

May 29, 2001

10 CFR 50.55a

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

PRAIRIE ISLAND NUCLEAR GENERATING PLANT

Docket Nos. 50-282 License Nos. DPR-42
50-306 DPR-60

Unit 1 Inservice Inspection Summary Report, Interval 3, Period 3
Refueling Outage Dates 1-19-2001 to 2-25-2001
Cycle 20 / 05-26-99 to 02-25-2001

During the 2001 Prairie Island Unit 1 refueling outage, an inservice inspection (ISI) examination for the second period of the third interval was conducted. Attached for your information are four copies of the ISI examination Summary Report for this period.

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

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

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

A047

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



Joel P. Sorensen
Site Vice President
Prairie Island Nuclear Generating Plant

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

Attachment: Unit 1 ISI Summary Report, dated May 24, 2001

NORTHERN STATES POWER COMPANY
414 NICOLLET MALL
MINNEAPOLIS, MINNESOTA 55401

NORTHERN STATES POWER COMPANY
PRAIRIE ISLAND NUCLEAR GENERATING PLANT
UNIT 1
1717 WAKONADE DRIVE E
WELCH, MINNESOTA 55089

INSERVICE INSPECTION SUMMARY REPORT
INTERVAL 3, PERIOD 3
REFUELING OUTAGE DATES 1-19-2001 TO 02-25-2001
CYCLE 20 / 05-26-99 TO 02-25-2001

COMMERCIAL SERVICE DATE DECEMBER 16, 1973

Prepared By: Daniel S. Whitcomb
ISI Program Engineer, Xcel Technical Services
Daniel S. Whitcomb

Reviewed By: Paul Blaylock
Section XI Program Coordinator, Prairie Island Unit 1
Paul Blaylock

Reviewed By: Russel Willston
ISI Repair/Replacement Coordinator, Prairie Island Unit 1
Russel Willston

Approved By: Ted Amundson FOR TEA.
Superintendent of Program Engineering/Engineering
Ted Amundson

Report Date: MAY 24, 2001

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I. Summary

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1.0 INTRODUCTION

The Prairie Island Nuclear Generating Plant Unit 1 refueling outage began January 19, 2001 and ended February 25, 2001.

This summary report will convey the components examined, the examination methods used, the examination number and summarizes the examination results performed during the 3rd period of the 3rd interval, (Cycle 20) see appendix A, B and C and D. The 3rd interval, 12-17-1993 to 12-16-2003 is based on the examination requirements of the ASME Boiler and Pressure Vessel Code Section XI, 1989 Edition no addenda.

2.0 PERSONNEL

Visual and nondestructive examinations were performed by Northern States Power (NSP), Lambert Macgill and Thomas (LMT), ABB and Zetec Inc. Framatone Technologies was contracted to perform independent evaluation of eddy current steam generator data. Hartford Steam Boiler Inspection and Insurance Company, provided the Authorized Inspection. Certifications of examination personnel are maintained on file by Northern States Power Company.

3.0 INSPECTION SUMMARY

Results of the examinations indicate that the integrity of the plant systems have been maintained.

During the refueling outage 100% of all accessible tubes in steam generator 11 and 12 were examined full length as part of the inservice inspection. See appendix D for details.

Hanger and component support examinations listed in appendix A as IWF or F-A, B, C include the applicable examination requirements of ASME Section XI Subsection IWF.

I. Summary (continued)

Page 2 of 2

4.0 EXAMINATION REPORTS, EQUIPMENT AND MATERIALS

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

This summary report contains several abbreviations which are identified below;

(A) = Augmented examinations

BL = Baseline examination

GEO = Geometry, evaluation of a indication

HELB = High Energy Line Break

IN = Information Notice

IND = Indication requires further evaluation

NAD = No Apparent Defects

NC = Non Code examinations

NCR = Nonconformance Report

R1, R2 etc. = consecutive examinations following repair, rework or evaluation of a initial exam

SE = Safety Evaluation

TS = Plant Technical Specifications

**NORTHERN STATES POWER
INSERVICE INSPECTION**

**SUMMARY REPORT
PRAIRIE ISLAND UNIT 1, 2001**

FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS

As required by the Provision of the ASME Code Rules

1. Owner: Northern States Power Company
Address: 414 Nicollet Mall, Minneapolis, MN 55401
2. Plant: Prairie Island Nuclear Generating Plant
Address: 1717 Wakonade Drive E, Welch, MN 55089
3. Plant Unit: I
4. Owner certificate of Authorization: NA
5. Commercial Service Date: 12-16-73
6. National Board No. : NA
7. Components: (See appendices for components inspected this outage)

<u>Component or Appurtenance</u>	<u>Manufacture or Installer</u>	<u>Manufacture or Installer Serial No.</u>	<u>State or Province No.</u>	<u>National Board No.</u>
REACTOR VESSEL	CREUOT-LOIRE	686	MINN 200-51	---
PRESSURIZER	WESTINGHOUSE	1111	---	68-20
STEAM GEN NUMBER 11	WESTINGHOUSE	1101	---	68-24
STEAM GEN NUMBER 12	WESTINGHOUSE	1102	---	68-25
REACTOR COOLANT PUMP 11	WESTINGHOUSE	W515	---	---
REACTOR COOLANT PUMP 12	WESTINGHOUSE	W516	---	---
RHR HEAT EXCHANGER 11	JOSEPH OATS & SONS	1817-1A	---	340
RHR HEAT EXCHANGER 12	JOSEPH OATS & SONS	1817-1B	---	341
RHR PUMP 11	BYRON JACKSON	---	---	---
RHR PUMP 12	BYRON JACKSON	---	---	---
SAFETY INJECTION PUMP NUMBER 11	BINGHAM	---	---	---

FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS

As required by the Provision of the ASME Code Rules

7. Components: (continued)

<u>Component or Appurtenance</u>	<u>Manufacture or Installer</u>	<u>Manufacture or Installer Serial No.</u>	<u>State or Province No.</u>	<u>National Board No.</u>
SAFETY INJECTION PUMP NUMBER 12	BINGHAM	---	---	---
ACCUMULATOR TANK 11	DELTA SOUTHERN	41038-70-1	---	2554
ACCUMULATOR TANK 12	DELTA SOUTHERN	41038-70-2	---	2555
BORIC ACID TANK 11	NAVCO	---	---	---

8. Examination Dates 05-26-1999 to 02-25-2001.

9. Inspection Period Identification: 3 .

10. Inspection Interval identification: 3rd Interval (12-17-1993 to 12-16-2003)

11. Applicable Edition of Section XI 1989 Addenda none .

12. Date/Revision of Inspection Plan: 10/5/2000 / Revision 3 .

13. Abstract of Examinations and Tests.

See appendices A through D (attached)

14. Abstract of Results of Examinations and Tests.

See appendices A through D (attached)

15. Abstract of Corrective Measures.

All unacceptable indications detected have been documented on the plant nonconformance reports and have been dispositioned to assure continued plant operation integrity. See Condition Reports CR 20010828, CR 20011369 and CR 20011561.

FORM NIS-1 OWNER'S REPORT FOR INSERVICE INSPECTIONS

As required by the Provision of the ASME Code Rules

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

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

Date 5/22 ²⁰⁰¹ ~~19~~ Signed XCEL ENERGY /
NUCLEAR MANAGEMENT Co. By [Signature]
(Owner)

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, hold a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by Hartford Steam Boiler Inspection and Insurance Co. of Hartford, CT, have inspected the component's described in this Owner's Report during the period of 5/26/99 to 5/24/01 and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN039600-Co
Inspector's Signature National Board, State, Province and

Date: 5/24/01 ~~19~~ _____ Endorsements

III. FORM NIS-2 OWNERS REPORT FOR REPAIRS AND REPLACEMENTS

90 Form NIS-2s are attached which identify plant system repairs or replacements that have been completed at Prairie Island Unit 1 between the dates of 05-26-99 to 02-25-2001.

NIS-2 Index

Component Cooling	1-CCH-354	Page 1
Volume Control	1-RCVCH-917	Page 3
Component Cooling	1-CCH-320	Page 5
Component Cooling	1-CCH-319	Page 7
Safety Injection	1-SIRH-26	Page 9
Safety Injection	1-SIRH-22	Page 11
Reactor Coolant	1-RCRH-12A	Page 13
Cooling Water	1-CWRH-82	Page 15
Volume Control	1-RCVCH-1284	Page 17
Volume Control	1-RCVCH-1285	Page 19
Safety Injection	1-SIRH-17	Page 21
Main Steam	1-MSH-107B	Page 23
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Main Steam	1-MSH-107A	Page 27
Containment Spray	1-RCSH-81	page 29
Cooling Water	1-CWRH-81	Page 31
Component Cooling	1-CCH-318	Page 33
Component Cooling	1-CCH-378	Page 35
Component Cooling	1-CCH-377	Page 37
Steam Generator Blowdown	1-RBDH-601	page 39
Main Steam	1-MSDH-26B	Page 41
Auxiliary Feedwater	1-AFWH-84	page 43
Component Cooling	1-CCH-349	Page 45
Component Cooling	1-CCH-350	Page 47
Main Steam	1-MSH-69A	page 49
Safety Injection	1-SIRH-11	Page 51
Safety Injection	1-SIRH-9	Page 53
Reactor Coolant	1-RCRH-48B	Page 55
Steam Generator Blowdown	1-RBDH-600	page 57
Reactor Coolant	1-RCRH-16A	Page 59
Main Steam	1-MSH-67A	Page 61
Main Steam	1-MSDH-26A	Page 63
Safety Injection	1-SIRH-18	Page 65
Reactor Coolant	1-RCRH-19	Page 67
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**NORTHERN STATES POWER
INSERVICE INSPECTION****SUMMARY REPORT
PRAIRIE ISLAND UNIT 1, 2001**

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Snubbers and Supports	PI-433	Page 85
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Snubbers and Supports	PI-316	Page 93
Snubbers and Supports	PI-506	Page 95
Snubbers and Supports	PI-546	Page 97
Snubbers and Supports	PI-540	Page 99
Snubbers and Supports	PI-100	Page 101
Snubbers and Supports	PI-507	Page 103
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Volume Control	145-043	page 107
Volume Control	145-042	Page 109
Volume Control	145-043	Page 111
Volume Control	145-043	Page 113
Volume Control	CV-31325,6,7	Page 115
Volume Control	CV-31329	Page 117
Volume Control	145-043	Page 119
Feedwater	F-8-2	Page 121
Volume Control		Page 123
Volume Control		Page 125
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Reactor Coolant/Main Steam	134-011,012	Page 129
Component Cooling	CC-60-1	Page 131
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Safety Injection	SI-9-2	Page 135
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Steam Generator	134-012	Page 147
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Reactor Vessel	157-051	Page 153
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Containment Spary	CS-16	Page 157
Component Cooling	CC-69-1	Page 159
Safety Injection	CV-31440	Page 161
Safety Injection	1-SICH-7	Page 163
Reactor Coolant	3-RC-5	Page 165
Reactor Coolant	3-RC-5	Page 167
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Reactor Coolant	CV-31224, 5	Page 173

**NORTHERN STATES POWER
INSERVICE INSPECTION**

**SUMMARY REPORT
PRAIRIE ISLAND UNIT 1, 2001**

Reactor Coolant
Containment
Containment

3-RC-5
1PENC-PAL
1PENC-MAL

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Total Pages: 181

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

1. Owner Northern States Power/Xcel Energy Date 2/9/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
 2. Plant Prairie Island Unit 1
Name
Same WO. 0007072
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
 4. Identification of System CC

5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-66	BASK ENGINEER	1.5x5	—	1-CCH-354	—	REPLACED	NO
SNUBBER PI-446 446 77B	BASIC ENGINEER	1.5x5	—	1-CCH-354	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilkins, ASME PROGRAM ENGR. Date 2-14-01
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/20/01 to 2/20/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AWE, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/20/01

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

1. Owner Northern States Power/Xcel Energy Date 2/14/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0100633
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System VC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-120	BATIC ENGINEER	.75x5	—	I-RCVCH-917	—	REPLACED	NO
SNUBBER PI-453	BATIC ENGINEER	.75x5	—	I-RCVCH-917	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. WILSON, ASME PROGRAM ENGR. Date 2-14-01
 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 Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/1/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, 1422 IA, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/16/01

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

1. Owner Northern States Power/Xcel Energy Date 2/13/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same W.O. 0007069
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-385	BASIC ENGINEER	1.5x5	—	1-CCH-320	—	REPLACED	NO
SNUBBER PI-200	BASIC ENGINEER	1.5x5	—	1-CCH-320	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B.W. [Signature] ASME PROGRAM ENGR. Date 2-14-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANE, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/16/01

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

1. Owner Northern States Power/Xcel Energy Date 2/12/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same W.O. 0007068
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 87
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-365	BASIC ENGINEER	1.5x5	—	1-CCH-319	—	REPLACED	NO
SNUBBER PI-284	BASIC ENGINEER	1.5x5	—	1-CCH-319	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME QM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-14-01

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CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/16/01

for

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

1. Owner Northern States Power/Xcel Energy Date 2/12/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address
Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address
No. 0007080
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
Authorization No. N/A
Address
Expiration Date N/A
4. Identification of System SI
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-216	BASIC ENGINEER	1.5x5	—	1-SIRH-26	—	REPLACED	NO
SNUBBER PI-132	BASIC ENGINEER	1.5x5	—	1-SIRH-26	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-14-01

49

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/16/01 49

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

1. Owner Northern States Power/Xcel Energy Date 2/12/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007079
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System SI
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer <small>Serial No. MODEL</small>	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-237	BASIC ENGINEER	1.5x5	—	1-SIRH-22	—	REPLACED	NO
SNUBBER PI-31	BASIC ENGINEER	1.5x5	—	1-SIRH-22	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. WILSON ASME PROGRAM ENGR. Date 2-14-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/16/01

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

1. Owner Northern States Power/Xcel Energy Date 2/9/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007075
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System RC
5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification Location	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUGGER PI-141	BASIC ENGINEER	1.5x5	—	1-RCRH-12A	—	REPLACED	NO
SNUGGER PI-32	BASIC ENGINEER	1.5x5	—	1-RCRH-12A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUGGER WITH REFURBISHED SNUGGER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. B. Wilkins ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-14-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions

NB 11872 AWE, MN 395

National Board, State, Province, and Endorsements

Date

2/16/01

xs

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

1. Owner Northern States Power/Xcel Energy Date 2/14/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same NO. 0100630
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System CL
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-412	BASIC ENGINEER	1x5	—	1-CWRH-82	—	REPLACED	NO
SNUBBER PI-577	BASIC ENGINEER	1x5	—	1-CWRH-82	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-14-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/1/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/16/01

19

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

1. Owner Northern States Power/Xcel Energy Date 2/14/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0100631
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System VC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification Location	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-402	BASIC ENGINEER	.75x5	—	I-RCVCH-1284	—	REPLACED	NO
SNUBBER PI-139	BASIC ENGINEER	.75x5	—	I-RCVCH-1284	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME QM-9 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-14-01

10

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & L Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/1/01 to 2/14/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions NB 11872 AWE, MN 395
 National Board, State, Province, and Endorsements

Date 2/14/01 10

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

1. Owner Northern States Power/Xcel Energy Date 2/14/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0100632
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System VC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-109	BASIC ENGINEER	.75x5	—	1-RCVCH-1285	—	REPLACED	NO
SNUBBER PI-266	BASIC ENGINEER	.75x5	—	1-RCVCH-1285	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT

Applicable Manufacturer's Data Reports to be attached

PROCEDURE D45.2

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 2-14-01

10

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&I Co. of Hartford, CT. have inspected the components described in this Owner's Report during the period 2/1/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 ANI, MN 395
National Board, State, Province, and Endorsements

Date 2/16/01 10

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007077
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SI
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-97	BASIC ENGINEER	1.5x5	—	1-SIRH-17	—	REPLACED	NO
SNUBBER PI-355	BASIC ENGINEER	1.5x5	—	1-SIRH-17	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME CM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-7-01 1901
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 X

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO. 0007089
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System MS
5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1969
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-470	BASIC ENGINEER	3.25x5	—	1-MSH-107B	—	REPLACED	NO
SNUBBER PI-507	BASIC ENGINEER	3.25x5	—	1-MSH-107B	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. B. Wilcox ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-7-01

40

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & F Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/8/01

jc

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007092
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System VC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 97

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-521	BASIC ENGINEER	.75x5	—	1-RCVCH-1283	—	REPLACED	NO
SNUBBER PI-316	BASIC ENGINEER	.75x5	—	1-RCVCH-1283	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-7-01
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WCO, 0007088
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System MS
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 87

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-537	BASIC ENGINEER	3.25x5	—	1-MSH-107A	—	REPLACED	NO
SNUBBER PI-540	BASIC ENGINEER	3.25x5	—	1-MSH-107A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REBUILT SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-7-01
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11822 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO. 0007086
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System CS
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUGGER PI-213	BASIC ENGINEER	2x10	—	1-RCSH-81	—	REPLACED	NO
SNUGGER PI-51	BASIC ENGINEER	2x10	—	1-RCSH-81	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. B. Williams, ASME PROGRAM ENGR. Date 2-7-01, 1901
 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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 TS

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same Address WO. 0007082
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System CL
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-512	BASIC ENGINEER	1x5	—	1-CWRH-81	—	REPLACED	NO
SNUBBER PI-133	BASIC ENGINEER	1x5	—	1-CWRH-81	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE DHS.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willett ASME PROGRAM ENGR. Date 2-7-01, 1901
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 [Signature]

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

1. Owner Northern States Power/Xcel Energy Date 2/6/61
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007067
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC
5. (a) Applicable Construction Code ANSI 831.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 87

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-287	BASIC ENGINEER	1.5x5	—	1-CCH-318	—	REPLACED	NO
SNUBBER PI-80	BASIC ENGINEER	1.5x5	—	1-CCH-318	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilson ASME PROGRAM ENGR. Date 2-7-01, 1901
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 XO

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007074
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-159	BASIC ENGINEER	1.5x5	—	I-CCH-378	—	REPLACED	NO
SNUBBER PI-292	BASIC ENGINEER	1.5x5	—	I-CCH-378	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFORBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE DHS.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilbur, ASME PROGRAM ENGINEER Date 2-7-01
 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 Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address
Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address
WO. 0007073 Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-439	BASK ENGINEER	1.5x5	—	I-CCH-377	—	REPLACED	NO
SNUBBER PI-416	BASIC ENGINEER	1.5x5	—	I-CCH-377	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willett, ASME PROGRAM ENGR. Date 2-7-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 AII, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 ix

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address

2. Plant Prairie Island Unit 1
Name
Same Address
WO. 0007091 Repair Organization P.O. No., Job No., etc.

3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address
Authorization No. N/A
Expiration Date N/A

4. Identification of System SB

5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-324	BASK ENGINEER	.75x5	—	1-RBDH-601	—	REPLACED	NO
SNUBBER PI-320	BASK ENGINEER	.75x5	—	1-RBDH-601	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TEST REPLACEMENT SNUBBER PI-320 PER
ASME OM-4 IN ACCORDANCE WITH PLANT PROCEDURE D45.2. AS-FOUND
TESTED REPLACED SNUBBER PI-324 IN ACCORDANCE WITH PLANT PROCEDURE
D45.5, FAILED, HIGH BLEED IN TENSION, SEE CR 20011098

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilcox ASME PROGRAM ENGR. Date 2-7-01
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MA 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 X

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007085
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System MS
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-153	BASIC ENGINEER	2.5x5	—	1-MSDH-26B	—	REPLACED	NO
SNUBBER PI-2	BASIC ENGINEER	2.5x5	—	1-MSDH-26B	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH

Applicable Manufacturer's Data Reports to be attached

PLANT PROCEDURE D45.2

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-7-01
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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 AWE, MN395
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01 X

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

1. Owner Northern States Power/Xcel Energy Date 2/6/01
Name
1717 Wakonade Dr. E, Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007066
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System AF
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification Location	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-369	BASIC ENGINEER	1.5x5	—	1-AFWH-84	—	REPLACED	NO
SNUBBER PI-90	BASIC ENGINEER	1.5x5	—	1-AFWH-84	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. B. Williams ASME PROGRAM ENGR. Date 2-7-01
 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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/8/01 to 2/8/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 ANI MN395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/8/01

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

1. Owner Northern States Power/Xcel Energy Date 2/8/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007070
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 69

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-247	BASIC ENGINEER	1.5x5	—	1-CCH-349	—	REPLACED	NO
SNUBBER PI-238	BASIC ENGINEER	1.5x5	—	1-CCH-349	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
 Applicable Manufacturer's Data Reports to be attached
PROCEDURE D45.2

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Walker, ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-8-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/01 to 2/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R.B. Walker

Inspector's Signature

Commissions NB11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/10/01

yes

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

1. Owner Northern States Power/Xcel Energy Date 2/8/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same NO. 0007071
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-195	BASIC ENGINEER	1.5x5	—	1-CCH-350	—	REPLACED	NO
SNUBBER PI-418	BASIC ENGINEER	1.5x5	—	1-CCH-350	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE 045.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Walker, ASME PROGRAM ENGR. Date 2-8-01
 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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/01 to 2/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/10/01

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

1. Owner Northern States Power/Xcel Energy Date 2/8/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007094
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System MS
5. (a) Applicable Construction Code ASME B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer <small>Serial No. MODEL</small>	National Board No.	Other Identification <small>LOCATION</small>	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-552	BASIC ENGINEER	5x5	—	1-MSH-69A	—	REPLACED	NO
SNUBBER PI-360	BASIC ENGINEER	5x5	—	1-MSH-69A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE DHS.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-8-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/01 to 2/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/10/01

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

1. Owner Northern States Power/Xcel Energy Date 2/8/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address
Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address
WO. 0007076 Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System SI
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-57	BASIC ENGINEER	1.5x5	—	1-SIRH-11	—	REPLACED	NO
SNUBBER PI-104	BASIC ENGINEER	1.5x5	—	1-SIRH-11	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willett ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-8-01

10

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/01 to 2/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANE, MN 395

National Board, State, Province, and Endorsements

Date 2/10/01 ✗

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

1. Owner Northern States Power/Xcel Energy Date 2/8/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WD. 0007081
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SI
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification Location	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-291	BASIC ENGINEER	1.5x5	—	1-SIRH-9	—	REPLACED	NO
SNUBBER PI-197	BASIC ENGINEER	1.5x5	—	1-SIRH-9	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFORBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Williams, ASME PROGRAM ENGR. Date 2-8-01, 1901
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/10/01 to 2/10/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

RBL Commissions NB 11872 AWE, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 2/10/01

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007095
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name Authorization No.
Address Expiration Date
4. Identification of System RC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-567	ITT-GRINELL	4x5	—	1-RCRH-48B	—	REPLACED	NO
SNUBBER PI-7924	ITT-GRINELL	4x5	—	1-RCRH-48B	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2.
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 A, NF MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01 X

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO. 0007090
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name
Authorization No.
Address Expiration Date
4. Identification of System SB
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-185	BASIC ENGINEER	.75x5	—	1-RBDH-600	—	REPLACED	NO
SNUBBER PI-156	BASIC ENGINEER	.75x5	—	1-RBDH-600	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE DHS.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willett, ASME PROGRAM ENGR. Date 2-5-01, 1901
 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 Minnesota and employed by HSB F&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 A, N, I MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01, 1901

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name
Same WO. 0007087
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name Authorization No.
Address Expiration Date
4. Identification of System RC
5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-394	BASIC ENGINEER	2x5	—	1-RCRH-16A	—	REPLACED	NO
SNUBBER PI-270	BASIC ENGINEER	2x5	—	1-RCRH-16A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure psi Test Temp. °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE DHS.2.
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 A, N.I. MW 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address W0. 0007093
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name
Authorization No.
Address Expiration Date
4. Identification of System MS
5. (a) Applicable Construction Code ANSI B31.1 1967 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-545	BASIC ENGINEER	4x5	—	1-MSH-67A	—	REPLACED	NO
SNUBBER PI-546	BASIC ENGINEER	4x5	—	1-MSH-67A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH
PLANT PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilbur ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 A, N, I MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01 X2001

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
 2. Plant Prairie Island Unit 1
Name
Same Wo. 0007084
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Owner Type Code Symbol Stamp _____
Name Authorization No. _____
Address Expiration Date _____

4. Identification of System MS
 5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, _____ Addenda, _____ Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER R-499	BASIC ENGINEER	2.5x5	—	1-MSDH-26A	—	REPLACED	NO
SNUBBER PI-B	BASIC ENGINEER	2.5x5	—	1-MSDH-26A	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed P.B. Willis ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 A, N.I. MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/ X 2001

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr., E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WS. 0007078
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name
Address Authorization No.
Expiration Date
4. Identification of System SE
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No. MODEL	National Board No.	Other Identification LOCATION	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-93	BASIC ENGINEER	1.5x5	—	1-SIRH-18	—	REPLACED	NO
SNUBBER PI-433	BASIC ENGINEER	1.5x5	—	1-SIRH-18	—	REPLACED	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME OM-4 IN ACCORDANCE WITH PLANT
PROCEDURE D45.2
 Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willis ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/ X 2001

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

1. Owner Northern States Power/Xcel Energy Date 2/5/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO 0007065
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name
Address Authorization No.
Expiration Date
4. Identification of System RC
5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
SNUBBER PI-533	BASIC ENGINEER	1.5x10	—	1-RCRH-19	—	REPLACED	NO
SNUBBER PI-212	BASIC ENGINEER	1.5x10	—	1-RCRH-19	—	REPLACEMENT	NO

7. Description of Work REPLACED SNUBBER WITH REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks FUNCTIONALLY TESTED PER ASME SM-4 IN ACCORDANCE WITH
 Applicable Manufacturer's Data Reports to be attached
PLANT PROCEDURE D45.2

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I & I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

QPL Commissions NB 11872 A.N.I., MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/ X 2001

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same Address WO, 0004267
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-270	—	257549	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUB PI-270	—	260952	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	SNUB PI-270	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANTI NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Waller, ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN035600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 0004244
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ROD	BASIC ENGINEER	SNUG PI-266	—	KSN14D	—	REPAIRED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-266	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilkins ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 3-27-01

49

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 AWS, MN 039600-CO
National Board, State, Province, and Endorsements

Date 4/30/01 X

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO 9905601
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PE-462	—	KSN145	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUB PE-462	—	KSN146	—	REPLACED	NO
ROD BUSHING	BASIC ENGINEER	SNUB PE-462	—	KSN158	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-462	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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.

