section XI Utilizing for Repairs or Replacements: 1989, No Addenda (1992 through 1992 Addenda for Class MC and CC and their supports)

6. Identification of Components Repaired or Replaced and Replacement Components:

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Col. 6 | Column 7 | Column 8 |
|---|-------------------|--------------|-----------------|--------------------|----------------------|------------|---|--|
| | Name of Component | Name of Mfg. | Mfg. Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (yes or no) |
| A | 2MCA-NV-5313 | DUKE POWER | N/A | N/A | N/A | N/A | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| B | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F | | | | | | | <input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement | <input type="checkbox"/> No <input type="checkbox"/> Yes |

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used , provided (1) size is 8 1/2 in. x 11 in. (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

7. Description of work : Cut out and replaced 3/16" weld between item #1 and #4

8. Test Conducted : Hydrostatic Pneumatic Nom. Operating Press. Other Exempt

| | | | |
|----------------|------|-----------------|----|
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |
| Pressure _____ | psig | Test Temp _____ | °F |

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 10/07 20 00
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-5-00 to 10-9-00 ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 10-9, 2000

11.0 Pressure Testing

There are three refueling outages scheduled for the second period of the second inspection interval for Duke Power Company's McGuire Nuclear Station Unit 2. This section describes Pressure Tests performed for the second period through the 2000 refueling outage (also referred to as EOC-13). *The seven remaining Inservice/Functional pressure tests and the three remaining Hydrostatic pressure tests will be summarized in a special report that will cover a time period from the end of EOC-13 until the expiration of the second period on March 1, 2001.

| <i>Examination Category</i> | <i>Test Requirement</i> | <i>Total Examinations Required For This Period</i> | <i>Total Examinations Credited For This Period</i> | <i>(%) Examinations Complete For This Period</i> |
|-----------------------------|---|--|--|--|
| B-E | System Hydrostatic Test (IWB-5222) | 0 | 0 | 0% |
| B-P | System Leakage Test (IWB-5221) | 3 | 3 | 100% |
| B-P | System Hydrostatic Test (IWB-5222) | 0 | 0 | 0% |
| C-H | System Inservice/Functional Test (IWC-5221) | 35 | *28 | 80% |
| C-H | System Hydrostatic Test (IWC-5222) | 16 | *13 | 81.25% |

A detailed description of each Examination Category listed above is located in subsection 11.1 of this report. Results of each Examination Category are located in subsection 11.2 of this report.

*The 7 Category C-H Inservice/Functional pending items are as follows: C07.030.012, C07.030.020, C07.030.027, C07.030.028, C07.030.031, C07.030.032, & C07.030.034.

*The 3 Category C-H Hydrostatic pending items are as follows: C07.040.018, C07.040.019, & C07.040.021.

11.1 Required Examinations This Outage:

A listing of each VT-2 Visual Examination that is required for EOC-13 through the end of the second period is included in this section.

The information shown below is a field description for the listing format included in this section of the report:

| | | |
|---------------------|---|--|
| Item No. | = | ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2) |
| ISI Drawing | = | Detail Drawing of Inspection Boundary |
| Required Test | = | Type of Pressure Test |
| System Name | = | Name of Pressure Retaining Component System |
| Required Inspection | = | Type of Visual Examination Required |
| Required Procedure | = | Required Inspection Procedure |
| Comments | = | General and/or Detail Description |

**Duke Power Company - McGuire Unit 2
Pressure Testing Item Number Listing**

Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>System Name</u> | <u>Required Inspection</u> | <u>Required Procedure</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|----------------------------|---------------------------|---|
| B15.050.001 | SEE COMMENTS | LEAKAGE | NC SYSTEM | VT-2 | QAL-15 | Class A Leakage Boundary Dwgs: MCL-2553-1.0, MCL-2553-2.0, MCL-2554-1.0, MCL-2554-1.1, MCL-2554-1.2, MCL-2561-1.0, MCL-2562-1.0, MCL-2562-2.0, MCL-2562-2.1, MCL-2562-3.0, MCL-2562-3.1 |

