

9.0 Reference Documents

The following reference documents apply to the inservice inspections performed during Outage 7/EOC-14 at McGuire Unit 1. A copy of the Request for Relief's can be obtained by contacting the ISI Plan Manager at Duke Energy's Corporate Office in Charlotte, North Carolina: The Problem Investigation Process (PIP's) are included in this section of the report.

- (1) Request for Relief 97-005 (Class 1,2 and 3 snubber examination under station tech. Spec)
- (2) Request for Relief 98-002 (Regenerative Heat Exchanger exemption)
- (3) Request for Relief 98-003 (Regenerative Heat Exchanger exemption from examination category)
- (4) Request for Alternative 00-001 (Pressurizer Support Skirt Alternative Exam)
- (5) Request for Relief 01-003 (Request for Alternative on Pressure Testing)
- (6) Request for Relief 01-006 (Limited welds for RV during EOC-14)
- (7) Request for Relief 01-007 (Limited welds other than RV during EOC-14)
- (8) PIP M-01-0981 (PIP on hanger 1MCA-RN-2341)
- (9) PIP M-01-1144 (PIP on Seal Water Injection Filter 1A)
- (10) PIP G-01-0168 (PIP on incomplete welds, Item Numbers B09.011.074 and B09.011.075)

Problem Investigation Process

McGuire Nuclear Station

PIP Serial No:	Action Category:	LER No:	Other Report:
M-01-00981	4		

Problem Identification

Discovered Time/Date: 09:57 03/10/2001 Occurred Time/Date:

Unit(s) Affected:

<u>Unit</u>	<u>Mode</u>	<u>%Power</u>	<u>Unit Status</u>	<u>Remarks</u>
1	3	0	unit 1 outage	

System(s) Affected:

RN Nuclear Service Water System

Affected Equipment

(No Equipment Affected)

Location of Problem:

Bldg: AUX Column Line: HH-54 Elev: 750

Location Remarks:

Method Used to Discover Problem:

Planned Inservice Inspection

Brief Problem Description:

Hanger sketch revised and as-built in field was never update to sketch.

Detail Problem Description:

While performing planned inservice inspection it was discovered that hanger 1MCA-RN-2341 had been revised to show item #1 to be 2- Grinnell Fig 211, Erected in the field looks to be 2- Berg Pattersons RSSA 2302. Last revision of hanger sketch was 11/12/90. Could not determine if mod. NSM-MG-12233/00 and VN-MC-2470 (as noted on hanger sketch) had ever been field implemented.

Originated By: JSW3360: WILSON, JOE S Team: RXB6274 Group: WCG Date: 03/10/2001

Other Units/Components/Systems/Areas Affected(Y,N,U): N

Industry Plants Affected(Y,N,U): U

Immediate Corrective Actions:

Immediate Corrective Action Documents / Work Orders:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Problem Identified By:	JSW3360	RXB6274	WCG	03/10/2001
Problem Entered By:	JSW3360	RXB6274	WCG	03/10/2001

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ie Problem Significant? No Action Category: 4 Condition Adverse to Quality: Yes

OEP No:

Problem Investigation Process

McGuire Nuclear Station

Report Nos:

Event Codes:

F15 Plant Configuration/Not As Built

Screening Remarks:

PIP screened Category 4 for tracking and trending.

Originated By: HLU8302: UNDERWOOD JR, HENRY L Team: MDR7328 Group: SRG Date: 03/12/2001

Assignments:

Responsible Groups(s) for Problem Evaluation: Responsible Group for Present Operability: N/A

Responsible Group for Past Operability: N/A

Responsible Group for Reportability: N/A

Responsible Group for Overall PIP Approval: WCG Work Control

Signature Type	Indiv	Team	Group	Date
Screened By:	HLU8302	MDR7328	SRG	03/12/2001

Present Operability

Responsible Group: Status:

Sys/Comp Operable? (Y,N,C,E,T):

Required Mode:

Comments:

No Current Signatures For This Section

Past Operability:

Responsible Group: Status:

Sys/Comp Operable?(Y,N,C,E,T):

Required Mode:

Comments:

No Current Signatures For This Section

Reportability

Responsible Group: Status:

Problem Reportable(Y,N,E):

Reportable Per:

Comments:

Problem Investigation Process

McGuire Nuclear Station

No Current Signatures For This Section

Investigation Report:

Responsible Group: _____ Act Date: _____

Investigator: _____ Group: _____

Due Date:
 Date Due to VP or Sta. Mgr:
 Date Regulatory or Agency Rpt Due:
 Date Investigation Report Approved:

NRC Cause Codes:

Problem Evaluation

Event	Cause Code	Cause Description	Primary	Causing Groups
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Problem Evaluation From: N/A

Corrective Actions

CA Seq. No: 1

Resp Group	Status	Orig Group	Event Code	Prop CAC	Cause Code
MCE	Closed	SRG	F15	B3a	YYY

Proposed Corrective Action:

Evaluate the following and initiate corrective actions as deemed necessary:

While performing planned inservice inspection it was discovered that hanger 1MCA-RN-2341 had been revised to show item #1 to be 2- Grinnell Fig 211, Erected in the field looks to be 2- Berg Pattersons RSSA 2302. Last revision of hanger sketch was 11/12/90. Could not determine if mod. NSM-MG-12233/00 and VN-MC-2470 (as noted on hanger sketch) had ever been field implemented.