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANTI NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20013175.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.

Date 3-27-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO
National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 9905600
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-212	—	257550	—	REPAIRED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-212	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20013195

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 3-27-01

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Maine and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN035600 - CO

National Board, State, Province, and Endorsements

Date 4/30/01

10

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 99 01487
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-524	—	257547	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUB PI-524	—	KSN14X	—	REPLACED	NO
ROD BUSHINGS	BASIC ENGINEER	SNUB PI-524	—	257553	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-524	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair K4/30/01 conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-27-01

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 Minnesota and employed by HSB I+I of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN039600-CO

National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 9901471
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-80	—	257550	—	REPAIRED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-80	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANIT NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20713195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair 2/4/01 conforms to the rules of the ASME Code, Section XI. ~~repair or~~ replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.

Date 3-27-01

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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

BCL

Inspector's Signature

Commissions NB 11872 AVE, MN 039600-00

National Board, State, Province, and Endorsements

Date

4/30/01

to

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO 9901470
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SN08 PI-132	—	257550	—	REPLACED	NO
ROD	BASIC ENGINEER	SN08 PI-132	—	KSNIEG	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-132	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANI NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willett ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO

National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO. 7901464
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
<u>PISTON</u>	<u>BASIC ENGINEER</u>	<u>SNDB PI-355</u>	<u>—</u>	<u>257546</u>	<u>—</u>	<u>REPLACED</u>	<u>NO</u>
<u>CYLINDER</u>	<u>BASIC ENGINEER</u>	<u>SNDB PI-355</u>	<u>—</u>	<u>KSNIA1</u>	<u>—</u>	<u>REPLACED</u>	<u>NO</u>
<u>SPARE SNUBBER</u>	<u>BASIC ENGINEER</u>	<u>PI-355</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>REPAIRED</u>	<u>NO</u>

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure — psi Test Temp. — °F
SEE REMARKS

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.

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANI NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20013195

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR.

Date 3-27-01

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 Minnesota and employed by HSB I & I Co of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO

National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 2
2. Plant Prairie Island Unit N/A
Name
Same Address WO, 9901468
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-433		257550		REPAIRED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-433	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair ^{2011/10/16} conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AWS, MN 039600-C0
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 2
2. Plant Prairie Island Unit N/A
Name
Same Address WO, 9901463
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-90	—	257550	—	REPAIRED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-90	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANI NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilson ASME PROGRAM ENGR.

Date 3-27-01

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CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB E&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature]
Inspector's Signature

Commissions NB 11872 ANI, MN 035600-CO
National Board, State, Province, and Endorsements

Date 4/30/01 AS

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 9013266
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-2	—	257548	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUG PI-2	—	KSN14M	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-2	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANI NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair ^{By N/A} conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR Date 3-27-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name

1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address

2. Plant Prairie Island Unit N/A
Name

Same WO, 9812851
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A

SAME Expiration Date N/A
Address

4. Identification of System SN

5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SN08 PI-104	—	257550	—	REPAIRED	NO
SPARE SNUGGER	BASIC ENGINEER	PI-104	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUGGER

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

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.

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANTI ⁷⁷⁸PERFO NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair ^{At 4/30/01} conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willett, ASME PROGRAM ENGR. Date 3-27-01, 1901
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01 AS

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 2
2. Plant Prairie Island Unit N/A
Name
Same Address WO 9812735
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-316		KSN14C		REPLACED	NO
ROD	BACK ENGINEER	SNUB PI-316		KSN14D		REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-316				REPLACED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair ^{4/30/01} conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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[Signature] Commissions NB 11872 ANI, MN 039600-C0
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 9812435
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNVB PI-506	—	KSN14S	—	REPLACED	NO
ROD	BASIC ENGINEER	SNVB PI-506	—	KSN14V	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNVB PI-506	—	KSN14W	—	REPLACED	NO
ROD BUSHING	BASIC ENGINEER	SNVB PI-506	—	257554	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-506	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANTI NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 2003195.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Repair ^{4/30/01} conforms to the rules of the ASME Code, Section XI. ~~repair or replacement~~

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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Inspector's Signature

Commissions

NB 11872 A+E, MN 039600-CO

National Board, State, Province, and Endorsements

Date

4/30/01

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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 Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO, 9812399
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp
Name
SAME Authorization No.
Address Expiration Date
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-546	—	257547	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUB PI-546	—	K3N14X	—	REPLACED	NO
ROD BUSHING	BASIC ENGINEER	SNUB PI-546	—	257553	—	REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-546	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO
PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilson, ASME PROGRAM ENGR. Date 3-27-01
 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 Minnesota and employed by HSB I+E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-00
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01 [Signature]

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address
Sheet 1 of 2
2. Plant Prairie Island Unit N/A
Name
Same Address
WO 9812392 Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address
Authorization No. N/A
Expiration Date N/A
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-540		KSN145		REPLACED	NO
ROD BUSHING	BASIC ENGINEER	SNUB PI-540		KSN157		REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-540				REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp. _____ °F
SEE REMARKS

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED

Applicable Manufacturer's Data Reports to be attached

PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO

PERFORMING WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 3-27-01

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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO
National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO. 9712680
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUG PI-100	—	KSN145	—	REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUG PI-100	—	KSN144	—	REPLACED	NO
SPARE SNUOBER	BASIC ENGINEER	PI-100	—	—	—	REPAIRED	NO

7. Description of Work REFURBISHED SNUOBER

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

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

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PINGP 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO PERFORMING
WORK, SEE CR 20013195.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 4-2-01, 1901
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

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

1. Owner Northern States Power/Xcel Energy Date 3-23-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit N/A
Name
Same WO. 9712503
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SN
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89
6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification PART ID	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PISTON	BASIC ENGINEER	SNUB PI-507		KSN145		REPLACED	NO
CYLINDER	BASIC ENGINEER	SNUB PI-507		KSN146		REPLACED	NO
ROD BUSHING	BASIC ENGINEER	SNUB PI-507		257554		REPLACED	NO
SPARE SNUBBER	BASIC ENGINEER	PI-507				REPAIRED	NO

7. Description of Work REFURBISHED SNUBBER

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

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.

FORM NIS-2 (Back)

9. Remarks RECEIPT INSPECTED PER PING-P 649. WILL BE FUNCTIONALLY TESTED
PER ASME OM-4 PRIOR TO REINSTALLATION. ANII NOT NOTIFIED PRIOR TO
PERFORMING- WORK, SEE CR 20013195

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 4-2-01, 1901
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/30/01 to 4/30/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-C0
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/30/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT Co. Date 2-20-01
Name
1717 WAKONADE DR. E., WELCH, MN
Address

2. Plant PRAIRIE ISLAND N.G.P. Sheet 1 of 2
Name
SAME Unit 1
Address 0004470, 0007056, 0007057, 0007058
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address

4. Identification of System REACTOR COOLANT (CLASS 2)

5. (a) Applicable Construction Code ASME III, 1983 Edition, — Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
SV-37035	TARGET ROCK	2 31/223	—	—	—	REMOVED	YES
SV-37036	TARGET ROCK	23/214 52401	—	—	2000	INSTALLED	YES
SV-37037	TARGET ROCK	28/215	—	—	2000	REMOVED	YES
SV-37038	TARGET ROCK	34/214	—	—	2000	INSTALLED	YES
SV-37039	TARGET ROCK	39/360	—	—	2000	REMOVED	YES
SV-37040	TARGET ROCK	38/339	—	—	2000	INSTALLED	YES

7. Description of Work REPLACED VALVES.

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

Other ☐ Pressure 2235 psi Test Temp. 547 °F

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

FORM NIS-2 (Back)

9. Remarks REPAIR/REPLACEMENT PLAN FILMED UNDER 0004470.
 Applicable Manufacturer's Data Reports to be attached
AN11 NOTIFICATION PRIOR TO THE REPLACEMENT DID NOT OCCUR.
THIS NON-CONFORMANCE IS BEING ADDRESSED PER CONDITION
REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Williams ASME PROGRAM ENGR. Date 5-4 01
 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 Minnesota and employed by HSB I+I Co.
 of Hartford, CT have inspected the components described in this Owner's Report during the period 5/9/01 to 5/9/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/9/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
Name
1717 Wakonade Dr. E., Welch, MN, 55089
Address

Date 5/01/01
 Sheet 1 of 2

2. Plant Prairie Island
Name
same
Address

Unit 1
W.O. 9908571
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner
Name
same
Address

Type Code Symbol Stamp NA
 Authorization No. NA
 Expiration Date NA

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Code specification 2448063, Year — Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
13 Charging Pump	Ajax	—	—	Packing assembly 195-093	—	Corrected	N

7. Description of Work Replace packing Assemblies

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

Other ☐ Pressure 2485 psi Test Temp. 130 °F (NON-CODE TEST)

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



FORM NIS-2 (Back)

9. Remarks AN11 NOTIFICATION DID NOT OCCUR PRIOR TO THE REPLACEMENT.

Applicable Manufacturer's Data Reports to be attached

THIS NON-CONFORMANCE IS ADDRESSED IN CONDITION REPORT 2001070

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. B. Wilkins, ASME PROGRAM ENGR.

Date 5-4, 01

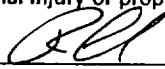
Owner or Owner's Designee, Title

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 Minnesota and employed by HSB I & I Co.

of Hartford, CT have inspected the components described in this Owner's Report during the period 5/4/01 to 5/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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



Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO

National Board, State, Province, and Endorsements

Date 5/4/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
Name
1717 Wakonade Dr. E., Welch, MN, 55089
Address

Date 5/01/01
 Sheet 1 of 2

2. Plant Prairie Island
Name
same
Address

Unit 1
W.O. 9908822
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner
Name
same
Address

Type Code Symbol Stamp NA
 Authorization No. NA
 Expiration Date NA

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Code specification 2M48053, Year — Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
17 Charging Pump	Hjax	—	—	Packing Assembly 145-042	—	Corrected	No

7. Description of Work Replace packing Assemblies

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

Other ☐ Pressure 2465 psi Test Temp. 130 °F (NON-CODE TEST)

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



FORM NIS-2 (Back)

9. Remarks AN11 NOTIFICATION DID NOT TAKE PLACE PRIOR TO THE
Applicable Manufacturer's Data Reports to be attached
REPLACEMENT. THIS NON-CONFORMANCE IS DOCUMENTED IN
CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR. Date 5-4, 01
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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/4/01 to 5/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-C0
Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/4/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
Name
1717 Workonade Dr. E., Welch, MN, 55089
Address

Date 5/01/01
Sheet 1 of 2

2. Plant Prairie Island
Name
same
Address

Unit 1
W.O. 0004342
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner
Name
same
Address

Type Code Symbol Stamp NA
Authorization No. NA
Expiration Date NA

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Code 2M48053 ^{specification} Year Edition, Addenda, Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year

(c) Applicable Section XI Code Cases

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
13 Charging Pump	AJAX	—	—	Packing Assembly 145-043	—	Corrected	N

7. Description of Work Replace packing Assemblies

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

Other ☐ Pressure 2465 psi Test Temp. 130 °F (NON-CODE TEST)

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



FORM NIS-2 (Back)

9. Remarks ANII NOTIFICATION DID NOT TAKE PLACE PRIOR TO THE
Applicable Manufacturer's Data Reports to be attached
REPLACEMENT. THIS NON-CONFORMANCE IS ADDRESSED IN
CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed P.B. Willis ASME PROGRAM ENGR. Date 5-7, 01
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 Minnesota and employed by HSB I & C.

of Hartford, CT have inspected the components described in this Owner's Report during the period 5/4/01 to 5/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-C0
Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/4/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
1717 Wakanade Dr. E., Welch, MN, 55089
Name Address

Date 5/01/01
 Sheet 1 of 2

2. Plant Prairie Island
same
Name Address

Unit 1
W.O. 9904152
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by owner
same
Name Address

Type Code Symbol Stamp NA
 Authorization No. NA
 Expiration Date NA

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Code Specification 2148053, Year — Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989 Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
13 Charging pump	Ajax	—	—	Packing Assemblies 145-043	—	Corrected	No

7. Description of Work Replace packing Assemblies

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

Other ☐ Pressure 2465 psi Test Temp. 130 °F (NON-CODE TEST)

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



FORM NIS-2 (Back)

9. Remarks ANII NOTIFICATION DID NOT TAKE PLACE PRIOR TO THE
Applicable Manufacturer's Data Reports to be attached
REPLACEMENT. THIS NON-CONFORMANCE IS DOCUMENTED IN
CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 5-4 01
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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/4/01 to 5/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 QNI, MN039600-CO
Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/4/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO. Date 2-12-01
Name
1717 WAKONAOE DR. E., WELCH, MN
Address
2. Plant PINGP Unit 1
Name
SAME WORK ORDER 0006689
Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by PINGP Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System VC (CLASS 2)
5. (a) Applicable Construction Code B31.1, 1967 Edition, — Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
CV-31325 NUT	COPE-S-VULCAN		—	LETDOWN ORIFICE		CORRECTED	NO
CV-31326 STUD	COPE-S-VULCAN		—	ISOLATION		CORRECTED	NO
CV-31327	COPE-S-VULCAN		—	VALVES		CORRECTED	NO

7. Description of Work BONNET REPLACE VALVE STUDS AND NUTS, MACHINE GASKET SURFACE.
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☒ Exempt ☐
Pressure 350 psi Test Temp. 290 °F
2280

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



FORM NIS-2 (Back)

9. Remarks CONDUCTED VT-1 EXAM OF NEW FASTENERS PRIOR TO INSTALLATION.

Applicable Manufacturer's Data Reports to be attached

DESIGN CHANGE SPCE-ME-0483 DOCUMENTS CHANGES TO VALVES
BY MACHINING.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed P.B. Williams ASME PROGRAM ENGR. Date 5-2, 2001
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 Minnesota and employed by HSB I+I Co.

of Hartford, CT have inspected the components described in this Owner's Report during the period 1/10/01 to 5/9/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/14/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO. Date 2-16-01
Name
1717 WAKONAOE DR.E., WELCH, MN
Address
2. Plant PINGP Sheet 1 of 2
Name
SAME Unit 1
Address WORK ORDER 9912283, 0008606
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by PINGP Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System VC (CLASS 1)
5. (a) Applicable Construction Code B31.1, 1967 Edition, — Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
AUX SPRAY VALVE	COPIES-VULCAN		—	CV-31329		REMOVED	NO
AUX SPRAY VALVE	COPIES-VULCAN		—	CV-31329		INSTALLED	NO

7. Description of Work REPLACE AUX SPRAY VALVE
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Exempt ☐
 Other ☐ Pressure 2280 psi Test Temp. 547 °F

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

FORM NIS-2 (Back)

9. Remarks WELD PSI PER IWA-7530.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 5-3, 01
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 Minnesota and employed by HSB I+I Co.

of Hartford, CT have inspected the components described in this Owner's Report during the period 1/19/01 to 5/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ASE, MN039600-CO
Inspector's Signature National Board, State, Province, and Endorsements
Date 5/4/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy Name _____ Date 5/1/01
1717 Wakonade Dr. E, Welch, MN, 55089 Address _____ Sheet 1 of 2
2. Plant Prairie Island Name _____ Unit 1
Same Address _____ W.O. # 9908080
 Repair/Replacement Organization P.O. No., Job No., etc. _____
3. Work Performed by Owner Name _____ Type Code Symbol Stamp NA
Same Address _____ Authorization No. NA
 Expiration Date NA
4. Identification of System VC (CLASS 2)
SPECIFICATION
5. (a) Applicable Construction Code 2M48053, _____ Edition, _____ Addenda, _____ Code Case
 Year _____
- (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 87
 Year _____
- (c) Applicable Section XI Code Cases _____

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
<u>13 Charging Pump</u>	<u>Ajax</u>	<u>—</u>	<u>—</u>	<u>Packing Assemblies 145-043</u>	<u>—</u>	<u>corrected</u>	<u>No</u>

7. Description of Work replace 2 packing assemblies
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Exempt ☒ (NON-CODE TEST)
 Other ☐ Pressure 2485 psi Test Temp. 130 °F

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



FORM NIS-2 (Back)

9. Remarks AN11 WAS NOT NOTIFIED PRIOR TO THE REPLACEMENT. THIS
Applicable Manufacturer's Data Reports to be attached
NONCONFORMANCE IS DOCUMENTED IN CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Willard, ASME PROGRAM ENGR. Date 4-30, 2001
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 Maine and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 5/2/01 to 5/2/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/2/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT COMPANY Date 2-1-01
Name
1717 WAKONAOE DR. E., WELCH, MN
Address
2. Plant PRAIRIE ISLAND N.G.P. Sheet 1 of 2
Name
1717 WAKONAOE DR. E., WELCH, MN Unit 1
Address WORK ORDER 0100393
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp NIA
Name Authorization No. NIA
Address Expiration Date NIA
4. Identification of System FEEDWATER (CLASS 2)
5. (a) Applicable Construction Code B31.1, 1967 Edition, — Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
FW TO 12 SG CHECK	EDWARD	—	—	F-8-2	1971	CORRECTED	N

7. Description of Work REPLACED HINGE PIN COVER BOLTS

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐ Exempt ☒ (NON-CODE LEAK CHECK WAS PERFORMED)
 Other ☐ Pressure _____ psi Test Temp. _____ °F

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

FORM NIS-2 (Back)

9. Remarks PRESSURE RETAINING BOLTING WAS NOT IN THE ORIGINAL
Applicable Manufacturer's Data Reports to be attached
JOB SCOPE. CONSEQUENTLY, THE AN11 WAS NOT NOTIFIED
PRIOR TO REPLACEMENT. MISSED NOTIFICATION WAS DOCUMENTED
IN CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed P.B. Williams ASME PROGRAM ENGR. Date 4-30-01
 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 Minnesota and employed by HSB I&I Co
 of Hartford, CT have inspected the components described
 in this Owner's Report during the period 5/10/01 to 5/10/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-C0
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/10/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
Name
1717 Wakonade Dr. E., Welch, MN, 55089
Address

Date 4/27/01
 Sheet 1 of 2

2. Plant Prairie Island
Name
Same
Address

Unit N/A
W.O. 9911092
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner
Name
Same
Address

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

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Codes ASME 1.01 N/A Spec # 2M48053, Year — Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Charging Pump Packing	Cooper Industries	—	—	Gland Retainer Plate	—	Corrected & repaired	NO

NO EQUIP. #
 (LEAVE BLANK)

7. Description of Work Refurbished Packing S.

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

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

FORM NIS-2 (Back)

9. Remarks THE WORK PACKAGE WAS NOT ROUTED TO THE ANII PRIOR
Applicable Manufacturer's Data Reports to be attached
TO BEGINNING THE WORK. THIS NONCONFORMANCE IS
DOCUMENTED IN CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willett ASME PROGRAM ENGINEER Date 4-30-01
 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 Minnesota and employed by HSB I+I Co.
 of Hartford, CT

_____ have inspected the components described
 in this Owner's Report during the period 4/30/01 to 5/01/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 5/01/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy
1717 Wakonade Dr. E., Welch, MN, 55089

Date 4/27/01
 Sheet 1 of 2

2. Plant Prairie Island
Same

Unit N/A
W.O. 0000076
 Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by Owner
Same

Type Code Symbol Stamp NA
 Authorization No. NA
 Expiration Date NA

4. Identification of System VC (CLASS 2)

5. (a) Applicable Construction Code ASME, Spec # 2m48053 Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89
 Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
<u>Charging Pump Packing</u>	<u>Cooper Industries</u>	<u>—</u>	<u>—</u>	<u>Gland Retainer Plate</u>		<u>Corrected</u>	<u>No</u>

*NO EQUIP. #
 (LEAVE BLANK)*

7. Description of Work Refurbished Packing Set

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

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



FORM NIS-2 (Back)

9. Remarks THIS REPAIR WAS PERFORMED WITHOUT PRIOR NOTIFICATION
OF THE ANII. THIS NONCONFORMANCE IS DOCUMENTED IN
CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Williams ASME PROGRAM ENGR. Date 4-30, 2001
 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 Minnesota and employed by HSB I&I Co.
 of Hartford, CT have inspected the components described
 in this Owner's Report during the period 5/01/01 to 5/01/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-C0
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/01/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO. Date 2-11-01
Name
1717 WAKONADE DR. E., WELCH, MN
Address
2. Plant PRAIRIE ISLAND N.G.P. Sheet 1 of 2
Name
1717 WAKONADE DR. E., WELCH, MN Unit 1
Address WORK ORDER 0006586
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System REACTOR COOLANT SYSTEM (CLASS 1)
5. (a) Applicable Construction Code ASME II, '65 Edition, WINTER Addenda, _____ Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89
Year
 (c) Applicable Section XI Code Cases _____

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
PRIMARY MANWAY FASTENER	WESTINGHOUSE	218/1178	—	11 SG COLD LEG	—	REMOVED	NO
PRIMARY MANWAY FASTENER	WESTINGHOUSE	315/609	—	11 SG COLD LEG	—	INSTALLED	NO
PRIMARY MANWAY FASTENER	WESTINGHOUSE	282/1242	—	12 SG HOT LEG	—	REMOVED	NO
PRIMARY MANWAY FASTENER	WESTINGHOUSE	316/610	—	12 SG HOT LEG	—	INSTALLED	NO

7. Description of Work REPLACED (2) FASTENER ASSYS.
8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☐ Exempt ☐
 Other ☐ Pressure 2280 psi Test Temp. 547 °F

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



FORM NIS-2 (Back)

9. Remarks NEW FASTENERS SUBJECTED TO PRESERVICE EXAM AS REQ'D.
BY ASME II. AN11 WAS NOT NOTIFIED PRIOR TO THE REPLACEMENT
THIS NON-CONFORMANCE IS DOCUMENTED IN CONDITION REPORT
2001 0709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. WILSON, ASME PROGRAM ENGR. Date 4-26-01
 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 Minnesota and employed by HSB I+I Co.
 of Hartford, CT have inspected the components described
 in this Owner's Report during the period 2/3/01 to 4/27/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 4/27/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO. Date 2-4-01
Name
1717 WAKONADE DR. E., WELCH, MIN.
Address
2. Plant PRAIRIE ISLAND N.G.P. Sheet 1 of 2
Name
SAME Unit 1
Address W.O. 0006609 & 0006610
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System REACTOR COOLANT / MAIN STEAM (CLASS 2)
5. (a) Applicable Construction Code ASME III, 1965 Edition, WINTER Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
11 S/G BOLTING	WESTINGHOUSE	1102	68-25	134-011	1968	REMOVED	NO
12 S/G BOLTING	WESTINGHOUSE	1101	68-24	134-012	1968	REMOVED	NO
11 S/G STUDS	WESTINGHOUSE	1102	68-25	134-011	1968	INSTALLED	NO
12 S/G STUDS	WESTINGHOUSE	1101	68-24	134-012	1968	INSTALLED	NO

7. Description of Work REMOVED SECONDARY HANDHALE BOLTING & REPLACED W/STUDS & NUTS.

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

Other ☐ Pressure 1005 psi Test Temp. 547 °F

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



FORM NIS-2 (Back)

9. Remarks ANII NOTIFICATION WAS NOT PERFORMED PRIOR TO THE
Applicable Manufacturer's Data Reports to be attached
REPLACEMENT. THIS NON-CONFORMANCE HAS BEEN DOCUMENTED
IN CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willis, ASME PROGRAM ENGR. Date 4-27-01
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 Minnesota and employed by HSB I & I Co.
of Hartford, CT have inspected the components described
in this Owner's Report during the period 4/27/01 to 4/27/01, and state that
to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NR 11872 ANI, MN 039600-C0
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/27/01

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

1. Owner Northern States Power/Xcel Energy Date FEB 7, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit 1
Name
Same WO # 0004407
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System CC (CLASS 2)
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
11 RCP BEG CLG WTR SUP	DRESSER	TC71707	—	CC-60-1	—	REPLACEMENT Y	
						AS 2-19-01 REPLACED	
11 RCP BEG CLG WTR SUP	DRESSER	TC74686	—	CC-60-1	—	REPLACED Y	

7. Description of Work REMOVED RELIEF VALVE FOR SECT XI TESTING

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ (NOW - LOPE)
 Other ☐ Pressure 20 psi Test Temp. 107° °F
 PER SP 1596, A LEAKAGE TEST WAS PERFORMED UNDER WORK ORDER 0004761.