**Duke Power Company - McGuire Unit 2
Pressure Testing Item Number Listing**

Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>System Name</u> | <u>Required Inspection</u> | <u>Required Procedure</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|----------------------------|---------------------------|---|
| C07.030.005 | MCL-2561-1.0 | INSER | ND SYSTEM | VT-2 | QAL-15 | VT-2 Examination of C02.033.001 & C02.033.002 Telltale Hole also required for ND HX 2A. |
| C07.030.010 | MCL-2562-3.1 | INS/FUN | NI SYSTEM | VT-2 | QAL-15 | This test is required for periods 1,2 and 3 |
| C07.030.012 | MCL-2563-1.0 | INS/FUN | NS SYSTEM | VT-2 | QAL-15 | VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required for NS HX 2A. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.015 | MCL-2571-1.0 | INSER | FW SYSTEM | VT-2 | QAL-15 | This test is required for periods 1,2 and 3 Penetrations 2M-358 and 2M-377 - Reference PIP#2-M95-0043 |
| C07.030.018 | MCL-2572-1.1 | INSER | NM SYSTEM | VT-2 | QAL-15 | Penetration M-280 - Reference PIP#2-M95-0043 |
| C07.030.020 | MCL-2572-3.0 | FUNC | NM SYSTEM | VT-2 | QAL-15 | Class B penetrations M-335, M-338, M-340 and M-341. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.026 | MCL-2580-1.0 | INS/FUN | BB SYSTEM | VT-2 | QAL-15 | Penetrations M-300, M-301, M-303 and M-304 |
| C07.030.027 | MCL-2584-1.0 | INSER | BW SYSTEM | VT-2 | QAL-15 | This system has not been tested for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.028 | MCL-2591-1.1 | INS/FUN | CF SYSTEM | VT-2 | QAL-15 | Penetrations M-153, M-262, M-308 and M-440. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.031 | MCL-2592-1.0 | INS/FUN | CA SYSTEM | VT-2 | QAL-15 | Penetrations M-156, M-286, M-465 and M-3100. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.032 | MCL-2593-1.2 | INSER | SA/TE SYSTEM | VT-2 | QAL-15 | This system is partially complete for the 2nd period |

**Duke Power Company - McGuire Unit 2
Pressure Testing Item Number Listing**

Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>System Name</u> | <u>Required Inspection</u> | <u>Required Procedure</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|----------------------------|---------------------------|---|
| C07.030.034 | MCL-2617-1.0 | INSER | YA SYSTEM | VT-2 | QAL-15 | but will be 100% complete by 3/1/2001. Reference PIP#2-M95-0043. This system has not been tested for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.006 | MCH-2554-1.1 | HYDRO | NV SYSTEM | VT-2 | QAL-15 | This test is required for periods 2 and 3 - Penetrations M-256, M-343 and M-344 |
| C07.040.017 | MCH-2562-2.1 | HYDRO | NI SYSTEM | VT-2 | QAL-15 | This test is required for periods 2 and 3 - Penetration M-321 |
| C07.040.018 | MCH-2562-3.0 | HYDRO | NI SYSTEM | VT-2 | QAL-15 | This test is required for periods 2 and 3 Penetrations M-277, M-316 and M-319. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.019 | MCH-2562-3.1 | HYDRO | NI SYSTEM | VT-2 | QAL-15 | This test is required for periods 2 and 3. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.021 | MCH-2563-1.0 | HYDRO | NS SYSTEM | VT-2 | QAL-15 | VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required for NS HX 2A. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |

11.2 Examination Results For This Outage:

The results of each VT-2 Visual Examination that is required for EOC-13 through the end of the second period is included in this section

The information shown below is a field description for the listing format included in this section of the report:

| | | |
|---------------|---|--|
| Item Number | = | ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2) |
| ISI Drawing | = | Detail Drawing of Inspection Boundary |
| Required Test | = | Type of Pressure Test |
| Test Status | = | Complete, Partial, Not Tested, or Not Required |
| Test Result | = | Clear, Recordable, or Reportable |
| VT-2 Date | = | Date VT-2 Visual Examination Was Performed |
| Comments | = | General and/or Detail Description |