Proposed CA Priority 2

Originated By: HLU8302: UNDERWOOD JR, HENRY L Team: MDR7328 Group: SRG Date: 03/12/2001

Signature Type	Indiv	Team	Group	Date
Ready For Approval:	HLU8302	MDR7328	SRG	03/12/2001
Approval Assigned To:	MDR7328	MDR7328	SRG	03/12/2001
Approved By:	HLU8302	MDR7328	SRG	03/12/2001

General: Outage: _____ Mode: _____

Other Tracking Processes

Number Text

Actual Corrective Action:

Priority: I2a Actual CAC: E Status: Closed Due Date: 04/30/2001

Problem Investigation Process

McGuire Nuclear Station

End of the Document for PIP No: M-1-981
The status of this PIP is: Closed
The duration of this PIP was: 19 days

Problem Investigation Process

McGuire Nuclear Station

PIP Serial No:	Action Category:	LER No:	Other Report:
M-01-01144	3		

Problem Identification

Discovered Time/Date: 19:25 03/16/2001 **Occurred Time/Date:**

Unit(s) Affected:

Unit	Mode	%Power	Unit Status	Remarks
1	6	0	IEOC14	Outage

System(s) Affected:

NV Chemical & Volume Control System

Affected Equipment

(No Equipment Affected)

Location of Problem:

Bldg: Aux Column Line: JJ-52 Elev: 750 pit

Location Remarks:

Seal Water Injection Filter 1A Pit,

Method Used to Discover Problem:

Inspection by QC (Joe Wilson).

Brief Problem Description:

During ISI inspection, boron crystal concentrations mixed with significant rust and other debris were discovered on and around the anchor bolts of the Seal Water Injection Filter (1A) support. Corrosion assessment and further inspections need to be addressed. (IEOC14)

Detail Problem Description:

During initial examination to perform ISI on the Seal Water Injection Filter (1A) equipment support, concentrations of boron crystals mixed with significant rust and other debris were discovered on and around the anchor bolts of the support. Significant rust and debris were also observed around the anchor bolt nuts and their adjacent steel base members.

Due to high dose rates inside the filter pit (measured by RP at about 1R/hr at the top of the filter), remote examination of the support was done with a lighted borescope from the filter viewing port opening nine feet above the floor of the pit. The long "equipment maneuvering" distance, combined with both the lead shielding installed around the filter housing (and resting on top of the support) and the geometry of the support itself significantly limited the ISI (VT-3) inspection process.

Still pictures (3) of the "as-found" conditions taken with the borescope were sent to Civil Engineering via Lotus Note to Mark Hunt for his evaluation and review. Mark was contacted of this condition and forthcoming PIP via phonecon.

Engineering evaluation and assessment is needed regarding the following issues.

1. Corrosion assessment of the initial findings and whether any operability concerns might emerge as a result.
2. Whether follow-up examination of the 1A filter support is warranted and, if so, determining what other engineered accessories and methods could be employed to aid in the inspection process.
3. Whether cleanup of the component(s) for inspection enhancement is viable given the ALARA and dose rate concerns.
4. Whether Seal Water Filter 1B support should be examined
5. Determine (prior to any follow-up examination) the data needed to support pursuing a relief request from the ISI requirements of the ASME Code regarding this/these filters. ISI Management (at the G.O.) has indicated there is no support that can be "swapped out" for this one (1 of 2). The present period and interval (3rd Period of the 2nd Interval) of McGuire's Unit 1 ISI schedule ends 12/01/01.

Originated By: DEC8302: CALDWELL, DWIN E Team: RXB6274 Group: WCG Date: 03/16/2001

Problem Investigation Process

McGuire Nuclear Station

er Units/Components/Systems/Areas Affected(Y,N,U): U

Industry Plants Affected(Y,N,U): U

Immediate Corrective Actions:

Contacted Civil Engineering (Mark Hunt) and wrote PIP.

Originated By: DEC8302: CALDWELL, DWIN E Team: RXB6274 Group: WCG Date: 03/16/2001

Immediate Corrective Action Documents / Work Orders:

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Problem Identified By:	DEC8302	RXB6274	WCG	03/16/2001
Problem Entered By:	DEC8302	RXB6274	WCG	03/16/2001

Screening

Is the Problem Significant? No Action Category: 3 Condition Adverse to Quality: Yes

OEP No:

Other Report Nos:

Event Codes:

F Equipment/System Concerns

Screening Remarks:

Action Category 3

Originated By: HLU8302: UNDERWOOD JR, HENRY L Team: MDR7328 Group: SRG Date: 03/19/2001

Assignments:

Responsible Groups(s) for Problem Evaluation:	MCE	Mech/Civil Sys & Equip
Responsible Group for Present Operability:	N/A	
Responsible Group for Past Operability:	MCE	Mech/Civil Sys & Equip
Responsible Group for Reportability:	N/A	
Responsible Group for Overall PIP Approval:	WCG	Work Control

<u>Signature Type</u>	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Screened By:	MFL8363	DJR7221	MCE	04/10/2001

Present Operability

Responsible Group: Status:

Sts/Comp Operable? (Y,N,C,E,T):

ired Mode:

Comments:

Problem Investigation Process

McGuire Nuclear Station

No Current Signatures For This Section

Past Operability:

Responsible Group: MCE Status: Closed

Sys/Comp Operable?(Y,N,C,E,T): Y

Required Mode:

Comments: Full documentation of this Operability is in calculation MCC-1206.02-57-0007, rev. 3
The following abbreviated version of the calculation is presented for information only.

Statement of Problem

PIP M-01-1144:

During initial examination to perform ISI on the Seal Water Injection Filter (1A) equipment support, concentrations of boron crystals mixed with significant rust and other debris were discovered on and around the anchor bolts of the support. Significant rust and debris were also observed around the anchor bolt nuts and their adjacent steel base members.

Due to high dose rates inside the filter pit (measured by RP at about 1R/hr at the top of the filter), remote examination of the support was done with a lighted borescope from the filter viewing port opening nine feet above the floor of the pit. The long "equipment maneuvering" distance, combined with both the lead shielding installed around the filter housing (and resting on top of the support) and the geometry of the support itself significantly limited the ISI (VT-3) inspection process.

1 Observations:

Subsequent to the ISI finding, another survey was made of the area by Mike Langel and ISI inspector using a boroscope. Engineering found that the corrosion was not severe and the anchors can perform their design function. No cleanup is necessary based on boroscope inspection.

However, the survey found that lead shielding around the filter is not anchored as defined by this calculation. In addition, no drawings for the lead shielding could be found. Photos were found which verify that the lead shielding was not installed in unit 2. PIP M-01-1144 will address past operability of the unit 1 Seal Water Injection Filters with the unanchored lead shielding. Present operability was not an issue since it was found when NV is not required operable and work orders 98373133 & 98374209 removed the lead shielding on both filters prior to NV being required operable.