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

FORM NIS-2 (Back)

9. Remarks AN11 WAS NOT NOTIFIED PRIOR TO BEGINNING THIS

Applicable Manufacturer's Data Reports to be attached

REPLACEMENT. THIS SITUATION IS DOCUMENTED IN
CONDITION REPORT 2001 0709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilson, ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 2-19-01

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB J+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/3/01 to 4/26/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 ANI, MN 039600-CO
National Board, State, Province, and Endorsements

Date 4/26/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

Owner XCEL ENERGY Date 2/5/01
Name
177 WILKINSON DR E, WELCH, MN 55089 Sheet 1 of 2
Address
 2. Plant PRAIRIE ISLAND Unit 1
Name
SAME WO# 9905374
Address Repair/Replacement Organization P.O. No., Job No., etc.
 3. Work Performed by OWNER Type Code Symbol Stamp NA
Name Authorization No. NA
SAME Expiration Date NA
Address
 4. Identification of System SI (CLASS 1)
 5. (a) Applicable Construction Code B31.1, 1967 Edition, N/A Addenda, N/A Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases N/A

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
BOLTS	VELAN	N/A	—	SI-9-2	—	REPLACED	No
NUTS	VELAN	N/A	—	SI-9-2	—	REPLACED	No
BOLTS	VELAN	N/A	—	PM7050SR	—	INSTALLED	No
NUTS	VELAN	N/A	—	D48295MR	—	INSTALLED	No

7. Description of Work REPLACED STUDS/NUTS WITH NEW STUDS/NUTS

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

Other ☐ Pressure 2200 psi Test Temp. 547 °F
WO 0004761

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



FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 4-24-01
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 Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 1/12/01 to 4/25/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN039600-CO
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/25/01

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

1. Owner Northern States Power/Xcel Energy Date JAN 31, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit 1
Name
Same WD# 9905374
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SI (CLASS 1)
5. (a) Applicable Construction Code B31.1 1967 Edition, N/A Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Cold Leg Inj to Loop A CL	VELAN	-	-	SI-9-2	-	CORRECTED 4	

7. Description of Work MACHINE RECESS IN COVER OF CHECK VALVE PER VELAN FAX.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☐ Pressure 2280 psi Test Temp. 547 °F

W.O. 0004761

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

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 3-8-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 1/12/01 to 4/25/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
Inspector's Signature

Commissions NB 11872 AWE, MN 039600-CO
National Board, State, Province, and Endorsements

Date 4/25/01 JS

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

1. Owner Northern States Power/Xcel Energy Date 2/19/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address

2. Plant Prairie Island Unit 1
Name
Same Address
Work Order 01008408, P.O. # PR938050 Release 02
Repair Organization P.O. No., Job No., etc.

3. Work Performed by WYLE Laboratories OWNER Type Code Symbol Stamp NA
Name
7800 Highway 20 West, P.O. Box 077777, Huntsville, AL 35807 Authorization No. NA
Address Expiration Date NA

4. Identification of System Main Steam (CLASS 2)

5. (a) Applicable Construction Code ANSI B31.1 19 67 Edition, No Addenda, NA Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
RS-21-6 12 SG MS HDR Relief	Consolidated	BAI 4530 removed BAI 4481 installed				REPLACED REPLACEMENT	Y
RS-21-9 12 SG MS HDR Relief	Consolidated	BAI 4536 removed BAI 4486 installed				REPLACED REPLACEMENT	Y
RS-21-10 12 SG MS HDR Relief	Consolidated	BAI 4488 removed BAI 4483 installed				REPLACED REPLACEMENT	Y

7. Description of Work replace three Main Steam Safety Valves with refurbished identical spares

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☒ Pressure 1005 psi Test Temp. 547 °F
TH

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

FORM NIS-2 (Back)

9. Remarks Dresser Certification of Compliance, First inspection plan & test report, Wyke Labs
Applicable Manufacturer's Data Reports to be attached
Recertification test program, and Prairie Island trip reports are all filmed
With P.O.# PK 92805Q release 02 for the installed safety valves

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Waller, ASME PROGRAM ENGR. Date 4-2-01, 19____
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/3/01 to 4/23/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039601-Co
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/23/01, 19____

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

1. Owner Northern States Power/Xcel Energy Date 3-9-01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit I
Name
Same Address W.O. 0100688, WD-0100634
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System CVCS (CLASS 2)
5. (a) Applicable Construction Code 831.1 1967 Edition, — Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PIPE SPOOL 1"	N/A	N/A	N/A	1-VC-42A N/A 5-12-01	N/A	REPLACEMENT	NO

7. Description of Work ADD NEW 1" SPOOLPIECE

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 50 psi Test Temp. 70 °F

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

FORM NIS-2 (Back)

9. Remarks THIS PLAN WAS NOT REVIEWED PRIOR TO BEGINNING THE WORK
AS REQUIRED BY ASME II. THE CAUSE IS BEING CORRECTED
& IS DOCUMENTED IN CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Wilcox ASME PROGRAM ENGR. Date 3-16-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/3/01 to 4/23/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 4/23/01

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

1. Owner Northern States Power/Xcel Energy Date JAN 10, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO 0004410
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System VC (CLASS 2)
5. (a) Applicable Construction Code B31.1 1947 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
13 CHG PMP DISCH RELIEF	CROSBY	50913M1	—	VC-28-3	—	REPLACEMENT	Y
13 CHG PMP DISCH RELIEF	CROSBY	50913M1	—	VC-28-3	—	REPLACED	Y

7. Description of Work REMOVED RELIEF VALVE FOR SECT XI TEST

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ (NON-CODE)
Other ☐ Pressure 2495 psi Test Temp. 70 °F

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

FORM NIS-2 (Back)

9. Remarks THE REPAIR/REPLACEMENT PLAN WAS NOT REVIEWED BY THE
AN11 ⁷² PRIOR TO BEGINNING THE REPLACEMENT AS REQ'D.
BY SECTION XI. THIS SITUATION IS DOCUMENTED IN CONDITION
REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. WILSON ASME PROGRAM ENGR.
 Owner or Owner's Designee, Title

Date 2-19-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/3/01 to 4/23/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

R.B. WILSON

Inspector's Signature

Commissions NB 11872 ANI, MN039600-CO

National Board, State, Province, and Endorsements

Date 4/23/01

10

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

1. Owner Northern States Power/Xcel Energy Date JAN 8, 2001
Name 1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
2. Plant Prairie Island Unit 1
Name Same Repair Organization P.O. No., Job No., etc. 0004409
Address
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name SAME Authorization No. N/A
Address Expiration Date N/A
4. Identification of System VC (CLASS 2)
5. (a) Applicable Construction Code BSI.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
11 CHG PMP DISCH RELIEF	CROSBY	50913M1	—	VC-28-1	—	REPLACEMENT	Y
11 CHG PMP DISCH RELIEF	CROSBY	50913M1	—	VC-28-1	—	REPLACED	Y

7. Description of Work REMOVED RELIEF VALVE FOR SEC II TEST

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ (NON CODE)
Other ☐ Pressure 2735 psi Test Temp. 70 °F
2485

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

FORM NIS-2 (Back)

9. Remarks VALVE WAS AS-FOUND 1ST ON W.O. 0013503

Applicable Manufacturer's Data Reports to be attached

VALVE (REPLACEMENT) WAS AS-LEFT TESTED ON W.O. 0013502

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR
Owner or Owner's Designee, Title

Date 3-15-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I&E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/3/01 to 4/23/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions

NB 11872 ANI, MN 039600-00
National Board, State, Province, and Endorsements

Date 4/23/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner XCEL ENERGY Date 2-13-01
Name
414 NICOLLET MALL, MLPS
Address
2. Plant PRAIRIE ISLAND NGP Sheet 1 of 1
Name
1717 WAKONADE DR. E. WELCH, MN Unit 1
Address WC# 0006580
Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by WESTINGHOUSE Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
4. Identification of System STEAM GENERATOR (CLASS 1)
5. (a) Applicable Construction Code ASME III, 1965 Edition, WINTER Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
#12 S/G	WESTINGHOUSE	1101 1102 2-12-01	68-24 68-25	134-012	1968	REPAIR	N

7. Description of Work INSTALL SLEEVES IN S/G SLEEVES
8. Tests Conducted: Hydrostatic ☒ SP 1070 W.O. 0004761
 Pneumatic ☐ Nominal Operating Pressure ☐ Exempt ☐
 Other ☐ Pressure 2280 psi Test Temp. 547 °F

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

SEE DESIGN CHANGE #975604
 CONDITION REPORT #20011173

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 3-2-01
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 Minnesota and employed by HSB I & E Co. of Hartford, CT

have inspected the components described in this Owner's Report during the period 12/15/00 to 4/2/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions NB 11872 ANI, MN 395
Date 4/2/01 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 XCEL ENERGY Date 2-8-01
Name
414 NICOLLET MALL, MINNEAPOLIS Sheet 1 of 1
Address
2. Plant PRAIRIE ISLAND N.G.P. Unit 1
Name
1717 WAKONADE DR. E., WELCH, MN W.O. 0100650
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name
1717 WAKONADE DR. E., WELCH, MN Authorization No. N/A
Address Expiration Date N/A
4. Identification of System STEAM GENERATOR (CLASS 2)
5. (a) Applicable Construction Code ASME III C.A. 19 65 Edition, WINTER Addenda, — Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
#12 STEAM GENERATOR	WESTINGHOUSE	1101 1102 4-21-01	68-24 68-25	134-012	1968	REPAIR	AY

7. Description of Work RESURFACED THE RCP-SIDE HANDHOLE SURFACE

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☒ 2/19/01
Other ☐ Pressure 1005 psi Test Temp. 545 °F
W.O. 0004761

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

FORM NIS-2 (Back)

9. Remarks CONDITION REPORT 20011271 WAS INITIATED.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-19-01 1901
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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/01/01 to 4/02/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AWE, MN 395
Inspector's Signature National Board, State, Province, and Endorsements

Date 4/2/01 2001

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

1. Owner Northern States Power/Xcel Energy Date FEB 18, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address WO # 0010410
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner / WYLE LABS. Type Code Symbol Stamp N/A
Name
SAME Address Authorization No. N/A
Expiration Date N/A
4. Identification of System RCS (CLASS 1)
5. (a) Applicable Construction Code BS1.1 19 67 Edition, N/A Addenda, N/A Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
PRBR SAFETY VALVE	CROSBY	2RV-8010B	—	RC-10-1	—	REPLACED	Y
PRBR SAFETY VALVE	CROSBY	N57872-00-0002	—	RC-10-2	—	REPLACED	Y
PRBR SAFETY VALVE	CROSBY	N57872-00-0001	—	SPARE	—	REPLACEMENT	Y
PRBR SAFETY VALVE	CROSBY	1RV-8010A	—	SPARE	—	REPLACEMENT	Y

7. Description of Work REMOVED/REPLACED SAFETY VALVES FOR SECT XI TEST

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

W.O. 0004761
SP 1070

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

FORM NIS-2 (Back)

9. Remarks PURCHASE ORDER PR7957SQ REL. #3

Applicable Manufacturer's Data Reports to be attached

RIF NO. 47498

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR Date 2-22-01 10
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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 4/2/01 to 4/2/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 ANI, MN 395
National Board, State, Province, and Endorsements

Date 4/2/01 JS

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

1. Owner Northern States Power/Xcel Energy Date February 13, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 2
Address
2. Plant Prairie Island Unit 1
Name Welding Services Inc. Job No. 31004
Same Work order # 0004477
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by OWNER WELDING SERVICES INC. Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System Reactor Vessel (CLASS 1)
5. (a) Applicable Construction Code Sect. III C1A19 68 Edition, No Addenda, None Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements B9

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Unit 1							
Reactor Vessel	Cresvot						
Lower Canopy	Loire			157-051	1969	Repaired	Y
Seals	Industries						

7. Description of Work Preventative Weld Buildup of Lower Canopy Seal Welds
H12, G11, I11, K9, L8, K7, L6, K5, J4, I3, H2, F12, B6, C5, H8, I9.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☐ Pressure 2235 ± 2280 Test Temp. 547 °F (service test as part of start up.)
W.O. 0004761

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

FORM NIS-2 (Back)

9. Remarks Perform weld build up of Lower Canopy Seals per design
change 98RV06 and work order 0004477. Repair done
by Welding Services, Inc.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilcox ASME PROGRAM ENGR. Date 2-13-01
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 1/22/01 to 4/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]
 Inspector's Signature

Commissions NB 11872 ANI, MN 395
 National Board, State, Province, and Endorsements

Date 4/4/01

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

1. Owner Northern States Power/Xcel Energy Date February 13, 2001
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 2
2. Plant Prairie Island Unit 1
Name Same Address Same Welding Services Inc. Job No. 31004
Work Order # 0004678
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Welding Services Inc. Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address SAME Expiration Date N/A
4. Identification of System Reactor Vessel (CLASS 1)
5. (a) Applicable Construction Code Sec. II, CLA 19.6B Edition, N Addenda, None Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19.89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Unit 1 Reactor Vessel	Crescor						
Intermediate Canopy Seals	Loire Industries			157-051	1969	Repaired	Y

7. Description of Work Preventative weld build up of Intermediate Canopy Seal Welds
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☐ Pressure 2235 ± 2280 psi Test Temp. 547 °F (service test as part of startup)
W.O. 0004761

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

FORM NIS-2 (Back)

9. Remarks Perform weld build up of Intermediate Canopy Seals
per design package 98RV06 and work order 0004478.
Repair done by Welding Services Inc. ICSWs done: F2, E3
D4, C5, B6, C7, B8, C9, D10, E11, F12, G11, H12, I11,
J10, K9, L8, K7, L6, K5, J4, I3, H2, G3

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-13-01
 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 Minnesota and employed by HSB I & E Co of Hartford, CT have inspected the components described in this Owner's Report during the period 1/22/01 to 4/4/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 4/4/01 98

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

1. Owner Northern States Power/Xcel Energy Date 02/13/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Address Sheet 1 of 1
2. Plant Prairie Island Unit 1
Name
Same Address Work Order 0007426
Repair Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Address Expiration Date N/A
4. Identification of System Main Steam (CLASS 2)
5. (a) Applicable Construction Code ASME B31.1 1967 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CV-31098 Cover Studs	Ketema Inc. Schutte & Koerting Div.	NA	NA			Replaced	NO
CV-31098 COVER nuts	Ketema Inc. Schutte & Koerting Div.	NA	NA			Replaced	NO

7. Description of Work Like for like replacement of cover studs and nuts

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
Other ☐ Pressure 1005 psi Test Temp. 547 °F

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Wilk, ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 2-14-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/23/01 to 2/23/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature]

Inspector's Signature

Commissions NB 11872 AWE, MN 395

National Board, State, Province, and Endorsements

Date 2/23/01

15

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

1. Owner Xcel Energy Date 2-20-01
Name
1717 Wakonade Dr E, Welch, MN 55089
Address
 2. Plant Prairie Island Nuclear Plant Sheet 1 of 1
Name Unit 1
Same as above. WO# 0100988
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
 4. Identification of System Containment Spray (CLASS 2)
 5. (a) Applicable Construction Code ASME B31.1 1989 Edition, Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
CS-16 COVER BOLTS & NUTS						REPLACEMENT NO	

7. Description of Work REPLACED ALL BONNET-TO-BODY COVER STUDS & NUTS

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

NO TESTS, BOLTS REPLACED ONE AT A TIME.

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

FORM NIS-2 (Back)

9. Remarks Studs were detensioned for replacement one at a time, so
the system was not opened during performance of The work.

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wipac, ASME PROGRAM ENGR. Date 2-20-01, 1901
 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 Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/16/01 to 2/21/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/21/01 1901

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner XCEL ENERGY Date 2-6-01
Name
414 NICOLLET MALL, MPLS Sheet 1 of 1
Address

2. Plant PRAIRIE ISLAND NUCLEAR Unit 1
Name
1717 WAKONADE DR E. WO # 0004408
Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address

4. Identification of System CC (CLASS 2)

5. (a) Applicable Construction Code B31.1, 1967 Edition, NA Addenda, NA Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases NA

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
<u>N RCP BRG CLWTR</u>	<u>DRESSER</u>	<u>C91060</u>	<u>—</u>	<u>CC-69-1</u>	<u>—</u>	<u>CORRECTED</u>	<u>YES</u>

7. Description of Work REPAIRED CRACK IN FLANGE WELD (REF CR 20011205)

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

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



FORM NIS-2 (Back)

9. Remarks CONDITION REPORT 20011205 EVALUATED THIS NON CONFORMANCE.
Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR. Date 2-17-01
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 Minnesota and employed by HSB I+I Co.

of Hartford, CT have inspected the components described in this Owner's Report during the period 2/20/01 to 2/20/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/20/01

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

1. Owner NSP / XCEL ENERGY Date 2-7-01
Name
414 NICOLETT MAIL, MINNEAPOLIS, MN Sheet 1 of 1
Address
2. Plant PRAIRIE ISLAND N.G.P. Unit 1
Name
1717 WAKONADE DR. E., WELCH, MN 0100788
Address Repair Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Type Code Symbol Stamp N/A
Name Authorization No. N/A
SAME Expiration Date N/A
Address
4. Identification of System SI (CLASS 2)
5. (a) Applicable Construction Code B31.1 19 67 Edition, Addenda, Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
ACCUMULATOR N ₂ SUPPLY CV	COPIES-VULCAN		—	CV-3M4D		REPAIR	NO

7. Description of Work REMOVE VISUAL INDICATION & WELD REPAIR
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☒ Nominal Operating Pressure ☐
Other ☐ Pressure 800 psi Test Temp. _____ °F

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

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Willard ASME PROGRAM ENGR. Date 2-14-01 19
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/7/01 to 2/16/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 395
Inspector's Signature National Board, State, Province, and Endorsements

Date 2/16/01 xx

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

1. Owner Northern States Power/Xcel Energy Date 03/19/01
Name
1717 Wakonade Dr. E. Welch, MN 55089 Sheet 1 of 1
Address
 2. Plant Prairie Island Unit 1
Name
Same work order 0100543
Address Repair Organization P.O. No., Job No., etc.
 3. Work Performed by Owner Type Code Symbol Stamp N/A
Name Authorization No. N/A
Address Expiration Date N/A
 4. Identification of System Safety Injection

5. (a) Applicable Construction Code ASME B31.1 1967 Edition, Addenda, Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1982

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
1-SICH-7 Bolts						Replacement	No

7. Description of Work Replaced 7/8 x 1 3/4" B7 bolts with 7/8 x 1 1/2" bolts (B7).

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

VT-3 INSPECTION

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.

FORM NIS-2 (Back)

9. Remarks _____

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R.B. Willis, ASME PROGRAM ENGR.
Owner or Owner's Designee, Title

Date 2-19-01

19

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Minnesota and employed by HSB I+I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/21/01 to 2/21/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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



Inspector's Signature

Commissions NB 11872 ANI, MN 395

National Board, State, Province, and Endorsements

Date 2/21/01

19

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

1. Owner NSP/XCEL Energy Date 02-04-01
Name
414 Nicollet, Mpls, MN
Address
2. Plant Prairie Island Sheet 1 of 1
Name
1717 Wakonade Drive, Welch, MN
Address
3. Work Performed by Owner Unit 1
Name
Address WO. 0100730
Repair Organization P.O. No., Job No., etc.
- Type Code Symbol Stamp N/A
 Authorization No. N/A
 Expiration Date N/A
4. Identification of System RC
5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pressurizer spray Pipe				3-RC-5	1973	Repair	No

7. Description of Work Buff out linear indications. WO #0100730

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure PT & WALL THICKNESS MEASUREMENTS psi Test Temp. None °F

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

FORM NIS-2 (Back)

9. Remarks indications buffed out so that pre-freeze
plug installation NDE would provide a clean
PT so that post-freeze plug PT would
be easier to analyze.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I&I Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/4/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 A, N, I MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01

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

1. Owner NSP/XCEL Energy Date 02-04-01
Name
414 Nicollet, Mpls, MN
Address
 2. Plant Prairie Island Sheet 1 of 1
Name
1717 Wakonade Drive, Welch, MN
Address
 3. Work Performed by Owner Unit 1
Name
Address
 Repair Organization P.O. No., Job No., etc. N/A
 Type Code Symbol Stamp N/A
 Authorization No. N/A
 Expiration Date N/A

4. Identification of System RC

5. (a) Applicable Construction Code B31.1 19 67 Edition, — Addenda, — Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 89

6. Identification of Components Repaired or Replaced and Replacement Components

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Pressurizer spray Pipe				3-RC-5	1973	Repair	No

7. Description of Work Buff out linear indications. WO # 0100729

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

PT Other ☒ Pressure — psi Test Temp. — °F

PT & WALL THICKNESS MEASUREMENTS

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

FORM NIS-2 (Back)

9. Remarks Indications buffed out so that pre-freeze
plug installation NDE would provide a clean
PT so that post-freeze plug PT would
be easier to analyze

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Wilbur ASME PROGRAM ENGR. Date 2-5-01
 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 Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/4/01 to 2/7/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 A, N.E. MN395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/7/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO.
Name
1717 WAKONADE DR. E., WELCH, MN
Address

Date 12-9-00
Sheet 1 of 2

2. Plant PRAIRIE ISLAND N.G.P.
Name
SAME
Address

Unit 1
WORK ORDER 9912576
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by OWNER
Name
SAME
Address

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

4. Identification of System VC

5. (a) Applicable Construction Code XH-1-B91, — Year Edition, — Addenda, — Code Case

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
CV-31329	COPEES-VULCAN		—	AUX. SPRAY VALVE	—	CORRECTED	No

7. Description of Work REPLACED (3) BONNET-TO-BODY NUTS

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

Other ☐ Pressure _____ psi Test Temp. _____ °F

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

(7/99) This form (E00030) may be obtained from the Order Dept., ASME, 22 Law Drive, Box 2300, Fairfield, NJ 07007-2300.



E00030

FORM NIS-2 (Back)

9. Remarks PRESERVICE VT-1 INSPECTION WAS PERFORMED ON THE
REPLACEMENT NUTS. AN 11 NOTIFICATION PRIOR TO THE
REPLACEMENT DID NOT OCCUR. THIS NONCONFORMANCE IS
BEING ADDRESSED BY CONDITION REPORT 20010709.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR. Date 5-2, 01
 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 Minnesota and employed by HSR I&I Co.

of Hartford, CT have inspected the components described
 in this Owner's Report during the period 5/4/01 to 5/16/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-60
 Inspector's Signature National Board, State, Province, and Endorsements

Date 5/16/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner Xcel Energy Date 2-20-01
1717 Wakonade Dr. E., Welch MN Sheet 1 of 2
Name Address
2. Plant Prairie Island Unit 1
Owner, W.O. # 0007361
Name Address Repair/Replacement Organization P.O. No., Job No., etc.
3. Work Performed by Owner Type Code Symbol Stamp N/A
Same Authorization No. N/A
Name Address Expiration Date N/A
4. Identification of System Reactor Vessel Conoseal
5. (a) Applicable Construction Code Sec. III Class 1, 1968 Edition, Addenda, Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 89
Year
 (c) Applicable Section XI Code Cases

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Reactor vessel	Cresvoir Loire			157-051	1969		Y
Conoseal	Industries						

7. Description of Work Replaced one stud and eighteen nuts on Marman clamps.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒ Exempt ☐
 Other ☒ Pressure 2235 psi Test Temp. 547 °F Service test at start up.
W.O. 0004761

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



FORM NIS-2 (Back)

9. Remarks AN/ NOTIFICATION DID NOT TAKE PLACE PRIOR TO THE
REPAIR/REPLACEMENT. THIS SITUATION IS BEING ADDRESSED
IN CONDITION REPORT 20010909.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams, ASME PROGRAM ENGR. Date 5-21-01
 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 Minnesota and employed by HSB I&I Co.
 of Hartford, CT have inspected the components described
 in this Owner's Report during the period 5/21/01 to 5/21/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report
 in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANEB, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 5/21/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner XCEL Energy / NMC Date 4/30/01
1717 WAKONADE Dr., Welch, MN 55089 Sheet 1 of 2
Name Address

2. Plant Prairie Island Unit 1
Same 0003101, 0100517, 0100722, 0100505
Name Address Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by OWNER Type Code Symbol Stamp N/A
SAME Authorization No. —
Name Address Expiration Date

4. Identification of System Reactor Coolant

5. (a) Applicable Construction Code B31.1, 1967 Edition, — Addenda, — Code Case
Year
 (b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year
 (c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
Loop A Press. Spray Valve.	Masoneilan		—	CV-31224	1970	REMOVED	No
Loop B Press. Spray Valve.	Masoneilan		—	CV-31225	1970	REMOVED	No
Loop A Press. Spray Valve	MASONEILAN	P401-541-1-1	—	CV-31224	2000	INSTALLED	No
Loop B Press. Spray Valve.	MASONEILAN	P401-541-1-2	—	CV-31225	2000	INSTALLED	No

7. Description of Work Replace valve internals and valve body per WOS 0100722, 0100505, 0100517, 0003101

8. Tests Conducted: Hydrostatic ☒ Pneumatic ☐ Nominal Operating Pressure ☒ Exempt ☐
2 per WO 0004761 @ 2280 psig RCS pressure
 Other ☐ Pressure 2280 psig Test Temp. 547 °F
2280 547

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



FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be attached

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed B. B. Willett, ASME PROGRAM ENGR. Date 5-22, 2001
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 Minnesota and employed by HSB I & F Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 12/12/00 to 5/22/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 AB NI, MN 039600-CO
Inspector's Signature National Board, State, Province, and Endorsements

Date 5/22/01

FORM NIS-2 OWNER'S REPORT FOR REPAIR/REPLACEMENT ACTIVITY
As Required by the Provisions of the ASME Code, Section XI

1. Owner NUCLEAR MANAGEMENT CO.
Name
1717 WAKONADE DR. E., WELCH, MIN
Address

Date 2-15-01

Sheet 1 of 2

2. Plant PRAIRIE ISLAND N.G.P.
Name
SAME
Address

Unit 1

0100505, 0100517, 0003101, 0100722
Repair/Replacement Organization P.O. No., Job No., etc.