Duke Power Company - McGuire Unit 2
Pressure Testing VT-2 Results For Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>Test Status</u> | <u>Test Result</u> | <u>VT-2 Date</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|--------------------|------------------|---|
| B15.050.001 | SEE COMMENTS | LEAKAGE | COMPLETE | CLEAR | 10/10/2000 | Class A Leakage Boundary Dwgs: MCL-2553-1.0, MCL-2553-2.0, MCL-2554-1.0, MCL-2554-1.1, MCL-2554-1.2, MCL-2561-1.0, MCL-2562-1.0, MCL-2562-2.0, MCL-2562-2.1, MCL-2562-3.0, MCL-2562-3.1 |

Duke Power Company - McGuire Unit 2
Pressure Testing VT-2 Results For Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>Test Status</u> | <u>Test Result</u> | <u>VT-2 Date</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|--------------------|------------------|---|
| C07.030.005 | MCL-2561-1.0 | INSER | COMPLETE | CLEAR | 11/19/1998 | VT-2 Examination of C02.033.001 & C02.033.002 Telltale Hole also required for ND HX 2A. |
| C07.030.010 | MCL-2562-3.1 | INS/FUN | COMPLETE | CLEAR | 04/13/1999 | This test is required for periods 1,2 and 3 |
| C07.030.012 | MCL-2563-1.0 | INS/FUN | PARTIAL | CLEAR | 03/14/1999 | VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required for NS HX 2A. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.015 | MCL-2571-1.0 | INSER | COMPLETE | CLEAR | 03/30/1999 | This test is required for periods 1,2 and 3 Penetrations 2M-358 and 2M-377 - Reference PIP#2-M95-0043 |
| C07.030.018 | MCL-2572-1.1 | INSER | COMPLETE | CLEAR | 12/27/1999 | Penetration M-280 - Reference PIP#2-M95-0043 |
| C07.030.020 | MCL-2572-3.0 | FUNC | PARTIAL | CLEAR | 04/13/1999 | Class B penetrations M-335, M-338, M-340 and M-341. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.026 | MCL-2580-1.0 | INS/FUN | COMPLETE | CLEAR | 12/27/1999 | Penetrations M-300, M-301, M-303 and M-304 |
| C07.030.027 | MCL-2584-1.0 | INSER | NOT TESTED | N/A | / / | This system has not been tested for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.028 | MCL-2591-1.1 | INS/FUN | PARTIAL | CLEAR | 04/13/1999 | Penetrations M-153, M-262, M-308 and M-440. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.031 | MCL-2592-1.0 | INS/FUN | PARTIAL | CLEAR | 04/13/1999 | Penetrations M-156, M-286, M-465 and M-3100. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.030.032 | MCL-2593-1.2 | INSER | PARTIAL | CLEAR | 07/31/1997 | This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |

Duke Power Company - McGuire Unit 2
Pressure Testing VT-2 Results For Outage 13

| <u>Item Number</u> | <u>ISI Drawing</u> | <u>Required Test</u> | <u>Test Status</u> | <u>Test Result</u> | <u>VT-2 Date</u> | <u>Comments</u> |
|--------------------|--------------------|----------------------|--------------------|--------------------|------------------|---|
| C07.030.034 | MCL-2617-1.0 | INSER | NOT TESTED | N/A | / / | Reference PIP#2-M95-0043. This system has not been tested for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.006 | MCH-2554-1.1 | HYDRO | COMPLETE | CLEAR | 12/27/1999 | This test is required for periods 2 and 3 - Penetrations M-256, M-343 and M-344 |
| C07.040.017 | MCH-2562-2.1 | HYDRO | COMPLETE | CLEAR | 03/13/1999 | This test is required for periods 2 and 3 - Penetration M-321 |
| C07.040.018 | MCH-2562-3.0 | HYDRO | PARTIAL | CLEAR | 12/28/1998 | This test is required for periods 2 and 3 Penetrations M-277, M-316 and M-319. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.019 | MCH-2562-3.1 | HYDRO | PARTIAL | CLEAR | 11/02/1998 | This test is required for periods 2 and 3. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |
| C07.040.021 | MCH-2563-1.0 | HYDRO | PARTIAL | CLEAR | 11/02/1998 | VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required for NS HX 2A. This system is partially complete for the 2nd period but will be 100% complete by 3/1/2001. |

11.3 Reportable Indications:

None