Purpose

The purpose of this revision is to determine the Past Operability of the Seal Water Injection Filters in Unit 1 with no bolts securing the lead shielding (pig) to any structure.

Q A Condition - 1

The Seal Water Injection Filters are important to nuclear safety. This calculation is therefore Q A Condition 1.

References

1. PIP M-01-01144
2. MCC-1206.02-83-0018, rev. 9, Piping Analysis Problem NVA
3. MCC-1139.01-00-0137, rev. 1, Seal Water Injection Filters – Anchoring

This calculation was the original anchorage calculation for the Seal Water Injection Filters. This calculation used extremely large nozzle loads from the Mechanical Nuclear Division in 1975. The calculation did not include the presence of a lead pig. This calculation does not include any references to the stress calculations or the calculation for the filter and lead pig. This calculation does contain a history of the embedded anchors & new 5/8" sleeve anchors and therefore is valuable for historical purposes. The official calculation for qualification of the Seal Water Injection Filter Anchorage is MCC-1139.01-00-0137.

4. MC-1223-1, rev. 38, Plan at Elevation 733'+0 Concrete
5. MC-1222-32, rev. 28, Misc. Equipment Bases
6. MC-1202-2-A, rev. 47, General Arrangement Plan
7. MC-1220-3, rev. 28, Misc. Steel Concrete
8. Embedment Properties of Headed Studs, TRW, Nelson Division, Design Data 10

Problem Investigation Process

McGuire Nuclear Station

MC-1687-1.53, Lead Shielding Anchorage

Assumptions

See body of calculations for assumptions.

Method of Analysis

Simple dynamics and energy methods will be used to determine Past Operability of the Seal Water Injection Filter Housing.

Geometry

The following is a personal observation by M F Langel (from field surveillance):

On 4/4/2001 WO's # 98373133 (INVFL0017) & 98374209 (INVFL0018) were executed and the lead shielding was removed. I did not see the 1A Lead shield. I did see the 1B lead shield and it had only the northern two bolts with no southern bolts. Based upon 1A photos, I believe the shield was different between the filters as shown below.

Discussion

A review of documentation for the Unit 1 Seal Water Injection Filters shows the loadings on the filter housing are very small when compared to the original design loads provided to the Civil Environmental Division by the Mechanical Nuclear Division.

The following sketch is from the field data on page 10 of this calculation.

Evaluation

clear from the above sketches that the most likely filter to be damaged by the lead pig is the 1A filter based upon the fact that there are no bolts joining the filter to the structure.

Overturning Moment

The applicable accelerations are from page 15. These accelerations are rigid range acceleration. The entire assembly must be rigid in order for these accelerations to be valid for this evaluation.

SSE horizontal: 0.28 g's

SSE vertical: 0.23 g's

Note: see MCM-12-1.04-27 for filter info.

The lead shield can turn over about its major axis (Z), its intermediate axis (X toward east) or its weak axis (X toward west). The major axis runs parallel to the 2" pipe.

The maximum major (Z) axis overturning moment is $0.28(1040)18 = 5242$ in-lbs.

The minimum major axis (Z) restoring moment is $(1-0.23)1040(8.375) = 6707$ in-lbs.

Since the restoring moment is larger than the overturning moment, the lead shielding will not turn over in the major axis direction.

The restoring moment in the intermediate axis is $(1-0.23)1040(8.375 \cos 15^\circ) = 6478$ in-lbs which also is larger than the overturning moment; therefore the lead shielding will not overturn toward the east.

The minor axis overturning moment is as follows:

$Mot = 291(18) - 801(2.17) = 3500$ inch-kips ... lead pig will fall over if unrestrained.

Dynamic Impact Evaluation

the lead shield will tip over, it is necessary to determine the energy of the lead shield when it impacts the filter housing.

If the top of the lead shield is 34 inches above the floor and the center of mass is at 18 inches above the floor, then the center of mass will travel $18/34 = 53\%$ of the distance the top of the lead shield will travel.

Problem Investigation Process

McGuire Nuclear Station

Conservatively assume the gap around the filter housing and the lead shielding is 1 inch (based upon photo's).

If the horizontal gap between the top of the filter housing and the lead shield is estimated to be about 1 inch then the CG of the lead would move 53% of that distance or 0.53 inches. Conservatively assume the lead shield could move a total distance of 2" which is the full annular gap between the filter housing and the lead shield on both sides.

If the lead pig were conservatively allowed to tip toward the east 1 full inch and then move a full 2 inches toward the west, the change in energy states, based simply upon geometry and seismic acceleration fields, is as follows:

$E = mgh$ where $mg =$ weight in that acceleration field and
 $h =$ height of displacement.

The energy of the lead pig moving from the east position to the west position is as follows:

Note that full gravity plus vertical SSE is combined to maximize the motion as well as using a full horizontal SSE acceleration. Once the lead pig passes through the vertical position, it is slowed down due to lifting the CG above the base as the pig continues to rotate. The resisting energy was conservatively computed using the minimal vertical acceleration of gravity less SSE vertical acceleration. This conservatively estimates the energy of the system since the accelerations are combined in the most conservative way and the energy absorption of other components of the filter housing and piping have been ignored.

$$E = 1040(1 + 0.23) 0.246 + 1040(0.28)^2(0.53) - 1040(1-0.23)0.064 = 572 \text{ in-lbs}$$

Structural Component Evaluation

Stud

A review of the filter housing mounting detail indicates that a single 1/2" welded stud will essentially have to absorb all of the energy. Stretching the stud will absorb the energy. If the stud yields, the force in the stud will be yield stress times the area of the bolt.