3. Work Performed by OWNER
Name
Address

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

4. Identification of System REACTOR COOLANT

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

(b) Applicable Edition of Section XI Utilized for Repair/Replacement Activity 1989
Year

(c) Applicable Section XI Code Cases —

6. Identification of Components:

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Corrected, Removed, or Installed	ASME Code Stamped (Yes or No)
PRESSURIZER SPRAY PIPE	—	—	—	3-RC-5		REMOVED	NO
PRESSURIZER SPRAY PIPE	—	—	—	3-RC-5		INSTALLED	NO

7. Description of Work REPLACED PIPE IN CONJUNCTION WITH PRESSURIZER SPRAY VALVE REPLACEMENT.

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

Other ☐ Pressure 2280 psi Test Temp. 547 °F W.O. 0004761

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



FORM NIS-2 (Back)

9. Remarks SPCE-ME-0629 DOCUMENTS THE APPROPRIATENESS OF USING
Applicable Manufacturer's Data Reports to be attached
A312 MATERIAL IN PLACE OF A376.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R. B. Williams, ASME PROGRAM ENGR. Date 5-22, 2001
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 Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 2/1/01 to 5/22/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ABNI, MN 039600-CO
Inspector's Signature National Board, State, Province, and Endorsements
 Date 5/22/01

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

1. Owner NSP / xcel Energy Date February 15, 2001
1717 Wakonade Drive East Sheet 1 of 2
Welch MN 55089 Address
2. Plant Prairie Island Unit 1
1717 Wakonade Drive East WO# 0100707
Welch MN 55089 Repair Organization P.O. No., Job No., etc.
3. Work Performed by OWNER Name Type Code Symbol Stamp NA
 Authorization No. NA
 Expiration Date NA
4. Identification of System 2C, Containment Ventilation (CCASS)
5. (a) Applicable Construction Code Section III-NB 19 65 Edition, all addenda Addenda, 1392 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 19 92

6. Identification of Components Repaired or Replaced and Replacement Components

1 PENC - PAL

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Penetration seal housings	CB#1	-	N/A	exterior upper	1969	replaced	No
Penetration seal housings	Trentec	-	N/A	exterior upper	2001	replacement	No
Penetration seal housings	CB#1	-	N/A	exterior lower	1969	replaced	No
Penetration seal housings	Trentec	-	N/A	exterior lower	2001	replacement	No
Penetration seal housings	CB#1	-	N/A	interior upper	1969	replaced	No

7. Description of Work Replaced all four handwheel shaft housings for the Unit 1 Personnel Airlock.
8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 46.5 psi Test Temp. °F

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.

FORM NIS-2 (Back)

9. Remarks Reconciliation from the 1965 code to 1989 code
was performed by Automated Engineering Services
Corporation per Calculation PI-P-065
POST MAINT. TEST COMPLETED UNDER W.O. 0013147

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
 Certificate of Authorization No. N/A Expiration Date N/A
 Signed R.B. Willis ASME PROGRAM ENGR. Date 2-23-01
 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 Minnesota and employed by HSB I & C. of
Hartford, CT have inspected the components described
 in this Owner's Report during the period 2/18/01 to 2/27/01, and state that
 to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this
 Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANE, MN 395
 Inspector's Signature National Board, State, Province, and Endorsements

Date 2/27/01 19

5

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

1. Owner Northern State Power Company Date December 5, 2000
Name
1717 Wakonade Drive E, Welch MN 55089 Sheet 1 of 3
Address

2. Plant Prairie Island Nuclear Plant Unit #1
Name
1717 Wakonade Drive E, Welch MN 55089 # 0008419 **PROJECT # 992001**
Address Repair Organization P.O. No., Job No., etc.

3. Work Performed by Owner Type Code Symbol Stamp NA
Name Authorization No. NA
Address Expiration Date NA

4. Identification of System IC, Containment Vent CLASS
Section III-NB all addenda

5. (a) Applicable Construction Code 1965 Edition, through 1967 Addenda, 1392 Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1992

6. Identification of Components Repaired or Replaced and Replacement Components 1PENC-MAL

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (Yes or No)
Penetration Seal Housing	CB#1	—	N/A	exterior upper	1969	replaced	No
Penetration Seal Housing	Trentec	—	N/A	exterior upper	2000	replacement	No
Penetration Seal Housing	CB#1	—	N/A	exterior lower	1969	replaced	No
Penetration Seal Housing	Trentec	—	N/A	exterior lower	2000	replacement	No
Penetration Seal Housing	CB#1	—	N/A	interior upper	1969	replaced	No

7. Description of Work Replaced all four handwheel shaft housings for U1 Maintenance Airlock

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
 Other ☒ Pressure 46.5 psi Test Temp. AMBIENT °F

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

FORM NIS-2 (Back)

9. Remarks Reconciliation from 1915 code to 1989 code was performed
by Automated Engineering Services Corporation per Calculation
PI-P-005. ~~AN/H NOTIFICATION DID NOT OCCUR PRIOR TO~~ RC 5/4/01
~~REPLACEMENT. THIS NON-COMFORMANCE IS ADDRESSED IN~~ ANSE reviewed
~~CONDITION REPORT 20010709.~~ Package on 4/11/01
prior to work.

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A Expiration Date N/A

Signed R.B. Williams ASME PROGRAM ENGR. Date 5-4-01, 1901
 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 Minnesota and employed by HSB I & E Co. of Hartford, CT have inspected the components described in this Owner's Report during the period 11/21/01 to 5/14/01, and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

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

[Signature] Commissions NB 11872 ANI, MN 039600-CO
 Inspector's Signature National Board, State, Province, and Endorsements

Date 5/14/01, 1901

Name of Component	Name of Manufacturer	Manufacturer Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped?
Penetration Seal Housings	CB&I	—	N/A	interior upper	2000	replacement	No
Penetration Seal Housings	Trentec	—	N/A	interior lower	1969	replaced	No
Penetration Seal Housings	CB&I	—	N/A	interior lower	2000	replacement	No

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APPENDIX A

INTERVAL 3 PERIOD 3 INSPECTIONS BY COMPONENT CLASS AND SUMMARY NUMBER.

11 Pages

. The information contained in this appendix is computer generated by the ISI database management system includes other non-code inspection results. As allowed by 10CFR55a(g)(6)(ii)(B)(5) the containment inspection program (IWE) will be maintained and available for NRC audit and review at the plant site after September 9th, 2001. The non-code inspection results listed within this appendix have not been reviewed or certified by the ANI inspector and are not covered by the form NIS-1 submitted with this summary report.

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.
 Plant: 414 Nicollet Mall, Minneapolis, MN 55401
 Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a
 Commercial Service Date: 12/16/1973
 National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
300297	W-7	PIPE-45 ELBOW	B-J	B9.21	ISI-PT-1	PT 2001P061 NAD	RC	ISI-5D	2/10/2001
Comments:	Pre-Service Examination for valve replacement								
300309	W-8	PIPE - VALVE	B-J	B9.21	ISI-PT-1	PT 2001P021 NAD	RC	ISI-6	1/25/2001
300313	W-4	PIPE - FLANGE	B-J	B9.21	ISI-PT-1	PT 2001P020 IND	RC	ISI-6	1/25/2001
Comments:	All Indications Code Acceptable per IWB-3514-1 CR 20011561								
300330	W-13	PIPE - VALVE	B-J	B9.40	ISI-PT-1	PT 2001P025 NAD	RC	ISI-7	1/26/2001
300331	W-14	VALVE - PIPE	B-J	B9.40	ISI-PT-1	PT 2001P026 NAD	RC	ISI-7	1/26/2001
300357	W-10	PIPE - RTD MANIFOLD	B-J	B9.21	ISI-PT-1	PT 2001P023 NAD	RC	ISI-8	1/26/2001
300361	W-14	PIPE - ELBOW	B-J	B9.21	ISI-PT-1	PT 2001P057 NAD	RC	ISI-8	2/7/2001
300378	W-9	VALVE - PIPE	B-J	B9.40	ISI-PT-1	PT 2001P024 NAD	RC	ISI-8	1/26/2001
300396	W-12	PIPE - VALVE	B-J	B9.40	ISI-PT-1	PT 2001P018 NAD	RC	ISI-10	1/25/2001
300398	W-14	PIPE - RED TEE	B-J	B9.21	ISI-PT-1	PT 2001P017 NAD	RC	ISI-10	1/25/2001
300411	B-2	4 ORIFICE BOLTS	B-G-2	B7.50	ISI-VT-1.0	VT 2001V034 NAD	VC	ISI-11A	1/26/2001
Comments:	Examined in Place.								
300415	W-13	FLANGE - PIPE	B-J	B9.21	ISI-PT-1	PT 2001P028 NAD	VC	ISI-11A	1/26/2001
300420	W-11	TEE - PIPE	B-J	B9.21	ISI-PT-1	PT 2001P029 NAD	VC	ISI-11A	1/26/2001
300442	W-8	VALVE - PIPE	B-J	B9.40	ISI-PT-1	PT 2001P031 NAD	VC	ISI-11B	1/27/2001
300514	W-1	RC PUMP - PIPE	B-J	B9.11	ISI-UT-16A	UT 2001U039 NAD	RC	ISI-12C	2/15/2001
					ISI-PT-1	PT 2001P069 NAD	RC	ISI-12C	2/15/2001
Comments:	UT examination Limited to 38.85%, One sided exam due to pump to pipe config.								
300523	W-5	RED 40° ELBOW - NZZL	B-J	B9.11	ISI-UT-11A	UT 2001U006 GEO	RC	ISI-12A	1/27/2001
					ISIPT-1	PT 2001P013 NAD	RC	ISI-12A	1/24/2001
300569	B-2	VALVE BOLTING	B-G-2	B7.70	ISI-VT-1.0	VT 2001V002 NAD	RC	ISI-17	1/22/2001
Comments:	Examined in Place.								
300582	W-6	ELBOW - RED. TEE	B-J	B9.11	ISI-UT-16A	UT 2001U002 NAD	SI	ISI-17	1/24/2001
					ISI-PT-1	PT 2001P005 NAD	SI	ISI-17	1/22/2001
300598	W-8	ELBOW - PIPE	B-J	B9.11	ISI-UT-16A	UT 2001U001 NAD	SI	ISI-18	1/22/2001
					ISI-PT-1	PT 2001P004 NAD	SI	ISI-18	1/22/2001
300660	B-1	ORIFICE BOLTS	B-G-2	B7.50	ISI-VT-1.0	VT 2001V110 NAD	RC	ISI-21	2/7/2001
					ISI-VT-1.0	VT 2001V044 NAD	RC	ISI-21	1/29/2001
Comments:	CR 20010828, Boron residue removed.								
300668	W-5	FLANGE - PIPE	B-J	B9.21	ISI-PT-1	PT 2001P007 NAD	RC	ISI-21	1/24/2001
300686	W-16	PIPE - ELBOW	B-J	B9.21	ISI-PT-1	PT 2001P008 NAD	RC	ISI-22	1/24/2001
300688	W-18	PIPE - ELBOW	B-J	B9.21	ISI-PT-1	PT 2001P010 NAD	RC	ISI-22	1/24/2001
300747	W-4	TEE - ELBOW	B-J	B9.21	ISI-PT-1	PT 2001P006 NAD	SI	ISI-24	1/24/2001
300763	W-2	HALF COUPLING - PIPE	B-J	B9.40	ISI-PT-1	PT 2001P033 NAD	RC	ISI-25	1/27/2001
300771	W-2	PIPE - VALVE	B-J	B9.40	ISI-PT-1	PT 2001P009 NAD	RC	ISI-26	1/24/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.
Plant: 414 Nicollet Mall, Minneapolis,MN 55401
Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a
Commercial Service Date: 12/16/1973
National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
300772	W-8	TEE - PIPE	B-J	B9.21	ISI-PT-1	PT 2001P049 NAD	RC	ISI-25	2/2/2001
300773	W-9	PIPE - VALVE	B-J	B9.21	ISI-PT-1	PT 2001P050 NAD	RC	ISI-25	2/2/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.

Plant: 414 Nicollet Mall, Minneapolis,MN 55401

Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a

Commercial Service Date: 12/16/1973

National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
Class 2									
300126	H-1	SNUBBER	F-A	F-A	ISI-VT-2.0	VT 2001V205 IND	SI	ISI-2	2/19/2001
					ISI-VT-2.0	VT 2001V003 IND	SI	ISI-2	1/23/2001
Comments:	CR 20010828 Accepted as is.								
300167	H-8	ROD	F-A	F-A	ISI-VT-2.0	VT 2001V091 NAD	RH	ISI-3B	1/30/2001
300184	H-3	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V045 NAD	RH	ISI-3C	1/29/2001
300207	H-2	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V167 NAD	RC	ISI-5A	2/14/2001
Comments:	Pre-Service Examination for valve replacement								
300212	H-1	DOUBLE SNUBBER/CLAMFF-A	F-A	F-A	ISI-VT-2.0	VT 2001V194 NAD	RC	ISI-5A	2/16/2001
Comments:	Pre-Service Examination for valve replacement								
300214	H-3	DOUBLE SPRING	F-A	F-A	ISI-VT-2.0	VT 2001V210 NAD	RC	ISI-5A	2/15/2001
Comments:	Pre-Service Examination for valve replacement								
300276	H-5	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V151 NAD	RC	ISI-5D	2/11/2001
Comments:	Pre-Service Examination for valve replacement								
300278	H-2	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V150 NAD	RC	ISI-5D	2/11/2001
Comments:	Pre-Service Examination for valve replacement								
300279	H-1	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V152 NAD	RC	ISI-5D	2/11/2001
Comments:	Pre-Service Examination for valve replacement								
300281	H-3	SPRING CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V154 NAD	RC	ISI-5D	2/12/2001
					ISI-VT-2.0	VT 2001V041 NAD	RC	ISI-5D	1/28/2001
Comments:	Examination 2001V154 Pre-Service Examination for valve replacement								
300282	H-4	SIEMIC RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V132 NAD	RC	ISI-5D	2/11/2001
Comments:	Pre-Service Examination for valve replacement								
300325	H-3	SPRING HANGER	F-A	F-A	ISI-VT-2.0	VT 2001V033 NAD	RC	ISI-7	1/24/2001
300349	H-3	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V116 NAD	RC	ISI-8	2/7/2001
Comments:	Examination 2001V116 Pre-Service exam for valve replacement								
300394	H-2	DBLE SPRING/BENT BAR	F-A	F-A	ISI-VT-2.0	VT 2001V035 NAD	RC	ISI-10	1/26/2001
300454	H-6	ROD/CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V089 NAD	VC	ISI-11C	1/30/2001
300593	H-9	SPRING CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V038 IND	SI	ISI-18	1/27/2001
Comments:	CR 20011046 Accepted as is.								
300611	H-8	RUPTURE RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V039 NAD	RH	ISI-19A	1/27/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.
 Plant: 414 Nicollet Mall, Minneapolis, MN 55401
 Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a
 Commercial Service Date: 12/16/1973
 National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
300762	H-1	SPRING/CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V014 NAD	RC	ISI-25	1/24/2001
300836	H-1	RIGID HANGER	F-A	F-A	ISI-VT-2.0	VT 2001V013 NAD	VC	ISI-27C	1/24/2001
300921	H-2	ROD / CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V011 NAD	RC	ISI-30A	1/24/2001
300994	H-2	LATERAL RESTRAINT	F-A	F-A	ISI-VT-2.0	VT 2001V025 IND	SI	ISI-33B	1/25/2001
					ISI-VT-2.0	VT 2001V212 NAD	SI	ISI-33B	2/21/2001
Comments:	Reworked, CR20010828								
301048	N-1	NOZZLE - SHELL	C-B	C2.21	ISI-MT-1	MT 2001M002 NAD	SG	ISI-43B	1/28/2001
					ISI-UT-3	UT 2001U014 NAD	SG	ISI-43B	2/5/2001
301049	N-4IR	MAIN STEAM NOZZLE INNER	C-B	C2.22	ISI-UT-5B	UT 2001U032 NAD	SG	ISI-43A	2/6/2001
301055	N-4	NOZZLE - TOP HEAD	C-B	C2.21	ISI-UT-3	UT 2001U021 NAD	SG	ISI-43A	2/5/2001
					ISI-MT-1	MT 2001M014 NAD	SG	ISI-43A	2/6/2001
301058	N-1IR	NOZZLE INNER RADIUS	C-B	C2.22	ISI-UT-5B	UT 2001U008 NAD	SG	ISI-43B	1/31/2001
301066	W-C	SHELL-CIRCUMFERENTIAL	C-A	C1.10	ISI-UT-3	UT 2001U005 NAD	SG	ISI-43B	1/28/2001
301070	W-E	SHELL - TRANSITION	C-A	C1.10	ISI-UT-3	UT 2001U010 GEO	SG	ISI-43B	1/29/2001
Comments:	Limited to 70.88% due to configuration.								
301072	W-F	TRANSITION - SHELL	C-A	C1.10	ISI-UT-3	UT 2001U012 IND	SG	ISI-43B	1/31/2001
Comments:	Indication Code Acceptable per IWB-3600, WCAP14166, CR 20011046								
301076	W-H	TOP HEAD - SHELL	C-A	C1.20	ISI-UT-3	UT 2001U016 IND	SG	ISI-43B	2/3/2001
Comments:	Indication Acceptable per IWC-3510-1, CR 20011561								
301107	W-1LS2D	NOZZLE - RED. ELBOW	C-F-2	C5.50	ISI-UT-1A	UT 2001U022 NAD	MS	ISI-51A	2/6/2001
					ISI-MT-1	MT 2001M009 NAD	MS	ISI-51A	2/5/2001
301122	H-1	SEISMIC RESTRAINT	C-C	C3.20	ISI-MT-1	MT 2001M011 NAD	MS	ISI-51A	2/6/2001
					ISI-VT-2.0	VT 2001V119 NAD	MS	ISI-51A	2/8/2001
Comments:	MT Examination limited to 188" weld length out of 270" total weld length due to configuration of restraint. 69.6 % Coverage.								
301130	H-8	ANCHOR ELBOW (8)	C-C	C3.20	ISI-MT-1	MT 2001M032 IND	MS	ISI-51A	2/17/2001
					ISI-VT-2.0	VT 2001V192 NAD	MS	ISI-51A	2/17/2001
Comments:	Indication previously recorded. Reference Report #99-0365. Indication remains unchanged.								
301132	H-2	SEISMIC RESTRAINT	C-C	C3.20	ISI-MT-1	MT 2001M010 NAD	MS	ISI-51A	2/6/2001
					ISI-VT-2.0	VT 2001V120 NAD	MS	ISI-51A	2/8/2001
Comments:	MT Examination limited to 76" weld length out of 91" total weld length due to configuration of restraint. 83.5% Coverage								
301134	H-4	SEISMIC RESTRAINT	C-C	C3.20	ISI-MT-1	MT 2001M013 NAD	MS	ISI-51A	2/6/2001
					ISI-VT-2.0	VT 2001V121 NAD	MS	ISI-51A	2/8/2001
Comments:	MT Examination limited to 188" weld length out of 270" total weld length due to configuration of restraint. 69.6%								
301144	W-1LSUD	PIPE - PIPE	C-F-2	C5.50	ISI-UT-1A	UT 2001U027 NAD	MS	ISI-51B	2/8/2001
					ISI-MT-1	MT 2001M018 NAD	MS	ISI-51B	2/8/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.

Plant: 414 Nicollet Mall, Minneapolis, MN 55401

Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a

Commercial Service Date: 12/16/1973

National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
301152	W-5	ELBOW - VALVE	C-F-2	C5.51	ISI-MT-1	MT 2001M015 NAD	MS	ISI-51C	2/7/2001
					ISI-UT-1A	UT 2001U035 GEO	MS	ISI-51C	2/13/2001
301177	H-1	BEAR'G BRAK ASSY	C-C	C3.20	ISI-MT-1	MT 2001M019 NAD	MS	ISI-51B	2/8/2001
					ISI-VT-2.0	VT 2001V112 NAD	MS	ISI-51B	2/8/2001
Comments:	MT-Inaccessible due to pipe guard. 0% Coverage								
301253	H-9	ANCHOR ELBOW	C-C	C3.20	ISI-MT-1	MT 2001M033 NAD	FW	ISI-52	2/17/2001
					ISI-VT-2.0	VT 2001V193 NAD	FW	ISI-52	2/17/2001
301256	H-5	RESTRAINT	C-C	C3.20	ISI-VT-2.0	VT 2001V153 NAD	FW	ISI-52	2/13/2001
					ISI-MT-1	MT 2001M023 NAD	FW	ISI-52	2/13/2001
301258	H-7	BEAR'G BRAK ASSY	C-C	C3.20	ISI-MT-1	MT 2001M034 NAD	FW	ISI-52	2/19/2001
					ISI-VT-2.0	VT 2001V203 NAD	FW	ISI-52	2/19/2001
Comments:	MT-Inaccessible due to floor penetration . 81.3% Coverage								
301280	W-1	VALVE - PIPE	C-F-2	C5.51	ISI-UT-1A	UT 2001U038 GEO	FW	ISI-52	2/12/2001
					ISI-MT-1	MT 2001M022 NAD	FW	ISI-52	2/10/2001
301284	W-3	ELBOW - PIPE	C-F-2	C5.51	ISI-UT-1A	UT 2001U037 GEO	FW	ISI-52	2/12/2001
					ISI-MT-1	MT 2001M021 NAD	FW	ISI-52	2/10/2001
301288	H-1	SIEMIC RESTRAINT	C-C	C3.20	ISI-VT-2.0	VT 2001V129 NAD	FW	ISI-52	2/10/2001
					ISI-MT-1	MT 2001M020 NAD	FW	ISI-52	2/10/2001
301356	W-8LSUD	PIPE - ELBOW	C-F-1	C5.10	ISI-UT-16A	UT 2001U017 GEO	RH	ISI-53C	2/2/2001
					ISI-PT-1	PT 2001P041 NAD	RH	ISI-53C	2/1/2001
301358	W-9LSUD	ELBOW-PIPE	C-F-1	C5.10	ISI-PT-1	PT 2001P001 NAD	RH	ISI-53C	1/18/2001
					ISI-UT-16A	UT 2001U018 GEO	RH	ISI-53C	2/2/2001
301390	H-2	SPRING HANGER/CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V001 NAD	RH	ISI-53C	1/18/2001
301519	H-26	BASE @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V106 NAD	SG	ISI-43C	2/3/2001
301521	H-22B	COLUMN BOT & PIN @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V107 NAD	SG	ISI-43C	2/3/2001
301523	H-27	BASE @ 3	F-A	F-A	ISI-VT-2.0	VT 2001V187 NAD	SG	ISI-43C	2/16/2001
301525	H-23B	COLUMN BOT & PIN @ 3	F-A	F-A	ISI-VT-2.0	VT 2001V186 NAD	SG	ISI-43C	2/16/2001
301535	H-22	TOP CONNECTION @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V185 NAD	SG	ISI-43C	2/16/2001
301537	H-22A	COLUMN TOP & PIN @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V182 NAD	SG	ISI-43C	2/16/2001
301539	H-23	TOP CONNECTION @ 3	F-A	F-A	ISI-VT-2.0	VT 2001V184 NAD	SG	ISI-43C	2/16/2001
301541	H-23A	COLUMN TOP & PIN @ 3	F-A	F-A	ISI-VT-2.0	VT 2001V183 NAD	SG	ISI-43C	2/16/2001
301552	H-11	BASE @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V102 NAD	RC	ISI-34	1/30/2001
301554	H-11A	COLUMN BOT & PIN @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V095 NAD	RC	ISI-34	1/30/2001
301564	H-8	CONNECTION @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V100 NAD	RC	ISI-34	1/30/2001
301566	H-8A	COLUMN TOP & PIN @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V101 NAD	RC	ISI-34	1/30/2001
301589	H-8	SEISMIC RESTRAINT	C-C	C3.20	ISI-VT-2.0	VT 2001V166 NAD	MS	ISI-68A	2/14/2001
					ISI-MT-1	MT 2001M008 NAD	MS	ISI-68A	2/14/2001
Comments:	MT Limited by Guardpipe								
301591	H-5	BEAR'G BRAK ASSY / 3	C-C	C3.20	ISI-MT-1	MT 2001M007 NAD	MS	ISI-68A	1/31/2001
					ISI-VT-2.0	VT 2001V114 NAD	MS	ISI-68A	2/16/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.
 Plant: 414 Nicollet Mall, Minneapolis, MN 55401
 Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a
 Commercial Service Date: 12/16/1973
 National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
302070	H-2	Support B	C-C	C3.30	ISI-VT-2.0	VT 2001V158 NAD	SI	ISI-83C	2/14/2001
					ISI-MT-1	MT 2001M027 NAD	SI	ISI-83C	2/14/2001
Comments:	MT Examination limited-Configuration prohibits examining weld at base of support. 84.1% Coverage.								
302074	H-3	Support C	C-C	C3.30	ISI-VT-2.0	VT 2001V157 NAD	SI	ISI-83C	2/14/2001
					ISI-MT-1	MT 2001M026 NAD	SI	ISI-83C	2/14/2001
Comments:	MT Examination limited-Configuration prohibits examining weld at base of support. 84.1% Coverage.								
302078	H-4	Support D	C-C	C3.30	ISI-MT-1	MT 2001M025 NAD	SI	ISI-83C	2/14/2001
					ISI-VT-2.0	VT 2001V156 NAD	SI	ISI-83C	2/14/2001
Comments:	MT Examination limited-Configuration prohibits examining weld at base of support. 84.1% Coverage.								
302082	H-5	Support E	C-C	C3.30	ISI-VT-2.0	VT 2001V161 NAD	SI	ISI-83C	2/14/2001
					ISI-MT-1	MT 2001M030 NAD	SI	ISI-83C	2/14/2001
Comments:	MT Examination limited-Configuration prohibits examining weld at inside of support.t. 71.4% Coverage.								
302086	H-6	Support F	C-C	C3.30	ISI-VT-2.0	VT 2001V155 NAD	SI	ISI-83C	2/14/2001
					ISI-MT-1	MT 2001M024 NAD	SI	ISI-83C	2/14/2001
Comments:	MT Examination limited-Configuration prohibits examining weld at inside of support (drive side).. 79.2% Coverage.								
302227	W-29	PIPE - ELBOW	C-F-1	C5.11	ISI-UT-16A	UT 2001U025 NAD	SI	ISI-89A	2/7/2001
					ISI-PT-1	PT 2001P044 NAD	SI	ISI-89A	2/1/2001
302246	H-1	SEISMIC SUPPORT	F-A	F-A	ISI-VT-2.0	VT 2001V197 IND	SI	ISI-89A	2/19/2001
Comments:	VT Indication- Use as is. CR 20011046								
302247	H-2	SEISMIC SUPPORT	F-A	F-A	ISI-VT-2.0	VT 2001V209 NAD	SI	ISI-89A	2/19/2001
					ISI-VT-2.0	VT 2001V024 IND	SI	ISI-89A	1/25/2001
Comments:	Reworked-CR20010828								
302248	H-3	SEISMIC SUPPORT	F-A	F-A	ISI-VT-2.0	VT 2001V204 NAD	SI	ISI-89A	2/19/2001
302618	H-2A	TIE BACK BOLT @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V103 NAD	RC	ISI-14	1/30/2001
302642	H-5	PAD 2	F-A	F-A	ISI-VT-2.0	VT 2001V097 NAD	RC	ISI-34	1/30/2001
302899	H-2B	TIE BACK PIN @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V098 NAD	RC	ISI-34	1/30/2001
302900	H-2A	TIE BACK BOLT @ 2	F-A	F-A	ISI-VT-2.0	VT 2001V099 NAD	RC	ISI-34	1/30/2001
302963	H-3	SEISMIC RESTRAINT	C-C	C3.20	ISI-MT-1	MT 2001M012 NAD	MS	ISI-51A	2/6/2001
					ISI-VT-2.0	VT 2001V118 NAD	MS	ISI-51A	2/8/2001
Comments:	MT Examination limited to 76" weld length out of 91" total weld length due to configuration of restraint. 83.5% Coverage								
302997	H-14	PAD	F-A	F-A	ISI-VT-2.0	VT 2001V190 NAD	SG	ISI-43C	2/16/2001
302998	H-15	PAD	F-A	F-A	ISI-VT-2.0	VT 2001V191 NAD	SG	ISI-43C	2/16/2001
303001	H-18	BUMPER BLOCK	F-A	F-A	ISI-VT-2.0	VT 2001V181 NAD	SG	ISI-43C	2/16/2001
303002	H-19	BUMPER BLOCK	F-A	F-A	ISI-VT-2.0	VT 2001V180 NAD	SG	ISI-43C	2/16/2001
303017	H-14	PAD	F-A	F-A	ISI-VT-2.0	VT 2001V189 NAD	SG	ISI-43D	2/16/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.

Plant: 414 Nicollet Mall, Minneapolis,MN 55401

Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a

Commercial Service Date: 12/16/1973

National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
303018	H-15	PAD	F-A	F-A	ISI-VT-2.0	VT 2001V188 NAD	SG	ISI-43D	2/16/2001
303021	H-18	BUMPER BLOCK	F-A	F-A	ISI-VT-2.0	VT 2001V179 NAD	SG	ISI-43D	2/16/2001
303022	H-19	BUMPER BLOCK	F-A	F-A	ISI-VT-2.0	VT 2001V178 NAD	SG	ISI-43D	2/16/2001
303042	H-1B	FLOORSTAND	F-A	F-A	ISI-VT-2.0	VT 2001V117 NAD	SG	ISI-44	2/7/2001
303052	H-2	SUPPORT	C-C	C3.20	ISI-VT-2.0	VT 2001V108 NAD	RH	ISI-93B	2/6/2001
					ISI-PT-1	PT 2001P056 NAD	RH	ISI-93B	2/6/2001
Comments:	PT Examination limited- Bottom of support is inaccessible for removal work. 71.4% Coverage								
303054	W-2	SHELL - FLANGE	C-A	C1.10	ISI-UT-16	UT 2001U029 GEO	RH	ISI-93B	2/6/2001
Comments:	UT Examination Limited to 27.26% coverage.Due to Geometry								
305024	W-3	PIPE - 45 ELBOW	C-F-1	C5.21	ISI-UT-16A	UT 2001U020 NAD	SI	ISI-100B	2/5/2001
					ISI-PT-1	PT 2001P046 NAD	SI	ISI-100B	2/5/2001
305055	H-1	ROD /CLAMP	F-A	F-A	ISI-VT-2.0	VT 2001V206 NAD	SI	ISI-100B	2/20/2001
					ISI-VT-2.0	VT 2001V134 IND	SI	ISI-100B	2/12/2001
Comments:	Reworked, CR20010828								
305074	W-3	PIPE - WELDOLET	C-F-1	C5.41	ISI-PT-1	PT 2001P063 NAD	SI	ISI-100A	2/13/2001
305079	W-8	ELBOW - RED TEE	C-F-1	C5.21	ISI-PT-1	PT 2001P062 NAD	SI	ISI-100A	2/13/2001
					ISI-UT-16A	UT 2001U036 NAD	SI	ISI-100A	2/16/2001
305137	W-1	WELDOLET - PIPE	C-F-1	C5.21	ISI-UT-16A	UT 2001U034 NAD	SI	ISI-101	2/16/2001
					ISI-PT-1	PT 2001P064 NAD	SI	ISI-101	2/13/2001
Comments:	UT Examination Limited to 39.18% Coverage , One sided exam due to weld crown.								
305138	W-2	PIPE - ELBOW	C-F-1	C5.30	ISI-PT-1	PT 2001P065 NAD	SI	ISI-101	2/13/2001
305345	H-4	BOX HANGER	F-A	F-A	ISI-VT-2.0	VT 2001V109 NAD	SI	ISI-97D	2/6/2001
305346	W-13	ELBOW - PIPE	C-F-1	C5.21	ISI-PT-1	PT 2001P045 NAD	SI	ISI-97D	2/2/2001
					ISI-UT-16A	UT 2001U015 GEO	SI	ISI-97D	2/3/2001
305680	W-23LSUD	PIPE TO TEE	C-F-1	C5.10	ISI-PT-1	PT 2001P042 NAD	RH	ISI-53C	2/1/2001
					ISI-UT-16A	UT 2001U019 GEO	RH	ISI-53C	2/2/2001

Appendix A , Prairie Island Unit 1 Outage Cycle 20 Inservice Inspection Report

Owner: Northern States Power/ Xcel Energy LLC.
 Plant: 414 Nicollet Mall, Minneapolis,MN 55401
 Plant Unit: Prairie Island Unit 1

Owner Certificate of Authorization (If Req.): n/a
 Commercial Service Date: 12/16/1973
 National Board Number for Unit: n/a

Summary No.	Comp ID	Comp Desc.	Category	Item	Procedure	Method/Sheet/Results	System	ISO Num	Exam Date
Class 3									
312425	CWH-405	Snubber /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V124 NAD	CW	ND-1-3-17	2/9/2001
312451	CWH-382	Strut /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V127 NAD	CW	ND-1-3-20	2/9/2001
312481	CWH-328	Double Spring/U-Bolt	F-A	F-A	ISI-VT-2.0	VT 2001V015 NAD	CW	ND-1-3-24	1/24/2001
312536	CWH-404	Triple Rod /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V123 IND	CW	ND-1-3-47	2/9/2001
					ISI-VT-2.0	VT 2001V207 NAD	CW	ND-1-3-47	2/20/2001
Comments:	Reworked CR 20010828								
312551	CWH-424	Strut	D-B	D&F-A	ISI-VT-2.0	VT 2001V122 IND	CW	ND-1-3-52	2/8/2001
Comments:	Use as is. CR20011046								
312574	CWH-332	Bar /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V012 NAD	CW	ND-1-3-64	1/24/2001
312713	CCH-72	Rod /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V130 NAD	CC	ND-1-3-218	2/12/2001
312743	CCH-374	Strut	D-B	D&F-A	ISI-VT-2.0	VT 2001V128 NAD	CC	ND-1-3-219	2/10/2001
312817	AFWH-52	Bar /U-Bolt	F-A	F-A	ISI-VT-2.0	VT 2001V211 NAD	AF	ND-1-3-248	2/20/2001
					ISI-VT-2.0	VT 2001V133 IND	AF	ND-1-3-248	2/12/2001
Comments:	Reworked-CR20010828								
312818	AFWH-53	Rod /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V126 NAD	AF	ND-1-3-248	2/10/2001
312819	AFWH-54	Rod /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V125 NAD	AF	ND-1-3-248	2/10/2001
312825	AFWH-82	Snubber /Clamp	F-A	F-A	ISI-VT-2.0	VT 2001V131 NAD	AF	ND-1-3-248	2/12/2001
Class NC									
301029	PUMP#12	BODY	TS	TS4.2-1	ISI-UT-12	UT 2001U024 NAD	RC	ISI-34	2/6/2001
301030	PUMP#12	KEYWAY & BORE	TS	TS4.2-1	ISI-UT-12	UT 2001U023 NAD	RC	ISI-34	2/6/2001
305522	N-1IN-IR	FEEDWATER NOZZLE	NC	NCIN93-	ISI-MT-1	MT 2001M001 NAD	SG	ISI-43B	1/27/2001
305523	N-1RINGTEEFW	RING TEE/SUPPORTS	NC	NCIN93-	ISI-VT-2.0	VT 2001V037 NAD	SG	ISI-43B	1/27/2001
305524	W-FVT	TRANS WELD INT VT	NC	NCIN93-	ISI-VT-1.0	VT 2001V040 NAD	SG - 12	ISI-43B	1/27/2001

APPENDIX B

LIST OF SECTION XI VT-2 EXAMINATIONS

1 Page

Unit 1 Cycle 20 Pressure Test Report

<u>System Code</u>	<u>Description</u>	<u>ASME Code Class</u>	<u>Procedure</u>	<u>Work Order</u>	<u>Completion Date</u>
SI	Safety Injection	2	SP 1168.13	9904557	06/15/1999
VC	Chemical & Volume Control	2	SP 1168.16	9904560	08/10/2000
FW	Main & Aux. Feedwater	2	SP 1168.17	9904561	06/15/1999
BA	Boric Acid	2	SP 1168.21	9909924	08/09/2000
ZC	Containment Penetrations Non-Outage	2	SP 1168.24A	9905550	06/15/1999
RV	Rx Vessel Vent	2	SP 1168.23	0007190	02/24/2001
RC	Reactor Coolant	1	SP 1070	0004761	02/24/2001

APPENDIX C

RESULTS OF STEAM GENERATOR EDDY CURRENT EXAMINATIONS

32 Pages

RESULTS OF STEAM GENERATOR EDDY CURRENT EXAMINATIONS

0101 REFUEL OUTAGE

During the January 2001 scheduled refueling outage 100% of all accessible tubes in steam generator 11 and 12 were examined full length as part of the inservice inspection. The examination was conducted utilizing the multifrequency eddy current technique. The inspection program was as follows:

1. Bobbin Coil Examinations - The bobbin coil technique was used to examine all tubes full length, except the u-bend region of rows 1 and 2 prior to heat treatment and the sleeved portion of sleeved tubes. These bobbin coil examinations were completed using magnetically biased 0.720 inch, 0.700 inch and 0.680 inch diameter probes. Row 1 and 2 u-bends were examined after heat treatment using magnetically biased 0.650 inch diameter probes to verify the heat treatment process.

2. MRPC Examinations - The 0.650 inch dual motion Mid Range Plus Point (PP11A) was used to examine 100% of the u-bend region of rows 1 and 2 prior to and after heat treatment. The 0.650 inch dual motion High Frequency Plus Point (PP9A) motorized rotating pancake coil (MRPC) technique was used to examine the u-bend region of rows 1 and 2 prior to and after heat treatment on all tubes that exceeded the average noise level of the EPRI qualification on the Mid Range Plus Point probe. The 0.650 inch dual motion magnetically biased Mid Range Plus Point (PP11) was used to examine the u-bend region of rows 1 and 2 after heat treatment on all tubes that exhibited excessive permeability variations. The 0.700 inch and 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to examine 100% of the hot leg tubes from three inches above the secondary tube sheet face through the tube end. The 0.700 inch and 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to examine 20% of the cold leg tubes from one inch above the secondary tube sheet face through the tube end. The 0.600 inch and 0.560 inch (Plus Point mid range magnetically biased) MRPC technique was used to examine 25% of the Asea Brown Boveri Combustion Engineering (ABBCE) Inconel 690 hot leg tube roll plugs and sleeve roll plugs. The 0.610 inch Dual (high / low frequency) Gimbaled Plus Point MRPC technique was used to examine the entire sleeve (from sleeve end to sleeve end) on 25% of the inservice sleeves.

3. Supplemental Examinations - The 0.640 inch, 0.700 inch and 0.720 inch 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) ceramic cap MRPC technique was used to supplement the bobbin coil data to further characterize all: absolute drift signals, copper deposit signals, other deposit signals, dent signals > 5.0 volts at ± 0.5 " from a support structure or top of tube sheet, indications not reportable > 1.5 volts at tube support plates, manufacturing burnish mark signals, mix residual indication signals, possible loose part signals, possible support ligament indication signals, non quantifiable indication signals, distorted indication signals, cold leg thinning indications equal to or greater than 40% through wall and cold leg thinning indications less than 40% through wall but equal to or greater than 1.5 volts. The 0.720 inch magnetically biased 3-Coil (0.115" mid range pancake / Plus Point mid range / 0.080" high frequency shielded pancake) MRPC technique was used to disposition MRPC permeability variation indications. The 0.610 inch magnetically biased Dual (high / low frequency) Gimbaled Plus Point MRPC technique was utilized on sleeve weld indications and sleeves with excessive permeability variations.

4. Pre-Service Baseline Examinations - The 0.730 inch combination probe (bobbin / 0.115" mid range pancake / Plus Point mid range) was used to baseline examine and profile all tubes rerolled this outage. The 0.610 inch Dual (high / low frequency) Gimbaled Plus Point MRPC technique was used to examine the entire sleeve (from sleeve end to sleeve end) on all installed sleeves. The 0.610 inch magnetically biased Dual (high / low frequency) Gimbaled Plus Point MRPC technique was utilized on sleeve weld indications.

ABBCE was contracted to acquire and evaluate the eddy current data. Zetec, Inc. was subcontracted by ABBCE to perform primary manual data analysis. Framatome Technologies, Inc. was contracted to perform a completely independent evaluation of all data acquired by ABBCE utilizing manual analysis on all MRPC data and Computer Data Screening (CDS) of all bobbin coil data. The scope of all the work contracted was completed using remote positioning devices and the Zetec MIZ-30 digital test equipment along with associated acquisition and analysis software. The software utilized was Zetec, Inc. EDDYNET98 version 2.8.

A summary of the distribution and disposition of indications can be found in Table I.

A summary of the distribution and disposition of indications by tube can be found in Table II.

Lists of: tubes left inservice less than the Technical Specification (< T. S.) repair limit, tubes left inservice using the Alternate Repair Criteria (ARC), tubes left inservice with the F* criteria without an additional reroll (F*0), tubes left inservice with the F* criteria with one additional reroll (F*1), tubes left inservice with the F* criteria with two additional rerolls (F*2), tubes left inservice with the EF* criteria with an additional elevated reroll (EF*), tubes left inservice by installing a sleeve and tubes plugged this outage can be found in Tables III through X respectively.

A summary of the total tubes plugged and sleeved to date (03/01) can be found in Table XI.

TABLE I
Distribution and Disposition of indications

S/G	< T. S.	ARC	F*0	F*1	F*2	EF*	SLEEVE	PLUG*
11	181	340	295	15	3	18	0	15
12	41	161	3	5	0	0	107	29

* Does not include repairable or replaced plugs

TABLE II
Distribution and Disposition of indications by Tube

S/G	< T. S.	ARC	F*0	F*1	F*2	EF*	SLEEVE	PLUG*
11	115	310	295	15	3	18	0	15
12	33	148	3	5	0	0	107	29

* Does not include repairable or replaced plugs

TABLE III
< T. S. Indications

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	1	2	40	TSH	17.59	0	<TS
11	H	1	3	28	TSH	17.53	0	<TS
11	H	1	4	4	TSH	17.53	0	<TS
11	H	1	5	12	TSH	17.54	0	<TS
11	C	28	11	26	01C	0.21	0	<TS

XCEL ENERGY
INSERVICE INSPECTION

SUMMARY REPORT
PRAIRIE ISLAND UNIT #1, 2001

11	C	30	15	6	01C	0	0	<TS
11	C	32	16	1	01C	0	0	<TS
11	C	33	16	3	01C	0	0	<TS
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	C	23	24	11	NV3	0	0	<TS
11	C	42	28	4	03C	-0.21	0	<TS
11	C	40	30	29	NV3	-0.18	0	<TS
11	C	40	30	27	NV4	0	0	<TS
11	C	42	30	38	03C	-0.27	0	<TS
11	C	42	31	29	NV3	0	0	<TS
11	C	42	31	24	03C	-0.24	0	<TS
11	C	42	31	4	01C	0.36	0	<TS
11	C	20	32	18	NV2	-0.12	0	<TS
11	C	20	32	18	NV4	0.21	0	<TS
11	C	44	33	1	03C	-0.24	0	<TS
11	C	39	35	24	07H	37.24	0	<TS
11	C	36	38	22	NV2	33.18	0	<TS
11	C	26	39	24	NV3	-0.21	0	<TS
11	C	27	39	29	NV2	3.09	0	<TS
11	C	27	39	20	NV3	-0.33	0	<TS
11	C	41	39	20	NV2	38.9	0	<TS
11	C	43	39	27	NV2	41.21	0	<TS
11	C	35	40	23	07H	32.99	0	<TS
11	C	35	40	42	NV2	0.96	0	<TS
11	C	40	41	26	07H	35.49	0	<TS
11	C	40	41	24	NV2	1.96	0	<TS
11	C	41	41	18	NV1	0	0	<TS
11	C	41	41	18	NV2	0	0	<TS
11	C	35	42	26	07H	33.12	0	<TS
11	C	35	42	36	NV2	1.86	0	<TS
11	C	36	45	23	NV4	2.9	0	<TS
11	C	37	46	22	NV2	33.79	0	<TS
11	C	36	47	26	NV4	4.01	0	<TS
11	C	35	48	27	NV2	31.05	0	<TS
11	C	35	48	41	NV4	3.54	0	<TS
11	C	28	49	22	NV4	3.6	0	<TS
11	C	41	49	30	NV2	38.21	0	<TS
11	C	41	49	33	NV4	5.04	0	<TS
11	C	43	49	38	NV2	40.33	0	<TS
11	C	43	49	37	NV4	5.54	0	<TS
11	C	38	50	24	NV2	2.48	0	<TS
11	C	38	50	22	NV2	35.52	0	<TS
11	C	41	50	27	07H	36.43	0	<TS
11	C	41	50	32	NV2	2.5	0	<TS
11	C	19	51	21	NV4	0.58	0	<TS
11	C	35	51	22	NV2	31.99	0	<TS
11	C	35	51	20	NV4	3.24	0	<TS
11	C	36	51	23	NV2	2.6	0	<TS

XCEL ENERGY
INSERVICE INSPECTION

SUMMARY REPORT
PRAIRIE ISLAND UNIT #1, 2001

11	C	36	51	32	NV2	33.16	0	<TS
11	C	38	51	32	NV2	35.33	0	<TS
11	C	39	51	26	NV2	36.05	0	<TS
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	C	39	51	22	NV4	5.07	0	<TS
11	C	43	51	33	NV2	40.04	0	<TS
11	C	43	51	28	NV4	5.86	0	<TS
11	C	38	52	31	NV2	35.26	0	<TS
11	C	38	52	20	NV4	4.84	0	<TS
11	C	40	52	24	07H	36.18	0	<TS
11	C	40	52	36	NV2	1.92	0	<TS
11	C	40	52	35	NV2	37.39	0	<TS
11	C	40	52	25	NV4	5.25	0	<TS
11	C	44	52	29	01C	-0.03	0	<TS
11	C	45	52	18	01C	-0.03	0	<TS
11	C	38	53	25	NV2	2.1	0	<TS
11	C	38	53	43	NV2	35.18	0	<TS
11	C	38	53	28	NV4	5	0	<TS
11	C	40	53	21	NV2	37.53	0	<TS
11	C	43	53	25	NV2	40.09	0	<TS
11	C	43	53	22	NV4	5.64	0	<TS
11	C	44	53	25	01C	-0.21	0	<TS
11	C	45	53	11	01C	-0.12	0	<TS
11	C	29	54	29	07H	32.61	0	<TS
11	C	29	54	24	NV2	1.47	0	<TS
11	C	29	54	27	NV2	24.62	0	<TS
11	C	29	54	21	NV4	1.3	0	<TS
11	C	36	54	37	NV2	2.13	0	<TS
11	C	36	54	24	NV2	33.2	0	<TS
11	C	36	54	25	NV4	4.97	0	<TS
11	C	42	54	38	NV2	39.32	0	<TS
11	C	42	54	40	NV4	5.78	0	<TS
11	C	43	54	21	01C	-0.09	0	<TS
11	C	31	55	29	NV2	27.36	0	<TS
11	C	37	55	24	NV2	33.74	0	<TS
11	C	39	55	23	NV2	35.96	0	<TS
11	C	43	55	22	NV2	2.21	0	<TS
11	C	43	55	24	NV2	40.34	0	<TS
11	C	43	55	29	NV4	5.08	0	<TS
11	C	44	55	27	NV2	0	0	<TS
11	C	44	55	20	NV3	0.03	0	<TS
11	C	26	56	25	NV2	1.12	0	<TS
11	C	26	56	34	NV2	21.84	0	<TS
11	C	26	56	33	NV4	0.18	0	<TS
11	C	35	56	24	NV4	2.42	0	<TS
11	C	36	56	31	NV2	1.54	0	<TS
11	C	36	56	32	NV4	2.58	0	<TS
11	C	41	56	24	NV4	4.1	0	<TS

XCEL ENERGY
INSERVICE INSPECTION

SUMMARY REPORT
PRAIRIE ISLAND UNIT #1, 2001

11	C	11	57	9	NV1	0	0	<TS
11	C	35	57	28	NV2	1.56	0	<TS
11	C	35	57	32	NV2	31.28	0	<TS
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	C	36	57	26	NV4	2.67	0	<TS
11	C	39	57	21	NV2	35.41	0	<TS
11	C	39	57	23	NV4	4.28	0	<TS
11	C	35	58	36	NV4	3.46	0	<TS
11	C	38	58	39	07H	34.86	0	<TS
11	C	38	58	44	NV2	2.03	0	<TS
11	C	38	58	27	NV2	35.02	0	<TS
11	C	38	58	28	NV4	5.79	0	<TS
11	C	39	58	27	NV2	2.07	0	<TS
11	C	39	58	33	NV2	35.45	0	<TS
11	C	39	58	32	NV4	5.58	0	<TS
11	C	41	58	45	NV2	2.19	0	<TS
11	H	43	58	23	TSH	1.09	0	<TS
11	H	44	58	33	TSH	0.73	0	<TS
11	C	45	58	17	01C	-0.09	0	<TS
11	C	18	59	14	NV1	-0.21	0	<TS
11	C	18	59	16	NV2	0.09	0	<TS
11	C	31	59	20	07H	32.02	0	<TS
11	C	31	59	37	NV2	1.27	0	<TS
11	C	31	59	43	NV2	26.81	0	<TS
11	C	31	59	42	NV4	5.42	0	<TS
11	C	40	59	44	NV2	1.97	0	<TS
11	C	40	59	47	NV2	36.92	0	<TS
11	C	40	59	24	NV4	-0.15	0	<TS
11	C	40	59	41	NV4	3.77	0	<TS
11	C	43	59	9	03C	-0.27	0	<TS
11	H	44	59	33	TSH	0.73	0	<TS
11	H	44	59	36	TSH	1.63	0	<TS
11	C	31	60	21	07H	32.82	0	<TS
11	C	31	60	16	NV2	0	0	<TS
11	C	31	60	25	NV2	1.38	0	<TS
11	C	31	60	34	NV2	27.02	0	<TS
11	C	31	60	18	NV3	0	0	<TS
11	C	31	60	21	NV4	1.58	0	<TS
11	C	36	60	44	NV2	1.83	0	<TS
11	C	36	60	21	NV2	32.65	0	<TS
11	C	27	61	31	07H	31.1	0	<TS
11	C	27	61	20	NV2	1.29	0	<TS
11	C	27	61	20	NV2	22.51	0	<TS
11	C	36	61	41	07H	34.88	0	<TS
11	C	36	61	43	NV2	2	0	<TS
11	C	36	61	41	NV2	32.5	0	<TS
11	C	37	61	20	NV2	33.16	0	<TS
11	C	40	61	25	NV2	36.82	0	<TS