The yield force of the 1/2" stud is as follows:

Force = yield stress (tensile area of the bolt) \times 50,000*(0.142) = 7100 lbs. Stretching the bolt will absorb the energy. The amount of stretch to absorb the 572 in-lbs is computed as follows:

*Minimum yield strength is estimated to be about 50 ksi and elongation is about 20% per page 6 of Ref[8].

$$\text{Energy} = \text{force (distance)} = 572 \text{ in-lbs} = 7100 \text{ lbs times bolt stretch}$$

Therefore, bolt stretch = $572/7100 = 0.08$ inches. This is well below the rupture strain (20%) by engineering judgment.

Frequency Determination

The above analysis conservatively ignores the energy absorption ability of the filter housing & lead contact point, the steel support angles, the 5/8" base plate and anchors. It also conservatively ignores the energy absorption ability of the piping attached to the filter housing as well as the inertial effects of the filter housing.

The above analysis also uses rigid range accelerations. The assumption that the assembly is rigid must be verified. Verification of this assumption follows:

The frequency analysis of the filter housing and lead shield will be performed using simple cantilever model of the filter housing with a distributed mass equal to the mass of the filter housing and lead shielding. This is a very conservative model.

The fundamental frequency of a cantilever with a uniformly distributed load is as follows:

$$f_1 = 3.52/(2\pi) (EIg/(wl^4))^{1/2} \quad \text{where} \quad \begin{aligned} E &= 27,700,000 \text{ psi from page 14} \\ I &= 11.65 \text{ in}^4 \text{ from page 14} \\ g &= 386.4 \text{ in/sec}^2 \\ w &= (1040 + 136)/34 = 34.6 \text{ lbs/in} \end{aligned}$$

$$f_1 = 3.52/(2\pi) (27,700,000(11.65)386.4/(34.6(34)^4))^{1/2} = 29.1 \text{ hz ... essentially rigid!}$$

Since the fundamental frequency is rigid, the use of rigid range accelerations is justified.

Problem Investigation Process

McGuire Nuclear Station

Base Plate & Anchor Bolt Evaluation

The final items to check are the base plate and the 5/8" sleeve anchors to the floor.

Determine the load on the 5/8" sleeve anchors:

For a fixed pinned beam:

$$R1 = Pb2/(2L3) (a+2L) \quad \text{where } R1 = \text{reaction (bolt load)}$$

$$b = 7.4"$$

$$a = 2.1"$$

$$L = 2.1 + 7.4 = 9.5"$$

$$R1 = 7100(7.4)2/(2(9.5)3) (2.1 + 2(9.5)) = 4784 \text{ lbs}$$

R1 is shared by 2 bolts, therefore the load on a single bolt is $4784/2 = 2392 \text{ lbs} < 7200 \text{ lbs}$ ok.

The largest moment in the base plate is $R1a = 4784(2.1) = 10046 \text{ in-lbs}$.

The section modulus of the $bd^2/6 = 18(5/8)^2/6 = 1.17 \text{ in}^3$.

The plate bending stress is $10046/1.17 = 8587 \text{ psi}$.

It is clear that the plate stress due to the lead shielding is well below yield stress and the load on the 5/8" anchors is well below the pullout capacity of the anchors (7200 lbs per page 17).

Other loads will exist at the same time that the lead shield loads will be applied, however, the filter housing is not expected to break loose from its storage in a faulted event. This judgment is based upon the conservatism in the above analysis, realizing the complex interaction of the piping, shielding and filter assembly will absorb much of the energy.

In general there are rigid S/R's on the 2" piping near the filter housings. These S/R's are present in order to reduce the piping nozzle loads on the filters. By engineering judgment, these S/R's will also assist in supporting the filter housings. Examples of these S/Rs are as follows:

There is a horizontal rigid S/R 2 feet from the center of 1A filter (1MCA-NV-H702).

There is a horizontal & vertical rigid S/R 6'-3" from the center of 1B filter (1MCA-NV-H709).

There is a horizontal & vertical rigid S/R about 9 feet from the center of 1B filter (1MCA-NV-H767).

Conclusion

This revision has demonstrated:

- The filter housing may tip and impact the top of the filter housing in the west direction only.
- The energy of the falling lead shield can be absorbed by a single 1/2" stud.
- The filter assembly is rigid even with the additional mass of the lead shield on it.
- The filter housing base plate is not overstressed by the impact of the lead pig.
- The filter housing base plate anchor bolts are not loaded above the ultimate capacity of the anchors.

The Seal Water Injection Filter is Past Operable with as few as NO bolts attaching the lead shielding to the its supporting structure.

Note: The lead shielding has been removed from all Unit 1 Seal Water Injection Filters.

Originated By: MFL8363: LANGE, MICHAEL F Team: DJR7221 Group: MCE Date: 05/08/2001

Signature/Type	Indiv	Team	Group	Date
Designed To:	MFL8363	DJR7221	MCE	04/10/2001
Approval Assigned To:	DJR7221	DJR7221	MCE	04/10/2001
Accepted By:	MFL8363	DJR7221	MCE	04/10/2001
Checked By Assigned To:	MDH7179	DJR7221	MCE	04/10/2001
Due Date:	05/31/2001			

Problem Investigation Process

McGuire Nuclear Station

Signature Type	Indiv	Team	Group	Date
Ready for Checked By:	MDH7179	DJR7221	MCE	05/09/2001
Checked By:	MDH7179	DJR7221	MCE	05/09/2001
Ready For Approval:	MDH7179	DJR7221	MCE	05/09/2001
Approved By:	DJR7221	DJR7221	MCE	05/14/2001
Evaluated By:	JWB8129	CJT2486	RGC	05/21/2001

Reportability

Responsible Group: _____ Status: _____

Problem Reportable(Y,N,E): _____

Reportable Per: _____

Comments: _____

No Current Signatures For This Section

Investigation Report:

Responsible Group: _____ Act Date: _____

Investigator: _____ Group: _____

Due Date: _____

Date Due to VP or Sta. Mgr: _____

Date Regulatory or Agency Rpt Due: _____

Date Investigation Report Approved: _____

NRC Cause Codes: _____

Problem Evaluation

Event	Cause Code	Cause Description	Primary	Causing Groups
F	X	Unknown	Yes	UNK

Problem Evaluation From: Resp. Group: MCE Status: Closed OEDB Checked: Yes

The obvious intent of this Problem Evaluation is to determine why and how the lead shields got installed without being properly secured. The calculation that qualified the lead shield was originated in January of 1981. This was prior to initial operation. It is obvious that the quality control of the lead shielding installation was less than desirable. It is of interest to note that the lead shields on the two unit 1 filters were not identical. One of the lead shields had a place for 4 bolts with no bolts installed and the other lead shield had a place for 4 bolts with only 2 bolts installed as well as two extra support pads (see details in MCC-1206.02-57-0007, rev. 3).