XCEL ENERGY
INSERVICE INSPECTION

SUMMARY REPORT
PRAIRIE ISLAND UNIT #1, 2001

11	C	42	61	5	03C	0.09	0	<TS
11	C	36	62	21	NV2	32.14	0	<TS
11	C	38	62	25	NV2	34.56	0	<TS
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	C	38	62	26	NV4	4.01	0	<TS
11	C	36	63	25	NV2	32.43	0	<TS
11	C	33	64	20	NV2	28.17	0	<TS
11	C	30	65	23	NV2	1.86	0	<TS
11	C	36	66	21	NV2	31.74	0	<TS
11	C	40	66	26	NV1	0.03	0	<TS
11	C	40	66	30	NV2	0	0	<TS
11	C	40	67	34	01C	-0.03	0	<TS
11	C	37	71	7	01C	0.18	0	<TS
11	C	33	76	6	01C	-0.15	0	<TS
11	C	35	77	1	02C	0.15	0	<TS
11	C	35	77	17	01C	-0.21	0	<TS
11	C	29	80	17	01C	-0.15	0	<TS
11	C	30	80	28	01C	-0.12	0	<TS
11	C	26	81	2	01C	-0.21	0	<TS
11	C	29	81	1	01C	-0.03	0	<TS
11	C	31	82	13	02C	0	0	<TS
11	C	25	83	7	01C	-0.24	0	<TS
11	C	26	85	21	02C	-0.15	0	<TS
11	C	28	85	10	01C	-0.18	0	<TS
11	C	24	86	28	01C	-0.21	0	<TS
11	C	20	88	4	02C	-0.21	0	<TS
11	C	23	88	1	02C	0.09	0	<TS
11	C	23	88	21	01C	-0.12	0	<TS
11	C	15	89	4	01C	-0.3	0	<TS
11	C	19	89	33	01C	0.09	0	<TS
11	C	18	90	1	01C	-0.18	0	<TS
11	C	19	90	19	01C	-0.18	0	<TS
11	C	9	91	28	01C	-0.27	0	<TS
11	C	3	93	6	02C	0.06	0	<TS
11	C	5	93	1	01C	0.09	0	<TS
11	C	10	93	10	02C	-0.12	0	<TS
12	C	18	27	25	NV4	2.18	0	<TS
12	C	41	29	23	NV1	0	0	<TS
12	C	41	29	36	NV2	0.15	0	<TS
12	C	41	29	37	NV3	0.24	0	<TS
12	C	41	29	18	NV4	-0.27	0	<TS
12	C	18	30	20	NV2	1.2	0	<TS
12	C	44	39	25	NV2	0.03	0	<TS
12	C	41	41	39	NV1	0	0	<TS
12	C	41	41	33	NV2	-0.06	0	<TS
12	C	41	41	26	NV3	-0.03	0	<TS
12	C	41	41	33	NV4	0	0	<TS
12	C	38	48	27	NV4	7.7	0	<TS

12	C	17	49	25	NV2	1.54	0	<TS
12	C	17	49	20	NV2	11.98	0	<TS
12	C	18	49	23	NV2	1.55	0	<TS
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	C	45	49	39	01C	0.29	0	<TS
12	C	41	50	21	NV2	38.39	0	<TS
12	C	41	51	22	NV4	7.38	0	<TS
12	C	24	52	20	NV2	1.22	0	<TS
12	C	36	53	20	NV3	16.01	0	<TS
12	C	46	53	37	01C	0.32	0	<TS
12	C	22	57	21	NV2	18.57	0	<TS
12	C	42	60	6	01C	0.12	0	<TS
12	C	25	68	21	07H	28.15	0	<TS
12	C	40	68	15	01C	0.18	0	<TS
12	C	37	71	2	01C	0.18	0	<TS
12	C	37	73	5	01C	0.12	0	<TS
12	C	29	80	17	01C	0.18	0	<TS
12	C	28	83	1	01C	0.12	0	<TS
12	C	22	84	7	01C	0.18	0	<TS
12	C	24	84	5	01C	0.18	0	<TS
12	C	24	84	2	01C	-0.15	0	<TS
12	C	25	84	6	01C	0.03	0	<TS
12	C	22	86	10	01C	0.09	0	<TS
12	C	23	86	10	01C	0.09	0	<TS
12	C	26	86	5	01C	-0.12	0	<TS
12	C	19	87	28	01C	-0.12	0	<TS
12	C	20	88	11	01C	0	0	<TS
12	C	19	89	1	01C	0.06	0	<TS
12	C	17	90	14	01C	0	0	<TS
12	C	6	91	17	01C	-0.21	0	<TS

TABLE IV
ARC Indications

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	1	3	DSI	06H	-0.06	0	ARC
11	H	17	4	DSI	01H	0.12	0	ARC
11	H	14	7	DSI	01H	0.21	0	ARC
11	H	3	8	DSI	01H	0.09	0	ARC
11	H	16	8	DSI	01H	0.12	0	ARC
11	H	16	8	DSI	02H	0.09	0	ARC
11	H	5	9	DSI	02H	0.12	0	ARC
11	H	5	9	DSI	03H	0.24	0	ARC
11	H	14	9	DSI	01H	0.06	0	ARC
11	H	14	10	DSI	01H	0	0	ARC
11	H	12	11	DSI	01H	0.09	0	ARC
11	H	13	11	DSI	01H	0.03	0	ARC

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11	H	7	12	DSI	03H	0.03	0	ARC
11	H	22	12	DSI	01H	0.03	0	ARC
11	H	7	13	DSI	02H	0.15	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	10	13	DSI	01H	0.03	0	ARC
11	H	13	13	DSI	02H	0.12	0	ARC
11	H	16	13	DSI	01H	0.06	0	ARC
11	H	27	13	DSI	03H	0.03	0	ARC
11	H	9	14	DSI	02H	0.15	0	ARC
11	H	6	15	DSI	03H	0.09	0	ARC
11	H	18	15	DSI	04H	0.21	0	ARC
11	H	27	15	DSI	03H	0.24	0	ARC
11	H	18	16	DSI	01H	0.14	0	ARC
11	H	34	16	DSI	01H	0.09	0	ARC
11	H	7	17	SAI	02H	-0.02	0.05	ARC
11	H	7	17	DSI	02H	0.09	0	ARC
11	H	4	18	DSI	06H	0.03	0	ARC
11	H	6	19	DSI	01H	0.03	0	ARC
11	H	15	19	DSI	04H	0.09	0	ARC
11	H	31	20	DSI	04H	0.09	0	ARC
11	H	31	22	DSI	01H	0.12	0	ARC
11	H	19	23	DSI	02H	0.21	0	ARC
11	H	22	23	DSI	03H	0.06	0	ARC
11	H	31	23	DSI	01H	0.03	0	ARC
11	H	31	23	DSI	02H	0.24	0	ARC
11	H	8	24	DSI	02H	0.15	0	ARC
11	H	9	24	DSI	04H	0.12	0	ARC
11	H	12	24	DSI	03H	0.09	0	ARC
11	H	10	25	DSI	02H	0.12	0	ARC
11	H	10	26	DSI	02H	0.15	0	ARC
11	H	14	26	SAI	04H	0.08	0.19	ARC
11	H	14	26	DSI	04H	0.18	0	ARC
11	H	25	26	DSI	02H	0.12	0	ARC
11	H	25	26	DSI	03H	0.09	0	ARC
11	H	27	26	DSI	01H	0	0	ARC
11	H	32	26	DSI	01H	0.09	0	ARC
11	H	6	27	DSI	01H	0.09	0	ARC
11	H	16	27	DSI	03H	0.09	0	ARC
11	H	19	27	DSI	04H	0	0	ARC
11	H	22	27	DSI	02H	0.09	0	ARC
11	H	32	27	DSI	01H	0.06	0	ARC
11	H	35	27	DSI	02H	0.09	0	ARC
11	H	24	28	DSI	01H	0.03	0	ARC
11	H	31	28	DSI	01H	0.06	0	ARC
11	H	32	28	DSI	01H	0.21	0	ARC
11	H	18	29	DSI	01H	0.06	0	ARC
11	H	20	29	DSI	01H	0.09	0	ARC
11	H	22	29	DSI	01H	0	0	ARC

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11	H	26	29	DSI	02H	0.06	0	ARC
11	H	27	29	DSI	01H	0.09	0	ARC
11	H	23	30	DSI	01H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	30	30	DSI	01H	0.12	0	ARC
11	H	30	30	DSI	02H	0.12	0	ARC
11	H	31	30	DSI	01H	0	0	ARC
11	H	34	30	DSI	01H	0.06	0	ARC
11	H	43	30	DSI	03H	0.06	0	ARC
11	H	2	31	DSI	03H	0.06	0	ARC
11	H	19	31	DSI	02H	0.18	0	ARC
11	H	22	31	DSI	01H	0.12	0	ARC
11	H	27	31	DSI	01H	0.03	0	ARC
11	H	33	32	DSI	02H	0.12	0	ARC
11	H	2	33	DSI	04H	-0.06	0	ARC
11	H	27	33	DSI	02H	0.15	0	ARC
11	H	32	33	DSI	01H	0.09	0	ARC
11	H	35	33	DSI	01H	0.03	0	ARC
11	H	37	33	DSI	01H	0.03	0	ARC
11	H	40	33	DSI	01H	0.06	0	ARC
11	H	14	34	DSI	01H	0.12	0	ARC
11	H	15	34	DSI	04H	0	0	ARC
11	H	26	34	DSI	01H	0.06	0	ARC
11	H	31	34	DSI	01H	0.06	0	ARC
11	H	31	34	DSI	02H	0.12	0	ARC
11	H	37	34	DSI	01H	0	0	ARC
11	H	10	35	DSI	02H	0.03	0	ARC
11	H	11	35	DSI	03H	0.12	0	ARC
11	H	17	35	DSI	04H	0.09	0	ARC
11	H	19	35	DSI	02H	0.21	0	ARC
11	H	26	35	DSI	01H	0.12	0	ARC
11	H	18	36	DSI	05H	0	0	ARC
11	H	23	36	DSI	02H	0.09	0	ARC
11	H	26	36	DSI	02H	0.15	0	ARC
11	H	29	36	DSI	01H	0.09	0	ARC
11	H	34	36	DSI	01H	0.03	0	ARC
11	H	35	36	DSI	02H	0.09	0	ARC
11	C	43	36	DSI	01C	-0.3	0	ARC
11	H	20	37	DSI	02H	0	0	ARC
11	H	30	37	DSI	02H	0.18	0	ARC
11	H	13	38	DSI	02H	0.03	0	ARC
11	H	33	38	DSI	02H	0.09	0	ARC
11	H	5	39	DSI	03H	-0.09	0	ARC
11	H	13	39	DSI	02H	0.21	0	ARC
11	H	13	39	DSI	03H	0.15	0	ARC
11	H	18	39	DSI	05H	0.06	0	ARC
11	H	32	39	DSI	01H	0.18	0	ARC
11	H	35	39	DSI	02H	0.15	0	ARC

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11	H	4	40	DSI	01H	-0.03	0	ARC
11	H	14	40	DSI	01H	0.06	0	ARC
11	H	14	40	DSI	02H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	20	40	DSI	02H	0.06	0	ARC
11	H	27	40	DSI	02H	0.06	0	ARC
11	H	18	41	DSI	01H	0.06	0	ARC
11	H	26	41	DSI	02H	0.21	0	ARC
11	H	38	41	DSI	02H	0.06	0	ARC
11	H	16	42	DSI	04H	0	0	ARC
11	H	24	42	DSI	02H	0.06	0	ARC
11	H	34	42	DSI	02H	0.09	0	ARC
11	H	17	43	DSI	01H	0.06	0	ARC
11	H	25	43	DSI	02H	0.18	0	ARC
11	H	27	43	DSI	02H	0.18	0	ARC
11	H	37	43	DSI	03H	0.21	0	ARC
11	H	38	43	DSI	04H	0.03	0	ARC
11	H	19	44	DSI	04H	0.06	0	ARC
11	H	42	44	DSI	02H	0.12	0	ARC
11	H	6	45	DSI	02H	0.09	0	ARC
11	H	6	45	DSI	05H	0.09	0	ARC
11	H	16	45	DSI	02H	0.03	0	ARC
11	H	18	45	DSI	02H	0.09	0	ARC
11	H	27	45	DSI	03H	0.27	0	ARC
11	H	41	45	DSI	02H	0.27	0	ARC
11	H	7	46	DSI	04H	-0.03	0	ARC
11	H	30	46	DSI	06H	0	0	ARC
11	H	32	46	DSI	02H	0.09	0	ARC
11	H	23	47	DSI	04H	0.09	0	ARC
11	H	24	47	DSI	01H	0.03	0	ARC
11	H	25	47	DSI	03H	0.15	0	ARC
11	H	41	47	DSI	01H	0.09	0	ARC
11	H	43	47	DSI	01H	0.12	0	ARC
11	H	5	48	DSI	02H	0.12	0	ARC
11	H	6	48	DSI	05H	0	0	ARC
11	H	9	48	DSI	02H	0.09	0	ARC
11	H	22	48	DSI	05H	0.12	0	ARC
11	H	25	48	DSI	01H	0.09	0	ARC
11	H	25	48	DSI	03H	0.03	0	ARC
11	H	29	48	DSI	02H	0.12	0	ARC
11	H	30	48	DSI	04H	-0.06	0	ARC
11	H	11	49	DSI	02H	0.06	0	ARC
11	H	18	49	DSI	02H	0	0	ARC
11	H	27	49	DSI	01H	0.06	0	ARC
11	H	27	49	DSI	06H	0.03	0	ARC
11	H	30	49	DSI	02H	0.09	0	ARC
11	H	31	49	DSI	05H	0.12	0	ARC
11	H	32	49	DSI	01H	0.03	0	ARC

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11	H	15	50	DSI	02H	0.15	0	ARC
11	H	26	50	DSI	01H	0.06	0	ARC
11	H	42	50	DSI	01H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	8	51	DSI	01H	0	0	ARC
11	H	10	51	DSI	02H	0.06	0	ARC
11	H	27	51	DSI	01H	0.06	0	ARC
11	H	28	51	DSI	01H	0.06	0	ARC
11	H	8	52	DSI	02H	0.12	0	ARC
11	H	14	52	DSI	02H	0.06	0	ARC
11	H	17	52	DSI	01H	0.06	0	ARC
11	H	18	52	DSI	02H	0.03	0	ARC
11	H	23	52	DSI	02H	0.12	0	ARC
11	H	29	52	DSI	04H	0.12	0	ARC
11	H	34	52	DSI	02H	0.18	0	ARC
11	H	16	53	DSI	02H	0.06	0	ARC
11	H	17	53	DSI	02H	0.09	0	ARC
11	H	22	53	DSI	01H	0.09	0	ARC
11	H	23	53	DSI	02H	0.09	0	ARC
11	H	24	53	DSI	03H	0.12	0	ARC
11	H	26	53	DSI	02H	0.12	0	ARC
11	H	29	53	DSI	02H	0.21	0	ARC
11	H	10	54	DSI	02H	0.09	0	ARC
11	H	11	54	DSI	05H	0.18	0	ARC
11	H	12	54	DSI	05H	0.03	0	ARC
11	H	17	54	DSI	02H	0.03	0	ARC
11	H	18	54	DSI	01H	0.03	0	ARC
11	H	22	54	DSI	02H	0.18	0	ARC
11	H	27	54	DSI	01H	0.15	0	ARC
11	H	27	54	DSI	02H	0.15	0	ARC
11	H	32	54	DSI	02H	0.15	0	ARC
11	H	16	55	DSI	05H	0.09	0	ARC
11	H	18	55	DSI	01H	0.06	0	ARC
11	H	23	55	DSI	01H	-0.09	0	ARC
11	H	30	55	DSI	04H	0.12	0	ARC
11	H	35	55	DSI	04H	0.12	0	ARC
11	H	42	55	DSI	01H	0.06	0	ARC
11	H	7	56	DSI	02H	0.12	0	ARC
11	H	15	56	DSI	01H	0.12	0	ARC
11	H	35	56	DSI	01H	0.15	0	ARC
11	H	10	57	DSI	04H	0.15	0	ARC
11	H	18	57	DSI	02H	0.06	0	ARC
11	H	33	57	DSI	01H	0.06	0	ARC
11	H	15	58	DSI	01H	0.09	0	ARC
11	H	18	58	DSI	01H	0.15	0	ARC
11	H	21	58	DSI	02H	0.12	0	ARC
11	H	30	58	DSI	04H	-0.06	0	ARC
11	H	3	59	DSI	02H	0.03	0	ARC

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11	H	5	59	DSI	05H	0.12	0	ARC
11	H	8	59	DSI	02H	0.17	0	ARC
11	H	16	59	DSI	01H	0.03	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	17	59	DSI	03H	0.09	0	ARC
11	H	21	59	DSI	03H	0.18	0	ARC
11	H	23	59	DSI	01H	0.06	0	ARC
11	H	26	59	DSI	05H	0.09	0	ARC
11	H	30	59	DSI	02H	0.2	0	ARC
11	H	30	59	DSI	03H	0.18	0	ARC
11	H	39	59	DSI	01H	-0.03	0	ARC
11	H	16	60	DSI	03H	0.15	0	ARC
11	H	18	60	DSI	01H	0.06	0	ARC
11	H	29	60	DSI	02H	0.12	0	ARC
11	H	37	60	DSI	02H	0.06	0	ARC
11	H	4	61	DSI	05H	0	0	ARC
11	H	6	61	DSI	03H	0.09	0	ARC
11	H	10	61	DSI	02H	0.17	0	ARC
11	H	13	61	DSI	02H	0.06	0	ARC
11	H	22	61	DSI	01H	0.12	0	ARC
11	H	22	61	DSI	03H	0.15	0	ARC
11	H	14	62	DSI	02H	0.06	0	ARC
11	H	16	62	DSI	03H	0.03	0	ARC
11	H	18	62	DSI	02H	0.12	0	ARC
11	H	21	62	DSI	01H	0.15	0	ARC
11	H	2	63	DSI	05H	-0.03	0	ARC
11	H	14	63	DSI	05H	0.15	0	ARC
11	H	28	63	DSI	01H	0	0	ARC
11	H	41	63	DSI	02H	0	0	ARC
11	H	42	63	DSI	03H	0.06	0	ARC
11	H	29	64	DSI	03H	0.15	0	ARC
11	H	39	64	DSI	02H	0.12	0	ARC
11	H	41	64	DSI	02H	0.12	0	ARC
11	H	41	64	DSI	03H	0.15	0	ARC
11	H	18	65	DSI	02H	0.15	0	ARC
11	H	24	65	DSI	02H	0.18	0	ARC
11	H	24	65	DSI	03H	0.09	0	ARC
11	H	38	65	DSI	02H	0.09	0	ARC
11	H	39	65	DSI	02H	0.18	0	ARC
11	H	39	65	DSI	03H	0.09	0	ARC
11	H	7	66	DSI	05H	0.12	0	ARC
11	H	13	67	DSI	01H	0.09	0	ARC
11	H	13	67	SAI	01H	0.09	0.16	ARC
11	H	29	67	DSI	02H	0.09	0	ARC
11	H	35	67	DSI	02H	0.15	0	ARC
11	H	38	67	DSI	03H	0.23	0	ARC
11	H	13	68	DSI	01H	0.09	0	ARC
11	H	17	68	DSI	01H	0.12	0	ARC

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11	H	18	68	DSI	01H	0.15	0	ARC
11	H	19	68	DSI	02H	0.12	0	ARC
11	H	29	68	DSI	02H	0.18	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	8	69	DSI	02H	0.12	0	ARC
11	H	13	69	DSI	01H	0.03	0	ARC
11	H	17	69	DSI	01H	0.06	0	ARC
11	H	20	70	DSI	02H	0.15	0	ARC
11	H	12	71	DSI	01H	0.03	0	ARC
11	H	19	71	DSI	03H	0.15	0	ARC
11	H	23	71	DSI	02H	0.15	0	ARC
11	H	5	72	DSI	02H	0.21	0	ARC
11	H	5	72	DSI	05H	0.12	0	ARC
11	H	8	72	DSI	05H	0.03	0	ARC
11	H	11	72	DSI	01H	0.06	0	ARC
11	H	11	72	DSI	02H	0.18	0	ARC
11	H	11	72	DSI	05H	0.12	0	ARC
11	H	12	72	DSI	05H	0.15	0	ARC
11	H	14	72	DSI	02H	0.15	0	ARC
11	H	23	72	DSI	02H	0.06	0	ARC
11	H	29	72	DSI	02H	0.12	0	ARC
11	H	33	72	DSI	02H	0.15	0	ARC
11	H	36	72	DSI	02H	0.15	0	ARC
11	H	9	73	DSI	01H	0.12	0	ARC
11	H	25	73	DSI	03H	0.15	0	ARC
11	H	29	73	DSI	02H	0.12	0	ARC
11	H	33	73	DSI	02H	0.06	0	ARC
11	H	3	74	DSI	01H	-0.12	0	ARC
11	H	26	74	DSI	02H	0.15	0	ARC
11	C	38	74	DSI	01C	0.23	0	ARC
11	H	8	75	DSI	01H	0.06	0	ARC
11	H	8	75	DSI	05H	0.03	0	ARC
11	H	16	75	DSI	03H	0.15	0	ARC
11	H	18	75	DSI	03H	0.09	0	ARC
11	H	22	75	DSI	02H	0.12	0	ARC
11	H	26	75	DSI	02H	0.21	0	ARC
11	H	14	76	DSI	02H	0.06	0	ARC
11	H	15	76	DSI	02H	0.12	0	ARC
11	H	17	76	DSI	02H	0.12	0	ARC
11	H	11	77	DSI	05H	0.12	0	ARC
11	H	23	77	DSI	02H	0.06	0	ARC
11	H	8	78	DSI	01H	0.15	0	ARC
11	H	8	78	DSI	02H	0.12	0	ARC
11	H	8	78	DSI	03H	0.06	0	ARC
11	H	22	78	DSI	01H	0	0	ARC
11	H	24	78	DSI	01H	0.06	0	ARC
11	H	25	78	DSI	02H	0.18	0	ARC
11	H	29	78	DSI	03H	0.09	0	ARC

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11	H	12	79	DSI	01H	0.06	0	ARC
11	H	12	79	DSI	03H	0.18	0	ARC
11	H	15	79	DSI	03H	0.12	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	C	33	79	DSI	01C	-0.32	0	ARC
11	H	6	80	DSI	04H	0.09	0	ARC
11	H	18	80	DSI	01H	0	0	ARC
11	H	22	80	DSI	01H	0.06	0	ARC
11	H	24	80	DSI	01H	0.06	0	ARC
11	H	28	80	DSI	05H	0.15	0	ARC
11	H	5	81	DSI	01H	0.09	0	ARC
11	H	7	81	DSI	05H	0.03	0	ARC
11	H	21	81	DSI	03H	0.03	0	ARC
11	H	22	81	DSI	01H	0.09	0	ARC
11	H	22	81	DSI	02H	0.18	0	ARC
11	H	3	82	DSI	03H	0.03	0	ARC
11	H	9	82	DSI	05H	0.03	0	ARC
11	H	17	82	DSI	02H	0.09	0	ARC
11	H	19	82	DSI	01H	0.09	0	ARC
11	H	22	82	DSI	01H	0.15	0	ARC
11	H	22	82	DSI	02H	0.18	0	ARC
11	H	23	82	DSI	03H	0.21	0	ARC
11	H	4	83	DSI	03H	0	0	ARC
11	H	8	83	DSI	04H	0.24	0	ARC
11	H	17	83	DSI	01H	0.03	0	ARC
11	H	20	84	DSI	03H	0.15	0	ARC
11	H	26	84	DSI	02H	0.24	0	ARC
11	H	5	85	SAI	01H	0.02	0.14	ARC
11	H	5	85	DSI	01H	0.09	0	ARC
11	H	6	85	DSI	03H	0.15	0	ARC
11	H	16	85	DSI	02H	0.09	0	ARC
11	C	28	85	DSI	07C	-0.18	0	ARC
11	H	18	86	DSI	01H	0.12	0	ARC
11	H	19	86	DSI	02H	0.09	0	ARC
11	H	6	87	DSI	04H	0.06	0	ARC
11	H	12	87	DSI	02H	0.12	0	ARC
11	H	3	88	DSI	02H	0.03	0	ARC
11	H	4	88	DSI	01H	0	0	ARC
11	H	7	88	DSI	03H	0.06	0	ARC
11	H	3	90	DSI	05H	0.06	0	ARC
11	H	4	90	DSI	02H	0.06	0	ARC
11	H	11	90	DSI	02H	0.03	0	ARC
11	H	13	91	DSI	03H	0.06	0	ARC
11	C	16	91	DSI	01C	-0.36	0	ARC
11	C	6	93	DSI	03C	0.27	0	ARC
11	H	2	94	DSI	01H	0.09	0	ARC
11	H	4	94	DSI	01H	0.12	0	ARC
12	H	8	5	DSI	02H	0.35	0	ARC

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12	H	17	9	DSI	01H	0.18	0	ARC
12	H	19	9	DSI	01H	0.06	0	ARC
12	H	7	10	DSI	02H	0.2	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	8	10	DSI	01H	0.03	0	ARC
12	H	20	10	DSI	01H	0.03	0	ARC
12	H	18	11	DSI	02H	0.09	0	ARC
12	H	22	15	DSI	01H	0.09	0	ARC
12	H	15	16	DSI	02H	0.03	0	ARC
12	H	29	17	SAI	01H	0.04	0.12	ARC
12	H	29	17	DSI	01H	0.15	0	ARC
12	H	20	18	DSI	01H	0.03	0	ARC
12	H	20	18	DSI	02H	0.03	0	ARC
12	H	20	20	DSI	02H	0.12	0	ARC
12	H	11	22	DSI	02H	0.09	0	ARC
12	H	37	22	DSI	01H	0.15	0	ARC
12	H	37	22	DSI	04H	0.09	0	ARC
12	H	10	23	DSI	03H	0.15	0	ARC
12	H	15	23	DSI	01H	0.09	0	ARC
12	H	35	24	DSI	01H	0.12	0	ARC
12	H	28	25	DSI	01H	0.09	0	ARC
12	H	16	27	DSI	02H	0.15	0	ARC
12	H	42	28	DSI	03H	0.06	0	ARC
12	H	22	29	DSI	01H	0.15	0	ARC
12	H	16	30	DSI	03H	0	0	ARC
12	H	19	30	DSI	01H	0.12	0	ARC
12	H	31	30	DSI	02H	0.18	0	ARC
12	H	32	30	DSI	01H	0.18	0	ARC
12	H	19	31	DSI	03H	0	0	ARC
12	H	20	31	DSI	03H	0	0	ARC
12	H	41	31	DSI	01H	0.09	0	ARC
12	H	41	31	DSI	03H	0.21	0	ARC
12	H	27	32	DSI	01H	0.09	0	ARC
12	H	31	32	DSI	02H	0.06	0	ARC
12	H	33	32	DSI	01H	0.09	0	ARC
12	H	40	32	DSI	02H	0.03	0	ARC
12	H	10	33	DSI	03H	0.06	0	ARC
12	H	21	33	DSI	01H	0.09	0	ARC
12	H	2	34	DSI	04H	0.03	0	ARC
12	H	10	34	DSI	01H	0.18	0	ARC
12	H	18	34	DSI	02H	0.06	0	ARC
12	H	21	34	DSI	01H	0.12	0	ARC
12	H	21	34	DSI	02H	0	0	ARC
12	H	25	34	DSI	01H	0.03	0	ARC
12	H	34	35	DSI	03H	0.12	0	ARC
12	H	36	35	DSI	02H	0.09	0	ARC
12	H	41	35	MAI	03H	-0.27	0.2	ARC
12	H	41	35	DSI	03H	0.03	0	ARC

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12	H	42	35	DSI	02H	0.15	0	ARC
12	H	22	36	DSI	01H	0.15	0	ARC
12	H	28	36	DSI	01H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	36	38	DSI	02H	0.09	0	ARC
12	H	19	39	DSI	02H	-0.03	0	ARC
12	H	23	39	DSI	01H	0.06	0	ARC
12	H	43	39	DSI	02H	0.09	0	ARC
12	H	42	40	DSI	03H	-0.03	0	ARC
12	H	12	42	DSI	01H	0	0	ARC
12	H	28	42	DSI	01H	0.12	0	ARC
12	H	15	43	DSI	01H	0.06	0	ARC
12	H	5	44	DSI	01H	0.03	0	ARC
12	H	11	44	DSI	01H	0.06	0	ARC
12	H	12	44	DSI	04H	0.09	0	ARC
12	H	25	44	DSI	02H	0.12	0	ARC
12	H	33	45	DSI	01H	0.09	0	ARC
12	H	29	46	DSI	01H	0.18	0	ARC
12	H	38	47	SAI	01H	-0.11	-0.01	ARC
12	H	38	47	DSI	01H	-0.03	0	ARC
12	H	23	48	DSI	04H	0	0	ARC
12	H	25	48	DSI	02H	0.06	0	ARC
12	H	26	49	DSI	01H	-0.09	0	ARC
12	H	26	49	DSI	02H	-0.06	0	ARC
12	H	39	49	DSI	03H	0.03	0	ARC
12	H	13	50	DSI	05H	0.09	0	ARC
12	H	29	50	DSI	01H	-0.09	0	ARC
12	H	32	50	DSI	01H	0.09	0	ARC
12	H	32	50	DSI	02H	0	0	ARC
12	H	11	51	DSI	04H	0.12	0	ARC
12	H	19	51	DSI	01H	0.12	0	ARC
12	H	26	51	DSI	02H	0.08	0	ARC
12	H	29	51	DSI	02H	0.15	0	ARC
12	H	39	51	DSI	01H	0	0	ARC
12	H	26	52	DSI	02H	-0.09	0	ARC
12	H	28	52	DSI	02H	-0.03	0	ARC
12	H	17	54	DSI	01H	0.06	0	ARC
12	H	26	55	DSI	05H	0.09	0	ARC
12	H	28	55	DSI	04H	0.09	0	ARC
12	H	31	55	DSI	02H	0.09	0	ARC
12	H	32	55	DSI	01H	0.12	0	ARC
12	H	27	56	DSI	02H	0.03	0	ARC
12	H	16	57	DSI	04H	0	0	ARC
12	H	21	57	DSI	05H	0.03	0	ARC
12	H	32	57	DSI	05H	0.12	0	ARC
12	H	11	58	DSI	03H	0.18	0	ARC
12	H	21	58	DSI	05H	0.06	0	ARC
12	H	22	59	DSI	01H	0.09	0	ARC

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12	H	11	60	DSI	02H	0	0	ARC
12	H	19	60	DSI	01H	0.14	0	ARC
12	H	24	60	DSI	02H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	34	60	DSI	01H	0.15	0	ARC
12	H	12	61	DSI	03H	0.03	0	ARC
12	H	20	61	DSI	01H	0.17	0	ARC
12	H	26	61	DSI	01H	0	0	ARC
12	H	31	61	DSI	02H	0	0	ARC
12	H	32	61	DSI	02H	0.12	0	ARC
12	H	35	61	DSI	01H	0.06	0	ARC
12	H	11	62	DSI	02H	0.06	0	ARC
12	H	21	62	DSI	01H	0.06	0	ARC
12	H	14	63	DSI	01H	-0.03	0	ARC
12	H	19	63	DSI	01H	0.12	0	ARC
12	H	19	63	DSI	04H	0.12	0	ARC
12	H	19	64	DSI	01H	0.12	0	ARC
12	H	19	64	DSI	04H	0.18	0	ARC
12	H	25	64	DSI	03H	-0.06	0	ARC
12	H	20	65	DSI	02H	0	0	ARC
12	H	20	65	DSI	03H	0.23	0	ARC
12	H	20	66	DSI	01H	0.26	0	ARC
12	H	28	66	DSI	04H	-0.17	0	ARC
12	H	30	66	DSI	01H	-0.03	0	ARC
12	C	39	66	DSI	01C	0.29	0	ARC
12	H	33	67	DSI	02H	0.18	0	ARC
12	H	42	67	DSI	04H	0.06	0	ARC
12	H	35	68	DSI	02H	0.06	0	ARC
12	H	40	68	DSI	02H	0.06	0	ARC
12	H	17	69	DSI	01H	0.29	0	ARC
12	H	19	69	DSI	01H	0.15	0	ARC
12	H	35	69	DSI	05H	0.09	0	ARC
12	H	36	69	DSI	02H	0.18	0	ARC
12	H	11	70	DSI	03H	-0.06	0	ARC
12	H	16	70	DSI	02H	0.12	0	ARC
12	H	12	71	DSI	02H	0.21	0	ARC
12	H	24	71	DSI	02H	0.12	0	ARC
12	H	16	72	DSI	02H	0.06	0	ARC
12	H	18	72	DSI	01H	0	0	ARC
12	H	18	72	DSI	02H	0.06	0	ARC
12	H	19	72	DSI	01H	0.15	0	ARC
12	H	25	72	DSI	02H	0.03	0	ARC
12	H	29	72	DSI	02H	0.06	0	ARC
12	H	2	73	DSI	02H	0.03	0	ARC
12	H	21	73	DSI	02H	0.18	0	ARC
12	H	22	73	DSI	02H	0	0	ARC
12	H	18	75	DSI	03H	0.03	0	ARC
12	H	19	75	DSI	02H	0.12	0	ARC

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12	H	22	75	DSI	02H	0.06	0	ARC
12	H	12	76	DSI	02H	0.15	0	ARC
12	H	11	78	DSI	02H	0.09	0	ARC
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	18	78	DSI	02H	0.06	0	ARC
12	H	33	78	DSI	01H	0.18	0	ARC
12	H	12	79	DSI	02H	0	0	ARC
12	H	18	80	DSI	01H	0	0	ARC
12	H	19	80	DSI	02H	0.09	0	ARC
12	H	21	82	DSI	02H	0	0	ARC
12	H	25	82	DSI	02H	0.06	0	ARC
12	C	31	82	DSI	01C	0.3	0	ARC
12	H	15	83	DSI	02H	0.06	0	ARC
12	H	17	84	DSI	02H	0	0	ARC
12	H	3	85	DSI	02H	-0.06	0	ARC
12	H	26	85	DSI	01H	0.27	0	ARC
12	H	5	92	DSI	03H	0.06	0	ARC
12	H	6	93	DSI	03H	0.06	0	ARC
12	H	6	94	DSI	03H	-0.03	0	ARC
12	H	7	94	DSI	03H	0.03	0	ARC

TABLE V
F*0 Tubes

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	1	9	SAN	TRH	-2.7	-2.53	F*0
11	H	8	9	SCI	TRH	-2.56	-2.51	F*0
11	H	1	12	SAN	TRH	-2.54	-2.43	F*0
11	H	2	12	SAN	TRH	-2.25	-2.21	F*0
11	H	5	12	SAI	TRH	-2.38	-2.24	F*0
11	H	6	12	MAN	TRH	-2.38	-2.22	F*0
11	H	2	13	SAN	TRH	-2.31	-2.18	F*0
11	H	1	14	SAN	TRH	-2.53	-2.46	F*0
11	H	2	14	SAN	TRH	-2.36	-2.27	F*0
11	H	3	14	SAN	TRH	-2.34	-2.24	F*0
11	H	1	15	MAN	TRH	-2.6	-2.55	F*0
11	H	1	16	SAN	TRH	-2.42	-2.34	F*0
11	H	1	17	MAN	TRH	-2.46	-2.35	F*0
11	H	2	17	MAN	TRH	-2.31	-2.19	F*0
11	H	1	18	SAN	TRH	-2.43	-2.34	F*0
11	H	2	18	SAI	TRH	-2.46	-2.39	F*0
11	H	1	19	SAN	TRH	-2.62	-2.5	F*0
11	H	1	20	MAN	TRH	-2.65	-2.59	F*0
11	H	10	20	SAN	TRH	-2.67	-2.51	F*0
11	H	1	21	SAN	TRH	-2.64	-2.49	F*0
11	H	3	21	MAN	TRH	-2.52	-2.2	F*0
11	H	10	21	MAN	TRH	-2.5	-2.44	F*0

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11	H	1	22	MAN	TRH	-2.65	-2.55	F*0
11	H	3	22	SAN	TRH	-2.53	-2.47	F*0
11	H	1	23	SAN	TRH	-2.48	-2.41	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	6	23	MAN	TRH	-2.55	-2.43	F*0
11	H	8	23	SAI	TRH	-2.48	-2.4	F*0
11	H	1	24	SAN	TRH	-2.59	-2.45	F*0
11	H	2	24	MAN	TRH	-2.47	-2.36	F*0
11	H	1	25	MAN	TRH	-2.53	-2.25	F*0
11	H	2	25	SAN	TRH	-2.46	-2.36	F*0
11	H	3	25	MAN	TRH	-2.61	-2.5	F*0
11	H	4	25	MAN	TRH	-2.51	-2.33	F*0
11	H	5	25	MAN	TRH	-2.53	-2.4	F*0
11	H	10	25	SAN	TRH	-2.51	-2.37	F*0
11	H	12	25	MAI	TRH	-2.55	-2.43	F*0
11	H	20	25	MAN	TRH	-2.58	-2.41	F*0
11	H	21	25	MAN	TRH	-2.6	-2.51	F*0
11	H	1	26	MAN	TRH	-2.53	-2.41	F*0
11	H	6	26	SAN	TRH	-2.39	-2.3	F*0
11	H	7	26	SAN	TRH	-2.48	-2.36	F*0
11	H	8	26	SAN	TRH	-2.5	-2.37	F*0
11	H	12	26	SAI	TRH	-2.45	-2.36	F*0
11	H	15	26	SAI	TRH	-2.44	-2.37	F*0
11	H	17	26	MAN	TRH	-2.41	-2.33	F*0
11	H	18	26	SAI	TRH	-2.54	-2.47	F*0
11	H	19	26	MAN	TRH	-2.53	-2.42	F*0
11	H	20	26	MAN	TRH	-2.53	-2.39	F*0
11	H	21	26	MAI	TRH	-2.53	-2.46	F*0
11	H	1	27	MAN	TRH	-2.76	-2.35	F*0
11	H	2	27	MAN	TRH	-2.35	-2.25	F*0
11	H	4	27	MAN	TRH	-2.43	-2.31	F*0
11	H	5	27	MAI	TRH	-2.56	-2.42	F*0
11	H	6	27	SAN	TRH	-2.48	-2.21	F*0
11	H	7	27	MAN	TRH	-2.5	-2.38	F*0
11	H	13	27	MAI	TRH	-2.42	-2.3	F*0
11	H	19	27	MAN	TRH	-2.46	-2.37	F*0
11	H	20	27	MAN	TRH	-2.44	-2.31	F*0
11	H	1	28	SAN	TRH	-2.54	-2.42	F*0
11	H	4	28	SAN	TRH	-2.49	-2.33	F*0
11	H	5	28	MAN	TRH	-2.49	-2.32	F*0
11	H	6	28	SAI	TRH	-2.33	-2.26	F*0
11	H	7	28	SAN	TRH	-2.45	-2.34	F*0
11	H	9	28	MAN	TRH	-2.47	-2.29	F*0
11	H	10	28	SAI	TRH	-2.4	-2.33	F*0
11	H	12	28	SAN	TRH	-2.44	-2.37	F*0
11	H	16	28	SAN	TRH	-2.35	-2.24	F*0
11	H	18	28	SAI	TRH	-2.33	-2.26	F*0
11	H	19	28	MAI	TRH	-2.44	-2.36	F*0

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11	H	20	28	MAN	TRH	-2.4	-2.3	F*0
11	H	1	29	MAN	TRH	-2.5	-2.31	F*0
11	H	2	29	SAN	TRH	-2.55	-2.45	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	5	29	SAN	TRH	-2.45	-2.23	F*0
11	H	7	29	SAI	TRH	-2.37	-2.29	F*0
11	H	8	29	SAN	TRH	-2.58	-2.35	F*0
11	H	11	29	SAI	TRH	-2.32	-2.26	F*0
11	H	12	29	MAN	TRH	-2.54	-2.41	F*0
11	H	15	29	SAI	TRH	-2.19	-2.11	F*0
11	H	18	29	SAN	TRH	-2.47	-2.33	F*0
11	H	19	29	MAN	TRH	-2.42	-2.33	F*0
11	H	20	29	MAN	TRH	-2.54	-2.36	F*0
11	H	21	29	SAI	TRH	-2.43	-2.39	F*0
11	H	1	30	SAN	TRH	-2.83	-2.62	F*0
11	H	5	30	SAN	TRH	-2.53	-2.42	F*0
11	H	7	30	MAN	TRH	-2.6	-2.45	F*0
11	H	9	30	SAN	TRH	-2.66	-2.48	F*0
11	H	13	30	SAN	TRH	-2.57	-2.39	F*0
11	H	14	30	MAN	TRH	-2.55	-2.45	F*0
11	H	15	30	SAN	TRH	-2.61	-2.56	F*0
11	H	19	30	MAN	TRH	-2.34	-2.23	F*0
11	H	20	30	MAN	TRH	-2.54	-2.44	F*0
11	H	21	30	SAN	TRH	-2.41	-2.26	F*0
11	H	1	31	MAN	TRH	-2.72	-2.55	F*0
11	H	5	31	SAI	TRH	-2.57	-2.38	F*0
11	H	9	31	MAN	TRH	-2.61	-2.55	F*0
11	H	10	31	MAN	TRH	-2.74	-2.64	F*0
11	H	13	31	SAN	TRH	-2.56	-2.47	F*0
11	H	14	31	SAI	TRH	-2.57	-2.51	F*0
11	H	15	31	MAN	TRH	-2.54	-2.39	F*0
11	H	18	31	SAI	TRH	-2.45	-2.31	F*0
11	H	19	31	MAN	TRH	-2.42	-2.32	F*0
11	H	21	31	SAN	TRH	-2.5	-2.36	F*0
11	H	1	32	MAN	TRH	-2.71	-2.52	F*0
11	H	4	32	SAN	TRH	-2.51	-2.42	F*0
11	H	6	32	SAN	TRH	-2.5	-2.34	F*0
11	H	8	32	SAN	TRH	-2.78	-2.67	F*0
11	H	13	32	MAI	TRH	-2.52	-2.43	F*0
11	H	19	32	MAN	TRH	-2.41	-2.32	F*0
11	H	20	32	SAI	TRH	-2.43	-2.36	F*0
11	H	21	32	MAN	TRH	-2.43	-2.26	F*0
11	H	1	33	SAN	TRH	-2.73	-2.58	F*0
11	H	2	33	SAN	TRH	-2.51	-2.41	F*0
11	H	7	33	SAN	TRH	-2.47	-2.38	F*0
11	H	11	33	SAN	TRH	-2.6	-2.54	F*0
11	H	12	33	SAN	TRH	-2.5	-2.38	F*0
11	H	13	33	SAN	TRH	-2.54	-2.44	F*0

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11	H	14	33	MAN	TRH	-2.52	-2.37	F*0
11	H	16	33	SAN	TRH	-2.38	-2.31	F*0
11	H	17	33	SAN	TRH	-2.38	-2.3	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	18	33	SAN	TRH	-2.5	-2.35	F*0
11	H	19	33	SAN	TRH	-2.36	-2.24	F*0
11	H	20	33	SAI	TRH	-2.41	-2.33	F*0
11	H	1	34	SAN	TRH	-2.61	-2.43	F*0
11	H	6	34	SAN	TRH	-2.53	-2.37	F*0
11	H	7	34	SAN	TRH	-2.62	-2.53	F*0
11	H	8	34	SAN	TRH	-2.44	-2.38	F*0
11	H	9	34	SAN	TRH	-2.55	-2.43	F*0
11	H	10	34	MAN	TRH	-2.6	-2.49	F*0
11	H	11	34	MAN	TRH	-2.61	-2.49	F*0
11	H	12	34	MAN	TRH	-2.6	-2.47	F*0
11	H	13	34	SAN	TRH	-2.66	-2.47	F*0
11	H	17	34	SAN	TRH	-2.16	-2.09	F*0
11	H	18	34	SAI	TRH	-2.43	-2.36	F*0
11	H	19	34	MAN	TRH	-2.27	-2.2	F*0
11	H	1	35	SAN	TRH	-2.88	-2.72	F*0
11	H	2	35	SAN	TRH	-2.63	-2.44	F*0
11	H	4	35	SAI	TRH	-2.61	-2.41	F*0
11	H	6	35	SAI	TRH	-2.51	-2.45	F*0
11	H	12	35	SAN	TRH	-2.63	-2.53	F*0
11	H	13	35	SAN	TRH	-2.56	-2.47	F*0
11	H	14	35	SAN	TRH	-2.65	-2.55	F*0
11	H	15	35	SAN	TRH	-2.54	-2.42	F*0
11	H	16	35	SAN	TRH	-2.68	-2.61	F*0
11	H	1	36	MAN	TRH	-2.7	-2.51	F*0
11	H	2	36	MAN	TRH	-2.48	-2.33	F*0
11	H	4	36	SAN	TRH	-2.53	-2.42	F*0
11	H	5	36	SAN	TRH	-2.5	-2.41	F*0
11	H	9	36	SAI	TRH	-2.55	-2.45	F*0
11	H	13	36	MAN	TRH	-2.54	-2.39	F*0
11	H	14	36	MAN	TRH	-2.6	-2.46	F*0
11	H	15	36	SAN	TRH	-2.57	-2.5	F*0
11	H	16	36	MAN	TRH	-2.71	-2.58	F*0
11	H	20	36	SAN	TRH	-2.49	-2.35	F*0
11	H	21	36	SAN	TRH	-2.47	-2.36	F*0
11	H	1	37	MAN	TRH	-2.57	-2.41	F*0
11	H	2	37	MAN	TRH	-2.57	-2.45	F*0
11	H	6	37	MAN	TRH	-2.55	-2.42	F*0
11	H	9	37	SAN	TRH	-2.58	-2.47	F*0
11	H	11	37	SAN	TRH	-2.55	-2.44	F*0
11	H	16	37	MAN	TRH	-2.78	-2.59	F*0
11	H	19	37	MAI	TRH	-2.65	-2.42	F*0
11	H	20	37	SAI	TRH	-2.51	-2.43	F*0
11	H	1	38	SAN	TRH	-2.61	-2.52	F*0

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11	H	4	38	MAN	TRH	-2.61	-2.53	F*0
11	H	8	38	MAN	TRH	-2.77	-2.64	F*0
11	H	9	38	MAN	TRH	-2.52	-2.26	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	12	38	SAI	TRH	-2.62	-2.56	F*0
11	H	13	38	SAN	TRH	-2.38	-2.33	F*0
11	H	14	38	MAN	TRH	-2.72	-2.49	F*0
11	H	15	38	MAN	TRH	-2.46	-2.33	F*0
11	H	16	38	SAN	TRH	-2.64	-2.51	F*0
11	H	21	38	SAN	TRH	-2.58	-2.4	F*0
11	H	22	38	MAI	TRH	-2.57	-2.38	F*0
11	H	1	39	MAN	TRH	-2.46	-2.27	F*0
11	H	2	39	MAN	TRH	-2.38	-2.25	F*0
11	H	4	39	SAN	TRH	-2.52	-2.46	F*0
11	H	7	39	SAN	TRH	-2.42	-2.32	F*0
11	H	12	39	SAN	TRH	-2.7	-2.62	F*0
11	H	14	39	SAN	TRH	-2.74	-2.68	F*0
11	H	15	39	SAN	TRH	-2.43	-2.33	F*0
11	H	20	39	MAN	TRH	-2.61	-2.21	F*0
11	H	21	39	SAN	TRH	-2.5	-2.32	F*0
11	H	22	39	SAN	TRH	-2.57	-2.37	F*0
11	H	35	39	SAN	TRH	-2.46	-2.34	F*0
11	H	1	40	MAN	TRH	-2.58	-2.47	F*0
11	H	5	40	SAN	TRH	-2.35	-2.23	F*0
11	H	9	40	MAN	TRH	-2.44	-2.31	F*0
11	H	12	40	MAI	TRH	-2.19	-2.15	F*0
11	H	13	40	MAN	TRH	-2.36	-2.28	F*0
11	H	14	40	SAN	TRH	-2.7	-2.67	F*0
11	H	15	40	SAN	TRH	-2.19	-2.12	F*0
11	H	19	40	MAN	TRH	-2.45	-2.36	F*0
11	H	20	40	MAN	TRH	-2.56	-2.39	F*0
11	H	22	40	MAN	TRH	-2.58	-2.35	F*0
11	H	1	41	MAN	TRH	-2.49	-2.38	F*0
11	H	4	41	MAN	TRH	-2.42	-2.26	F*0
11	H	7	41	MAI	TRH	-2.23	-2.15	F*0
11	H	12	41	SAN	TRH	-2.75	-2.63	F*0
11	H	15	41	MAN	TRH	-2.41	-2.29	F*0
11	H	16	41	SAN	TRH	-2.69	-2.62	F*0
11	H	17	41	SAN	TRH	-2.47	-2.42	F*0
11	H	18	41	SAN	TRH	-2.46	-2.29	F*0
11	H	19	41	SAI	TRH	-2.46	-2.42	F*0
11	H	20	41	SAN	TRH	-2.61	-2.31	F*0
11	H	4	42	MAN	TRH	-2.47	-2.33	F*0
11	H	8	42	SAI	TRH	-2.42	-2.32	F*0
11	H	12	42	MAN	TRH	-2.76	-2.57	F*0
11	H	14	42	SAN	TRH	-2.51	-2.42	F*0
11	H	16	42	SAN	TRH	-2.54	-2.42	F*0
11	H	19	42	SAN	TRH	-2.49	-2.41	F*0

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11	H	20	42	SAN	TRH	-2.54	-2.31	F*0
11	H	21	42	MAN	TRH	-2.45	-2.37	F*0
11	H	1	43	SAN	TRH	-2.56	-2.44	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	2	43	SAN	TRH	-2.68	-2.57	F*0
11	H	6	43	MAN	TRH	-2.69	-2.56	F*0
11	H	7	43	MAN	TRH	-2.5	-2.39	F*0
11	H	8	43	SAN	TRH	-2.68	-2.62	F*0
11	H	12	43	SAN	TRH	-2.66	-2.61	F*0
11	H	14	43	SAI	TRH	-2.42	-2.32	F*0
11	H	15	43	MAI	TRH	-2.5	-2.41	F*0
11	H	17	43	MAN	TRH	-2.48	-2.36	F*0
11	H	19	43	SAI	TRH	-2.44	-2.38	F*0
11	H	21	43	SAI	TRH	-2.42	-2.34	F*0
11	H	22	43	SAN	TRH	-2.52	-2.36	F*0
11	H	1	44	SAN	TRH	-2.6	-2.51	F*0
11	H	5	44	SAN	TRH	-2.49	-2.4	F*0
11	H	6	44	SAN	TRH	-2.62	-2.52	F*0
11	H	7	44	SAI	TRH	-2.46	-2.36	F*0
11	H	10	44	MAN	TRH	-2.87	-2.6	F*0
11	H	12	44	SAN	TRH	-2.67	-2.51	F*0
11	H	14	44	MAN	TRH	-2.73	-2.66	F*0
11	H	16	44	MAN	TRH	-2.72	-2.68	F*0
11	H	17	44	MAN	TRH	-2.44	-2.34	F*0
11	H	19	44	MAN	TRH	-2.42	-2.33	F*0
11	H	20	44	MAI	TRH	-2.59	-2.35	F*0
11	H	21	44	SAN	TRH	-2.45	-2.31	F*0
11	H	22	44	SAN	TRH	-2.47	-2.21	F*0
11	H	1	45	SAN	TRH	-2.54	-2.36	F*0
11	H	6	45	SAN	TRH	-2.51	-2.35	F*0
11	H	8	45	SAN	TRH	-2.68	-2.51	F*0
11	H	9	45	SAN	TRH	-2.47	-2.41	F*0
11	H	10	45	SAN	TRH	-2.72	-2.58	F*0
11	H	12	45	SAN	TRH	-2.6	-2.53	F*0
11	H	14	45	MAN	TRH	-2.93	-2.81	F*0
11	H	15	45	MAN	TRH	-2.48	-2.42	F*0
11	H	19	45	MAN	TRH	-2.47	-2.36	F*0
11	H	21	45	MAN	TRH	-2.46	-2.38	F*0
11	H	3	46	MAI	TRH	-2.6	-2.55	F*0
11	H	4	46	MAN	TRH	-2.61	-2.48	F*0
11	H	6	46	MAN	TRH	-2.6	-2.53	F*0
11	H	7	46	MAN	TRH	-2.54	-2.44	F*0
11	H	9	46	SAI	TRH	-2.52	-2.46	F*0
11	H	11	46	SAN	TRH	-2.51	-2.42	F*0
11	H	17	46	MAI	TRH	-2.4	-2.23	F*0
11	H	20	46	MAI	TRH	-2.22	-2.11	F*0
11	H	21	46	MAN	TRH	-2.76	-2.54	F*0
11	H	1	47	SAI	TRH	-2.57	-2.51	F*0