In addition to the above, no drawings of the lead shields have been found.

It is not reasonable or cost effective to determine why this particular lapse in quality control concerning the Seal Water Injection Filter lead shield was occurring.

Originated By: MFL8363: LANGEL, MICHAEL F Team: DJR7221 Group: MCE Date: 05/09/2001

Problem Investigation Process

McGuire Nuclear Station

DB Comments:

Searched for various combinations of "bolt, filter, housing, corrosion" and found no relevant matches.

Originated By: MFL8363: LANGEL, MICHAEL F Team: DJR7221 Group: MCE Date: 03/21/2001

Remarks Comments:

Signature Type	Indiv	Team	Group	Date
Accepted By:	MDH7179	DJR7221	MCE	03/19/2001
Assigned To:	MFL8363	DJR7221	MCE	03/19/2001
Due Date:	06/28/2001			
Approval Assigned To:	DJR7221	DJR7221	MCE	05/09/2001
Ready For Approval:	MFL8363	DJR7221	MCE	05/09/2001
Approved By:	DJR7221	DJR7221	MCE	05/10/2001

Corrective Actions

No Corrective Actions for this PIP

Final and Overall PIP Approval

Responsible Group: WCG Status: ReadyForApprove

Signature Type	Indiv	Team	Group	Date
Assigned To:			WCG	03/19/2001

Any Supplemental Concurrence Signatures Above Do Not Affect PIP Closure.

Closure Document Type Closure Document No

Attachments

Generic Applicability

Responsible Group: Status:
GO PIP No:

Assessment Remarks:

No Current Signatures For This Section

Failure Prevention Investigation

Quality of CA: Quality of Cause: Resp Group: SRG Status: Open

Classification Codes:

Comments

Problem Investigation Process

McGuire Nuclear Station

Signature Type	Indiv	Team	Group	Date
Assigned To:			SRG	03/19/2001

Remarks

No Remarks for this PIP.

Maintenance Rule

No Maintenance Rule Records for this PIP.

End of the Document for PIP No: M-1-1144
The status of this PIP is: ReadyForApprove
The duration of this PIP was: 66 days

Problem Investigation Process

General Office

PIP Serial No:	Action Category:	LER No:	Other Report:
G-01-00168	3		

Problem Identification

Discovered Time/Date: 09:01 06/13/2001 Occurred Time/Date: 03/30/2001

Unit(s) Affected:

Unit	Mode	%Power	Unit Status	Remarks
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System(s) Affected:

Affected Equipment

(No Equipment Affected)

Location of Problem:

Bldg: Column Line: Elev:

Location Remarks:

Method Used to Discover Problem:

QATS Self Assessment of NDE Functional Area.

Brief Problem Description:

Review of ISI examination data for MNS-1 showed that examination coverage for two piping welds was improperly conducted.

Detail Problem Description:

Welds 1NC1F-3-3 and 1NC1F-3-2 were ultrasonically examined using NDE Procedure 610 during the MNS-1 outage in March 2001. Procedure NDE-610 requires that the welds be examined axially and circumferentially in two beam path directions when access is available. Contrary to the requirements of this procedure, the axial examination was only performed from one side of the weld resulting in insufficient coverage of the examination volume. Although there is a taper on one side of the welds, access was available from both sides. This evident by review of the preservice examination records which showed that the weld was examined from both sides during PSI. Procedure NDE-91, "Reporting Coverage During Preservice and Inservice Inspection" requires that a NDE Level III ensure that the maximum coverage is obtained prior to documenting any limitations. There is no indication that a NDE Level III reviewed the limitation data for these welds.

Originated By: JJM0948: MC ARDLE III,JAMES J Team: EBM8304 Group: QAT Date: 06/13/2001

Other Units/Components/Systems/Areas Affected(Y,N,U): N

Industry Plants Affected(Y,N,U): U

Immediate Corrective Actions:

None

Last Updated By: JJM0948: MC ARDLE III,JAMES J Team: EBM8304 Group: QAT Date: 06/13/2001

Originated By: JJM0948: MC ARDLE III,JAMES J Team: EBM8304 Group: QAT Date: 06/13/2001

Immediate Corrective Action Documents / Work Orders:

Problem Investigation Process

General Office

	<u>Indiv</u>	<u>Team</u>	<u>Group</u>	<u>Date</u>
Problem Identified By:	JJM0948	EBM8304	QAT	06/13/2001
Problem Entered By:	JJM0948	EBM8304	QAT	06/13/2001

Screening

Is the Problem Significant? No Action Category: 3 Condition Adverse to Quality: Yes

OEP No:

Other Report Nos:

Event Codes:

A1 Failure to follow procedures/directives/policies

Screening Remarks:

Since this item is a "failure to follow procedure", apparent cause should be determined and documented to reduce the possibility of re-occurrence. Therefore category 3.

Originated By: EBM8304: MILLER JR, EUGENE B Team: EBM8304 Group: QAT Date: 06/13/2001

Assignments:

Responsible Group(s) for Problem Evaluation: IWS INSECT & WELD. SERVICE
 Responsible Group for Present Operability: N/A
 Responsible Group for Past Operability: N/A
 Responsible Group for Reportability: N/A
 Responsible Group for Overall PIP Approval: QAT QA Tech. Services

Signature Type	Indiv	Team	Group	Date
Screened By:	EBM8304	EBM8304	QAT	06/13/2001

Present Operability

Responsible Group: Status:

Sys/Comp Operable? (Y,N,C,E,T):

Required Mode:

Comments:

No Current Signatures For This Section

Past Operability:

Responsible Group: Status:

Comp Operable?(Y,N,C,E,T):

Required Mode:

Comments:

Problem Investigation Process General Office

No Current Signatures For This Section

Reportability

Responsible Group: _____ Status: _____

Problem Reportable(Y,N,E): _____

Reportable Per: _____

Comments: _____

No Current Signatures For This Section

Investigation Report:

Responsible Group: _____ Act Date: _____

Investigator: _____ Group: _____

Due Date: _____

Date Due to VP or Sta. Mgr: _____

Date Regulatory or Agency Rpt Due: _____

Date Investigation Report Approved: _____

CC Cause Codes: _____

Problem Evaluation

Event	Cause Code	Cause Description	Primary	Causing Groups
A1	G	WORK ORGANIZATION/PLANNING Work related tasks inv	Yes	IWS

Problem Evaluation From: Resp. Group: IWS Status: Closed OEDB Checked: No

Welds INC1F-3-3 and INC1F-3-2 were ultrasonically examined using NDE Procedure 610 during the MNS-1 outage in March 2001. Procedure NDE-610 requires that the welds be examined axially and circumferentially in two beam path directions when access is available. Contrary to the requirements of this procedure, it is documented that the axial examination was only performed from one side of the weld resulting in insufficient coverage of the examination volume. Although there is a taper on one side of the welds, access was available from both sides. This is evident by review of the preservice examination records which showed that the weld was examined from both sides during PSI. Procedure NDE-91, "Reporting Coverage During Preservice and Inservice Inspection" requires that a NDE Level III ensure that the maximum coverage is obtained prior to documenting any limitations. There is no indication that a NDE Level III reviewed the limitation data for these welds. After a review of the problem of the inspection in question the inspectors incorrectly used the wrong weld profile when plotting the weld coverage. Several factors that contributed to the errors were extended time frame between inspection and paperwork completion, performing other inspections prior to paperwork completion and incorrect attention to detail (did not compare past data to present inspection data).

Originated By: RGS7120: SHEFFIELD, RODNEY G Team: RGS7120 Group: IWS Date: 06/18/2001

OEDB Comments:

Remarks Comments:

Problem Investigation Process

General Office

Signature Type	Indiv	Team	Group	Date
Due Date:	07/13/2001			
Accepted By:	RGH3951	FSB9121	IWS	06/14/2001
Assigned To:	FSB9121	FSB9121	IWS	06/14/2001
Approval Assigned To:	JLW3805	FSB9121	IWS	06/18/2001
Ready For Approval:	RGS7120	RGS7120	IWS	06/18/2001
Approved By:	JLW3805	FSB9121	IWS	06/18/2001

Corrective Actions

CA Seq. No: 1

Resp Group	Status	Orig Group	Event Code	Prop CAC	Cause Code
IWS	Closed	IWS	A1	J	G

Proposed Corrective Action:

Propose QATS ISI write a Request for Relief stating a reinspection of welds INC1F 3-2 and INC1F 3-3 will be performed during the first outage in the third interval obtaining the required coverage with the correct weld profile.

Originated By: RGS7120: SHEFFIELD, RODNEY G Team: RGS7120 Group: IWS Date: 06/18/2001

Signature Type	Indiv	Team	Group	Date
Approval Assigned To:	JLW3805	FSB9121	IWS	06/18/2001
Ready For Approval:	RGS7120	RGS7120	IWS	06/18/2001
Approved By:	JLW3805	FSB9121	IWS	06/18/2001

General: Outage: Mode:

Other Tracking Processes

Type Number Text

Actual Corrective Action:

Priority: N Actual CAC: Status: ReadyForAccept Due Date: 07/02/2001

Signature Type	Indiv	Team	Group	Date
Assigned To:			IWS	06/18/2001
Due Date:	07/02/2001			

CA Seq. No: 2

Resp Group	Status	Orig Group	Event Code	Prop CAC	Cause Code
IWS	Closed	IWS	A1	A	G

Proposed Corrective Action:

Propose IWS-UT determine the correct sequence of task events from inspection to QA review and make changes necessary to eliminate future events.

Problem Investigation Process

General Office

Originated By: RGS7120: SHEFFIELD, RODNEY G Team: RGS7120 Group: IWS Date: 06/18/2001

Signature Type	Indiv	Team	Group	Date
Approval Assigned To:	JLW3805	FSB9121	IWS	06/18/2001
Ready For Approval:	RGS7120	RGS7120	IWS	06/18/2001
Approved By:	JLW3805	FSB9121	IWS	06/18/2001

General: Outage: Mode:

Other Tracking Processes

Type Number Text

Actual Corrective Action:

Priority: N Actual CAC: Status: ReadyForAccept Due Date: 07/02/2001

Signature Type	Indiv	Team	Group	Date
Assigned To:			IWS	06/18/2001
Due Date:	07/02/2001			

CA Seq. No: 3

Resp Group	Status	Orig Group	Event Code	Prop CAC	Cause Code
IWS	Closed	IWS	A1	C	G

Proposed Corrective Action:

Propose QATS UT Level III preform remedial training on NDE procedures NDE-610 and NDE-91.

Originated By: RGS7120: SHEFFIELD, RODNEY G Team: RGS7120 Group: IWS Date: 06/18/2001

Signature Type	Indiv	Team	Group	Date
Approval Assigned To:	JLW3805	FSB9121	IWS	06/18/2001
Ready For Approval:	RGS7120	RGS7120	IWS	06/18/2001
Approved By:	JLW3805	FSB9121	IWS	06/18/2001

General: Outage: Mode:

Other Tracking Processes

Type Number Text

Actual Corrective Action:

Priority: N Actual CAC: Status: ReadyForAccept Due Date: 07/02/2001

Problem Investigation Process General Office

Signature Type	Indiv	Team	Group	Date
Assigned To:			IWS	06/18/2001
Due Date:	07/02/2001			

Final and Overall PIP Approval

Responsible Group: QAT Status: Screened

Signature Type	Indiv	Team	Group	Date
Assigned To:			QAT	06/13/2001
Accepted By:	TDM8384	EBM8304	QAT	06/18/2001

Any Supplemental Concurrence Signatures Above Do Not Affect PIP Closure.