11	H	5	47	SAI	TRH	-2.47	-2.41	F*0
11	H	6	47	SAI	TRH	-2.5	-2.41	F*0
11	H	8	47	SAI	TRH	-2.58	-2.49	F*0
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	17	47	MAI	TRH	-2.51	-2.36	F*0
11	H	19	47	SAN	TRH	-2.48	-2.41	F*0
11	H	22	47	SAN	TRH	-2.72	-2.56	F*0
11	H	1	48	MAN	TRH	-2.51	-2.27	F*0
11	H	1	49	SAN	TRH	-2.43	-2.33	F*0
11	H	2	49	MAN	TRH	-2.59	-2.42	F*0
11	H	1	50	MAN	TRH	-2.73	-2.59	F*0
11	H	1	51	SAN	TRH	-2.42	-2.2	F*0
11	H	1	52	MAN	TRH	-2.43	-2.24	F*0
11	H	1	54	MAN	TRH	-2.4	-2.31	F*0
11	H	1	55	SAI	TRH	-2.79	-2.4	F*0
11	H	2	55	SAI	TRH	-2.57	-2.44	F*0
11	H	5	55	MAN	TRH	-2.77	-2.63	F*0
11	H	1	56	SAI	TRH	-2.84	-2.54	F*0
11	H	1	57	SAN	TRH	-2.68	-2.57	F*0
11	H	2	57	SAI	TRH	-2.39	-2.32	F*0
11	H	1	58	SAN	TRH	-2.83	-2.72	F*0
11	H	19	58	SAI	TRH	-2.45	-2.4	F*0
11	H	1	59	SAN	TRH	-2.81	-2.69	F*0
11	H	1	60	SAN	TRH	-2.74	-2.67	F*0
11	H	4	60	SAN	TRH	-2.46	-2.39	F*0
11	H	19	60	MAN	TRH	-2.45	-2.29	F*0
11	H	2	62	SAN	TRH	-2.49	-2.33	F*0
11	H	11	64	SAN	TRH	-2.59	-2.52	F*0
11	H	1	67	MAI	TRH	-2.67	-2.52	F*0
11	H	1	68	SAN	TRH	-2.74	-2.61	F*0
11	H	1	70	MAN	TRH	-2.51	-2.39	F*0
11	H	1	71	SAN	TRH	-2.49	-2.38	F*0
11	H	1	72	SAN	TRH	-2.63	-2.53	F*0
11	H	1	73	SAN	TRH	-2.54	-2.44	F*0
11	H	1	74	SAN	TRH	-2.71	-2.64	F*0
11	H	1	75	SAN	TRH	-2.53	-2.43	F*0
11	H	1	76	SAN	TRH	-2.66	-2.43	F*0
11	H	1	78	SAN	TRH	-2.64	-2.44	F*0
11	H	1	87	SAN	TRH	-2.67	-2.47	F*0
12	H	27	10	SAN	TRH	-2.53	-2.47	F*0
12	H	25	68	SAI	TRH	-2.64	-2.48	F*0
12	H	10	88	SCI	TRH	-2.25	-2.16	F*0

TABLE VI
F*1 Tubes

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
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11	H	18	7	SVI	1BH	-2.81	-2.49	F*1
11	H	19	17	SAD	1BH	-1.22	0	F*1
11	H	23	17	SAN	1BH	-2.25	-2.01	F*1
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	8	27	SAD	1BH	-1.12	0	F*1
11	H	34	28	SAD	1BH	-1.12	0	F*1
11	H	26	35	SAD	1BH	-1.26	0	F*1
11	H	30	46	SAD	1BH	-1.02	0	F*1
11	H	12	51	SAD	1BH	-1.14	0	F*1
11	H	5	56	SAN	1BH	-1.34	-1.26	F*1
11	H	5	57	SAD	1BH	-1.07	0	F*1
11	H	11	58	SAN	1BH	-1.1	-0.99	F*1
11	H	12	63	SAD	1BH	-1.23	0	F*1
11	H	11	65	MAN	1BH	-1.28	-1.23	F*1
11	H	6	72	MAN	1BH	-1.4	-1.18	F*1
11	H	8	78	MAN	1BH	-3.04	-2.5	F*1
12	H	34	31	MAN	1BH	-1.19	-1.05	F*1
12	H	31	46	SAN	1BH	-1.19	-1.05	F*1
12	H	31	47	MAD	1BH	-1	0	F*1
12	H	32	47	MAD	1BH	-0.81	0	F*1
12	H	4	71	MAN	1BH	-1.96	-1.76	F*1

TABLE VII
F*2 Tubes

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	22	35	SAN	2BH	-1.44	-1.27	F*2
11	H	2	51	MAI	2BH	-2.63	-0.1	F*2
11	H	9	67	MAN	2BH	-2.5	-1.57	F*2

TABLE VIII
EF* Tubes

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	9	26	SAN	EBH	-13.46	-13.36	EF*
11	H	13	29	SAN	EBH	-13.69	-13.58	EF*
11	H	7	31	SAN	EBH	-13.72	-13.65	EF*
11	H	14	32	SAN	EBH	-13.02	-12.98	EF*
11	H	10	33	MAN	EBH	-13.31	-13.13	EF*
11	H	14	34	SAN	EBH	-13.76	-13.71	EF*
11	H	4	40	SAN	EBH	-13.52	-13.48	EF*
11	H	10	40	SCI	EBH	-14.65	-14.4	EF*
11	H	17	45	SAN	EBH	-12.41	-10.41	EF*
11	H	9	47	MAN	EBH	-12.45	-9.96	EF*
11	H	16	48	MAN	EBH	-12.8	-9.14	EF*
11	H	16	50	SAN	EBH	-11.16	-10.08	EF*

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11	H	12	53	SAN	EBH	-9.05	-8.87	EF*
11	H	20	53	SVI	EBH	-12.89	-12.79	EF*
11	H	12	60	SAN	EBH	-13.59	-13.42	EF*
11	H	14	64	SAN	EBH	-9.02	-8.84	EF*
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	H	13	71	SAN	EBH	-10.49	-10.09	EF*
11	H	7	87	SAN	EBH	-13.45	-13.32	EF*

TABLE IX
Tubes Sleeved 01/01 outage

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	9	6	SAI	TRH	2.36	6.46	SLV
12	H	10	8	MAI	TRH	1.84	4.34	SLV
12	H	19	10	SAI	TRH	1.63	3.84	SLV
12	H	17	11	SAI	TRH	0.12	0.19	SLV
12	H	18	11	SAI	TRH	7.16	7.7	SLV
12	H	4	13	SAI	TRH	1.01	7.58	SLV
12	H	10	14	SAI	TRH	0.4	1.16	SLV
12	H	16	14	MAI	TRH	0.03	0.19	SLV
12	H	11	15	SAI	TRH	0.1	0.2	SLV
12	H	19	17	MAI	TRH	0.09	0.16	SLV
12	H	16	18	SAI	TRH	0.05	0.17	SLV
12	H	9	19	SAI	TRH	0.04	0.18	SLV
12	H	20	19	SAI	TRH	0.68	0.81	SLV
12	H	20	22	MAI	TRH	0.05	0.17	SLV
12	H	23	22	SAI	TRH	0.06	0.17	SLV
12	H	20	23	SAI	TRH	0.05	0.18	SLV
12	H	31	23	MAI	TRH	3.26	5.94	SLV
12	H	10	25	MAI	TRH	0.21	0.24	SLV
12	H	17	25	MAI	TRH	0.03	0.28	SLV
12	H	13	26	SAI	TRH	0.15	0.19	SLV
12	H	29	26	MAI	TRH	0.04	0.19	SLV
12	H	33	27	SAI	TRH	0.11	0.16	SLV
12	H	12	28	SAI	TRH	2.7	3.32	SLV
12	H	15	28	MAI	TRH	0.06	0.18	SLV
12	H	14	29	SAI	TRH	0.2	0.23	SLV
12	H	11	30	MAI	TRH	0.12	0.27	SLV
12	H	26	30	MAI	TRH	0.12	0.24	SLV
12	H	13	33	SAI	TRH	0.12	0.21	SLV
12	H	9	34	SAI	TRH	2.61	3.1	SLV
12	H	10	34	SAI	TRH	2.5	2.59	SLV
12	H	28	34	SAI	TRH	0.1	0.17	SLV
12	H	33	34	SAI	TRH	0.2	0.33	SLV
12	H	9	35	SAI	TRH	0.09	0.17	SLV
12	H	5	38	SAI	TRH	0.49	4.05	SLV
12	H	37	38	SAI	1BH	1.02	1.16	SLV

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12	H	2	39	MAI	TRH	0.06	0.16	SLV
12	H	16	39	SAI	TRH	5.13	5.28	SLV
12	H	12	40	SAI	TRH	0.08	0.15	SLV
12	H	30	40	SAI	TRH	0.07	0.2	SLV
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	12	44	MAI	TRH	0.07	0.14	SLV
12	H	15	44	SAI	TRH	5.6	5.82	SLV
12	H	7	46	SAI	TRH	0.05	0.12	SLV
12	H	9	47	MAI	TRH	0.61	6.83	SLV
12	H	17	50	MAI	TRH	0.05	0.13	SLV
12	H	20	50	SAI	TRH	0.12	0.24	SLV
12	H	31	51	SAI	TRH	0	0.14	SLV
12	H	33	52	MAI	TRH	0.11	0.26	SLV
12	H	35	53	SAI	TRH	0.09	0.16	SLV
12	H	17	54	SAI	TRH	0.02	0.11	SLV
12	H	31	54	SAI	TRH	0.19	0.25	SLV
12	H	14	57	MAI	TRH	0.15	0.21	SLV
12	H	33	57	MAI	TRH	0.07	0.19	SLV
12	H	6	58	SAI	TRH	0.18	0.25	SLV
12	H	12	58	SAI	TRH	0.12	0.21	SLV
12	H	17	58	MAI	TRH	0.07	0.13	SLV
12	H	20	58	MAI	TRH	0.09	0.15	SLV
12	H	23	58	MAI	TRH	0.02	0.07	SLV
12	H	21	59	MAI	TRH	4.18	4.33	SLV
12	H	31	59	SAI	TRH	0.1	0.19	SLV
12	H	26	60	SAI	TRH	0.1	0.16	SLV
12	H	33	60	MAI	TRH	0.09	0.17	SLV
12	H	10	61	SAI	TRH	0.79	0.94	SLV
12	H	31	61	MAI	TRH	0.12	0.23	SLV
12	H	17	62	SAI	TRH	0.07	0.14	SLV
12	H	6	64	SAI	TRH	0.42	5.23	SLV
12	H	36	64	SAI	TRH	1.37	3.44	SLV
12	H	13	65	MAI	TRH	0.08	0.19	SLV
12	H	20	65	MAI	TRH	0.1	0.21	SLV
12	H	24	65	MAI	TRH	0.09	0.18	SLV
12	H	33	65	SAI	TRH	0.07	0.12	SLV
12	H	35	65	SAI	TRH	0.09	0.15	SLV
12	H	25	66	MAI	TRH	0.08	0.16	SLV
12	H	2	67	MAI	TRH	0.07	0.14	SLV
12	H	4	68	SAI	TRH	0.11	0.2	SLV
12	H	16	68	SAI	TRH	0.13	0.22	SLV
12	H	6	69	MAI	TRH	0.09	0.18	SLV
12	H	20	69	MAI	TRH	0.14	0.27	SLV
12	H	27	69	SAI	TRH	0.11	0.27	SLV
12	H	6	70	MAI	TRH	0.06	0.14	SLV
12	H	7	70	SAI	TRH	0.09	0.18	SLV
12	H	26	70	SAI	TRH	0.09	0.15	SLV
12	H	14	71	MAI	TRH	0.07	0.16	SLV

12	H	27	71	SAI	TRH	0.05	0.11	SLV
12	H	31	71	MAI	TRH	0.06	0.22	SLV
12	H	14	72	MAI	TRH	0.06	0.15	SLV
12	H	17	72	MAI	TRH	0.06	0.1	SLV
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	H	7	73	MAI	TRH	0.09	0.19	SLV
12	H	15	74	MAI	TRH	0.08	0.17	SLV
12	H	6	75	SAI	TRH	0.06	0.13	SLV
12	H	7	76	SAI	TRH	7.58	8.67	SLV
12	H	14	76	SAI	TRH	0.1	0.17	SLV
12	H	10	77	SAI	TRH	1.25	3.46	SLV
12	H	13	77	SAI	TRH	0.1	0.13	SLV
12	H	15	77	MAI	TRH	0.04	0.14	SLV
12	H	7	78	SAI	TRH	0.06	0.14	SLV
12	H	9	78	SAI	TRH	0.05	0.11	SLV
12	H	14	78	MAI	TRH	0.04	0.16	SLV
12	H	25	78	SAI	TRH	-0.02	0.13	SLV
12	H	10	79	MAI	TRH	9.17	9.42	SLV
12	H	14	80	MAI	TRH	0.08	0.15	SLV
12	H	2	81	SAI	TRH	0.47	1.18	SLV
12	H	2	82	SAI	TRH	0.06	0.13	SLV
12	H	11	82	SAI	TRH	0.13	0.2	SLV
12	H	2	83	SAI	TRH	2.98	4.62	SLV
12	H	4	83	SAI	TRH	0.06	0.09	SLV
12	H	16	85	SAI	TRH	0.42	0.83	SLV
12	H	14	86	MAI	TRH	0.08	0.18	SLV

TABLE X
Tubes plugged 01/01 outage

S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
11	B	8	20	SVI	01H	-0.21	-0.02	PLG①
11	C	27	21					PLG②
11	B	32	25	SVI	TSH	0.06	0.44	PLG①
11	B	22	29	SVI	01H	-0.13	0.01	PLG①
11	B	4	37	MAI	EBH	-0.09	0.1	PLG③
11	B	14	37	MAI	EBH	-0.34	0.08	PLG③
11	C	32	41					PLG②
11	B	4	44	MAI	EBH	-0.42	0.04	PLG③
11	B	18	44	MAI	EBH	-0.24	2.41	PLG③
11	B	41	48	45	NV2	0	0	PLG④
11	B	8	50	SAI	EBH	-0.39	0.12	PLG③
11	B	17	51	MAI	EBH	-0.21	0.2	PLG③
11	B	18	51	MAI	EBH	0.06	1.06	PLG③
11	B	5	54	MAI	EBH	-0.29	0.17	PLG③
11	B	8	57	SAI	EBH	-0.46	0.17	PLG③
11	B	8	66	MAI	EBH	-0.17	0.06	PLG③

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11	B	6	74	MAI	EBH	-0.39	0.02	PLG③
11	B	25	87					PLG②
12	B	2	7	TBP				PLG⑤
12	B	10	9	TBP				PLG⑤⑥
S/G	LEG	ROW	COL	PERCENT	LOCATION	ELEV FROM	ELEV TO	STATUS
12	C	19	11					PLG②
12	B	28	17	MAI	TRH	0.06	0.17	PLG①
12	C	6	18					PLG②
12	C	4	19					PLG②
12	B	27	19	TBP				PLG⑤
12	B	31	19	SAI	TRH	1.22	2.15	PLG①
12	B	22	20	SVI	TSH	46.66	47.14	PLG⑥⑦
12	B	23	20	SVI	TSH	46.56	47.05	PLG⑥⑦
12	B	2	21					PLG②
12	B	22	21	SVI	TSH	46.24	46.97	PLG⑥⑦
12	C	23	21					PLG②
12	B	27	22	TBP				PLG⑤
12	B	33	22	SAI	TRH	0.07	0.16	PLG①
12	B	20	26	TBP				PLG⑤
12	B	1	29					PLG②
12	C	16	33					PLG②
12	B	1	39					PLG②
12	B	1	40	MAI	TRH	0.07	0.17	PLG①
12	C	1	41					PLG②
12	C	5	48					PLG②
12	C	8	48					PLG②
12	B	1	52	SCI	07H	7.78	8.15	PLG⑥
12	C	7	52					PLG②
12	B	30	52	SVI	TSH	47.09	47.29	PLG⑦
12	B	28	53	SVI	TSH	47.08	47.54	PLG⑦
12	C	29	53					PLG②
12	B	30	53	SVI	TSH	47.26	47.52	PLG⑦
12	B	1	54	MAI	TRH	0.1	0.19	PLG①
12	B	29	54	SVI	TSH	47.09	47.47	PLG⑦
12	B	30	54	SVI	TSH	47.35	47.62	PLG⑦
12	C	9	57					PLG②
12	C	7	63					PLG②
12	B	43	64	SVI	01H	-0.1	0.05	PLG①
12	H	2	70					PLG②
12	C	5	74					PLG②
12	B	19	74	TBP				PLG⑤
12	B	23	77	TBP				PLG⑤
12	B	6	78	TBP				PLG⑤
12	B	20	78	TBP				PLG⑤
12	B	1	79	SAI	TRH	5.79	6.16	PLG①
12	B	13	79	TBP				PLG⑤
12	B	16	80	TBP				PLG⑤
12	B	30	81	SVI	01C	0.25	0.37	PLG①

12	B	3	84	TBP				PLG®
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- ① No qualified sizing technique or ARC available (includes sleeve channel head restrictions)
- ② Removed and replaced mechanical plugs on previously breached tubes
- ③ Failed elevated reroll
- ④ Exceeded Technical Specification repair depth
- ⑤ Failed sleeve weld during installation
- ⑥ In-situ pressure tested
- ⑦ MDM cut from 4/99 sleeve pulls

TABLE XI
Total tubes plugged and sleeved to date (03/01)

S/G	SLEEVED	% SLEEVED	PLUGGED	% PLUGGED	EQUIVALENT % PLUG
11	0	0	171	5.05	5.05
12	1076	31.76	377	11.13	12.26

LEGEND OF FIELDS AND CODES

<u>FIELD</u>	<u>EXPLANATION</u>
S/G	Steam Generator Number (11 or 12)
LEG	Channel head tested from (H = inlet & C = outlet)
ROW	Row number of tube location
COL	Column number of tube location
PERCENT	Measured percent or three digit code - see below
LOCATION	Physical Location of Indication - see below
ELEV FROM	Lowest elevation of indication or centerline of indication
ELEV TO	Highest elevation of indication
STATUS	Repair status - see below

<u>FIELD</u>	<u>CODE</u>	<u>EXPLANATION</u>
PERCENT	DSI	Distorted Support Plate Indication
	MAD	Multiple Axial Indication Not Detectable
	MAI	Multiple Axial Indication
	MAN	Multiple Axial Indication - No Change
	SAD	Single Axial Indication Not Detectable
	SAI	Single Axial Indication
	SAN	Single Axial Indication - No Change
	SCI	Single Circumferential Indication
	SVI	Single Volumetric Indication
	TBP	To Be Plugged (failed welds)
LOCATION	TEH	Tube end hot (primary face)
	TRH	Top of roll expansion hot leg
	1BH	Bottom of Additional roll expansion #1 hot leg
	2BH	Bottom of Additional roll expansion #2 hot leg
	EBH	Bottom of Elevated roll expansion hot leg
	TSH	Tube sheet hot (secondary face)
	WCH	Weld Centerline hot leg
	0?H	? = First through Seventh tube support plate on hot leg side
	NV?	? = First through Forth new antivibration bar
	0?C	? = First through Seventh tube support plate on cold leg side
	TSC	Tube sheet cold (secondary face)
	TRC	Top of roll expansion cold leg
	TEC	Tube end cold (primary face)
STATUS	<TS	Less Than the Technical Specification repair limit
	ARC	Alternate tube support plate Repair Criteria
	F*0	Tube meets F* criteria with no additional roll expansion
	F*1	Tube meets F* criteria with one additional roll expansion
	F*2	Tube meets F* criteria with two additional roll expansions
	EF*	Tube meets EF* criteria with one elevated additional roll expansion
	SLV	Tube Sleeved
	PLG	Tube Plugged

APPENDIX D

LIST OF SNUBBER INSERVICE TESTING

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Table 3, 2001 Unit 1 Outage Snubber Functional Testing Results

Category	Location	Size/Mfr.	System	TS/NON	PI#	PI#	Test WO#	Test Results
				TS	Removed	Replaced		
	1-SIRH-23B	2 X 5	SI	TS	149	149	0007100	Sat
*	1-RCRH-19	1 1/2 X 10	RC	TS	533	212	0012882	Sat
\$	1-AFWH-84	1 1/2 X 5	AF	TS	369	90	0012882	Sat
*	1-CCH-318	1 1/2 X 5	CC	TS	287	80	0012882	Sat
\$	1-CCH-319	1 1/2 X 5	CC	TS	365	284	0012882	Sat
*	1-CCH-320	1 1/2 X 5	CC	TS	385	200	0012882	Sat
\$	1-CCH-349	1 1/2 X 5	CC	TS	247	238	0012882	Sat
*	1-CCH-350	1 1/2 X 5	CC	TS	195	418	0012882	Sat
\$	1-CCH-354	1 1/2 X 5	CC	TS	66	446	0012882	Sat
*	1-CCH-377	1 1/2 X 5	CC	TS	439	416	0012882	Sat
\$	1-CCH-378	1 1/2 X 5	CC	TS	159	292	0012882	Sat
*	1-RCRH-12A	1 1/2 X 5	RC	TS	141	32	0012882	Sat
#*	1-SIRH-11	1 1/2 X 5	SI	TS	57	104	0012882	Sat
\$	1-SIRH-17	1 1/2 X 5	SI	TS	97	355	0012882	Sat
*	1-SIRH-18	1 1/2 X 5	SI	TS	93	433	0012882	Sat
\$	1-SIRH-22	1 1/2 X 5	SI	TS	237	31	0012882	Sat
*	1-SIRH-26	1 1/2 X 5	SI	TS	218	132	0012882	Sat
\$	1-SIRH-9	1 1/2 X 5	SI	TS	291	197	0012882	Sat
*	1-CWRH-81	1 X 5	CL	TS	512	133	0012882	Sat
\$	1-RPCH-159	1 X 5	RC	TS	604	579	0012882	Sat
#*	1-MSDH-26A	2 1/2 X 5	MS	TS	499	8	0012882	Sat
#*	1-MSDH-26B	2 1/2 X 5	MS	TS	153	2	0012882	Sat
\$	1-RCSH-81	2 X 10	CS	TS	213	51	0012882	Sat
*	1-RCRH-16A	2 X 5	RC	TS	394	270	0012882	Sat
\$	1-MSH-107A	3 1/4 X 5	MS	TS	537	540	0012882	Sat
*	1-MSH-107B	3 1/4 X 5	MS	TS	470	507	0012882	Sat
*	1-RBDH-600	3/4 X 5	SB	TS	185	156	0012882	Sat
*	1-RBDH-601	3/4 X 5	SB	TS	324	320	0012882	Unsat
\$	1-RCVCH-1283	3/4 X 5	VC	TS	521	316	0012882	Sat
*	1-MSH-67A	4 X 5	MS	TS	545	546	0012882	Sat
\$	1-MSH-69A	5 X 5	MS	TS	552	360	0012882	Sat
\$	1-CWRH-82	1 X 5	CL	TS	412	577	0100630	Sat
\$	1-RCVCH-1284	3/4 X 5	VC	TS	402	139	0100631	Sat
\$	1-RCVCH-1285	3/4 X 5	VC	TS	109	266	0100632	Sat
\$	1-RCVCH-917	3/4 X 5	VC	TS	180	453	0100633	Sat
#*	1-RCRH-48B	4 X 5 ITT	RC	TS	567	7924	0012882	Sat
#*	1-MSH-48B	PM2300	MS	TS	515	515	0007064	Sat
*	SG10	SG valve	11S/G03	TS	SG10	SG10	0007096	Unsat
\$	SG16	SG valve	12S/G03	TS	SG16	SG16	0007097	Sat

Asterisks (*) indicate that the snubber is part of the initial 10% plan for its respective type.

Dollar signs (\$) indicate that the snubber was scheduled to be part of the first 10% plan expansion for its type, if required.

Hash signs (#) indicate that the snubber is included in the category described by TS.4.13.C sections a,b and c.

APPENDIX E

CLASS MC INSPECTION SUMMARY

1 Page

This section will convey the Class MC components examined, the examination number and summarizes the examination results performed as part of the 21st Prairie Island Nuclear Generation Plant Unit 1 refueling outage. The 1st interval, September 9, 1996 to May 8, 2008 is based on the examination requirements of the ASME Boiler and Pressure Vessel Code Section XI, 1992 Edition with the 1992 Addenda, Subsection IWE and 10CFR 50.55a dated Tuesday, September 30, 1997.

Many inaccessible areas were documented as part of this 1st period inspection. We have no reason to believe that any degradation exists. This has been supported by the inspection of the metal liner behind the concrete of Sump B during the 1998 and 2000 Unit 2 refueling outages.

Modifications (99ZC01) of the Maintenance and Personnel Airlocks were performed to replace the handwheel shaft seal assemblies. The pressure retaining bolted connections were examined while disassembled. Volumetric Leakage Rate Tests were performed prior to and proceeding the work completed on both airlocks:

	<u>Pre-Test</u>	<u>Post-Test</u>
Maintenance Airlock	7562.5 scc/min	34.8 scc/min
Personnel Airlock	6750 scc/min	24.9 scc/min

100% of the General Visual examination of the Accessible Surfaces on both the Annulus and Containment sides were completed per Work Order 0010825. Plates and penetrations showing indications were evaluated as in compliance per Condition Report 20011787.