Closure Document Type Closure Document No

Attachments

Generic Applicability

Responsible Group: Status:
GO PIP No:

Assessment Remarks:
No Current Signatures For This Section

Failure Prevention Investigation

Quality of CA: Quality of Cause: Resp Group: OEA Status: Open

Special Codes:

Comments

Signature Type	Indiv	Team	Group	Date
Assigned To:			OEA	06/13/2001

Remarks

No Remarks for this PIP.

Maintenance Rule

No Maintenance Rule Records for this PIP.

Problem Investigation Process

General Office

End of the Document for PIP No: G-1-168
The status of this PIP is: Screened
The duration of this PIP was: 1 day

10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, no Addenda, a record of (Form NIS-2) the Class 1 and Class 2 Repairs and Replacements for work performed is included in this section of the report.

One item was determined to have work performed in EOC-13. Work Order 98200796 involves a repair/replacement for which work/inspection was actually performed prior to the end of EOC -13 however the NIS-2 was completed during EOC-14.

The NIS-2 forms included in this section were completed for work performed during EOC-14, examination dates November 6, 1999 to April 17, 2001.

The individual work request documents and manufactures' data reports are on file at McGuire Nuclear Station.

10.1 Class 1 and 2 Preservice Examinations

As required by ASME Section XI 1989 Edition, with no Addenda, Preservice Inspection (PSI) Examinations were performed on ISI Class 1 and 2 items during the EOC 14 refueling cycle. All Class 1 and 2 PSI examination data listed below is on file at the McGuire Nuclear Station QA Vault.. The following is a list of Class 1 and 2 items that received PSI examinations during the EOC 14 refueling cycle.

Work Order Number	Identification Number	ISI Class	Type of Inspection
98324655-17	1MCR-NV-1180	B	VT-3
98347453-26	1MCA-NV-276	B	VT-3
98372098-01	1MCR-NV-1067	A	VT-3

Work Order Number	Identification Number	ISI Class	Type of Inspection
98369633-01	1MCR-NV-1056	A	VT-3
98260912-01	1MCR-S-VE-100-01-G	B	VT-3
98257994-01	1MCR-NI-0526	B	VT-3
98252313-01	1MCA-SM-H145	B	VT-3
98361496-01	1MCA-SM-H209	B	VT-3
98348806-01	MCR-1VQ-508	B	VT-3
98254281-01	1MCA-SM-H185	B	VT-3
98349127-01	1MCR-NI-588	A	VT-3
98348835-01	1MCR-NV-1064	A	VT-3
98258078-01	1MCR-NI-584	B	VT-3
98349588-01	1MCR-NV-943	B	VT-3
98258946-01	1MCR-NC-564	B	VT-3
98258841-01	1MCR-NC-554	A	VT-3
98254170-01	1MCA-SM-H056	B	VT-3
98250166-01	1MCA-CA-H432	B	VT-3
98225738-19	1NC2 Flange Studs and Nuts	A	VT-1
98347453-04	NV1FW8-2	B	PT, UT
98347453-16	NV1FW8-3	B	PT, UT
98347453-04	NV1FW8-4	B	PT, UT

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

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

1a. Date April 25, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 97109216
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	Liseqa Snubber	Duke Power	00007	N/A	Rx SG-1D	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

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

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

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

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

3a. Work Order #: 98086251
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1NV-235	Walworth	C61859	810	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 25, 2001
 Sheet 1 of 1

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

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

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

3a. Work Order #: 98143997
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Lisega Snubber	Duke Power	00008	N/A	Rx SG-1D	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date June 26, 2000
Sheet 1 of 1

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

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

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

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

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: A

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NC System	Duke Power	N/A	28	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 29, 2001
Sheet 1 of 1

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

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

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

3a. Work Order # : 98173732
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SV - Main Steam Vent to Atmosphere 4. (b) Class of System: B

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-SV-0001	B&W	15958-2-1	7	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date December 29, 1999
Sheet 1 of 1

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

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

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

3a. Work Order #: 98200796
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0016A	Borg Warner	7693	70	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS-2 (Back)

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

7. Description of Work Replaced wedge and bonnet studs

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

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

Date 12/29/99

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 9-29-99 to 12-30-99; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

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

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

Date 12-30-99

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

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

1a. Date March 29, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98208694
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-NC-0029	Fisher	5671563	1036	N/A	1976	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/18/01

Sheet 1 of 1

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

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

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

3a. Work Order # 98212129-07
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: SM MAIN STEAM 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE 1SM 101	KEROTEST	TMS-12	12307	1SM	1976	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE 1 SM 101	FLOWSERVE	42	N/A	1SM	2001	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : CUT & REPLACE VALVE 1 SM 101

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

Pressure	<u>1035</u>	psig	Test Temp	<u>555</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>	Expiration Date	<u>N/A</u>
Certificate of Authorization No.	<u>N/A</u>		
Signed	<u>E. P. Robinson Exec. Supp.</u>	Date	<u>04/18 20 01</u>
<small>Owner or Owner's Designee, Title</small>			

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>3-16-01</u> to <u>4-18-01</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>R. D. Klein</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>4-18</u> , 20 <u>01</u>	

FORM N-2 NPT CERTIFICATE HOLDERS' DATA REPORT FOR NUCLEAR PART AND APPURTENANCES*

As required by the Provision of the ASME Code Rules, Section III, Div. 1

1. (a) Manufactured by Flowserve Corporation, 701 First Street, Williamsport, PA 17701
(Name and address of NPT Certificate Holder)
 (b) Manufactured for Duke Energy Corporation, P.O. Box 1015, Charlotte, NC. 28201-1015.
(Name and address of N Certificate Holder for completed nuclear component)

2. Identification-Certificate Holder's Serial No. of Part SN: 42 Nat'l Bd. No. N/A
 (a) Constructed According to Drawing No. 7572526254 R/C Drawing Prepared by Flowserve Corp.
 (b) Description of Part Inspected Body (1) one each for 2"-1500#-Y-Globe.

✓ (c) Applicable ASME Code: Section III, Edition 1971, Addenda date (W) 1971, Case No. N/A Class 2

3. Remarks: Replacement Body for 2"-1500#-Y-Globe Valve. Job #E272R-1.
(Brief description of service for which component was designed)
Material: ✓ Body: SA105; Trace Code: A35; HT# 26662.
No Hydro-test performed

We certify that the statements made in this report are correct and this vessel part or appurtenance as defined in the Code conforms to the rules of construction of the ASME Code Section III.
 (The applicable Design Specification and Stress Report are not the responsibility of the NPT Certificate Holder for parts. An NPT Certificate Holder for appurtenances is responsible for furnishing a separate Design Specification and Stress Report if the appurtenance is not included in the component Design Specification and Stress Report.)

Date 2-23-01 19____ Signed Flowserve Corporation By RR Decker
(NPT Certificate Holder)
 Certificate of Authorization Expires 4/15/01 Certificate of Authorization No. N1713

CERTIFICATION OF DESIGN FOR APPURTENANCE (when applicable)

Design information on file at N/A
 Stress analysis report on file at N/A
 Design specifications certified by N/A Prof. Eng. State _____ Reg. No. _____
 Stress analysis report certified by N/A Prof. Eng. State _____ Reg. No. _____

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State of ~~Delaware~~ Pennsylvania and employed by Commercial Union Insurance Company of Boston, Mass. have inspected the part of a pressure vessel described in this Partial Data Report on 12-1900Lh 2-23-01 19____ and state that to the best of my knowledge and belief, the NPT Certificate Holder has constructed this part in accordance with the ASME Code Section III.
 By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the part described in this Partial Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date 2-23-01 19____

Charles Young Inspector's Signature 258 Commissions Pennsylvania 2392
National Board, State, Province and No.

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

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

3 REPAIRS OR REPLACEMENTS
Of The ASME Code Section XI

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

1a. Date 4/05/01
Sheet 1 of 1

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

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

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

3a. Work Order # 98223000
Repair Organization Job #
3b. NSM or MM # N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1NV-156	Dresser	TD36316	203	N/A	1980	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced Disc and (2) 3/4" nuts on inlet flange

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>F. R. Sorrow Exec. Supp.</u>	Date	<u>04/05</u> 20 <u>01</u>
	<u><i>F. R. Sorrow</i></u> Owner or Owner's Designee, Title		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>3-24-01</u> to <u>4-6-01</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u>  Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and
Endorsements	
Date <u>4-6</u> , 20 <u>01</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date January 29, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98225738
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-NC-VA-0002	Crosby	N56925-00-0009	525	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NC-VA-0002	Crosby	N56925-00-0002	26	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

CROSBY VALVE & GAGE COMPANY
WRENTHAM, MASS

FORM NO. 1 FOR SAFETY AND SAFETY RELIEF VALVES
 As required by the Provisions of the ASME Code Rules

Q.C.-44B

NB-26

DATA REPORT
 Safety and Safety Relief Valves

REVISED 10/23/74

1. Manufactured by Crosby Valve & Gage Company, 43 Kendrick St., Wrentham, Mass. 02093
 Name and Address
 No. NB-BP-86
N-54925 Order No. N-300580 Contract Date 2/12/73

2. Manufactured for Duke Power Company
 Name and Address
Charlotte, North Carolina Order No. A-33957

3. Location of Plant Duke Power Co., 422 South Church St., Charlotte, North Carolina 28201
 Name and Address

4. Location of Plant McGuire Nuclear Station Unit #1, Cowans Ford, North Carolina

5. Valve Identification L-NC-2 Serial No. N56925-00-0002 Drawing No. DS-C-56925 Rev. 0
2.154

Type Safety Orifice Size M Pipe Size _____ Inlet 6 Outlet 6
 Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch

6. Set Pressure (PSIG) 2485# Rated Temperature 700° F

Stamped Capacity 420006#/hr. Overpressure 3 Blowdown (PSIG) 124

Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750

7. The material, design, construction and workmanship comply with ASME Code, Section III.

Class I Edition 1971 Addenda Date Winter 1972

Pressure Containing or Pressure Retaining Components

a. Castings	Serial No. Identification	Material Specification Including Type or Grade
Body	<u>N90397-31-0002</u>	<u>ASTM A-351-72 Gr. CF8M</u> <u>ASME SA-351 Gr. CF8M</u>
Bonnet	<u>N90353-34-0013</u>	<u>ASTM A-105-71 Gr. II</u> <u>ASME SA-105 Gr. II</u>
b. Bar Stock and Forgings		
Support Rods		
Nozzle	<u>N90399-34-0008</u>	<u>ASTM A-182-71 Gr. F</u> <u>ASME SA-182 Gr. F</u>
Disc Insert	<u>N90426-31-0001</u>	<u>Haynes Stellite No. 6B</u>
Spring Washers	<u>N90350-32-0027</u> <u>N90350-32-0028</u>	<u>ASTM A-105-71 Gr. II</u> <u>ASME SA-105 Gr. II</u>
Adjusting Bolt	<u>N90351-35-0020</u>	<u>ASTM A-193-70 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle	<u>N90354-34-0040</u>	<u>ASTM A-193-71 Gr. B6</u> <u>ASME SA-193 Gr. B6</u>
Spindle Ball	<u>N90355-0040</u>	<u>ASTM A-276-72 Type 44C</u> <u>ASME SA-276 Type 440</u>

V-690

	Serial No. or Identification	Material Specification Including Type or Grade
c. Spring	<u>NX-2761-0014</u>	<u>ASTM A-304 Gr. 51360H</u>
d. Bolting		
e. Other Parts such as Pilot Components		
DiscHolder	<u>N90356-31-0004</u>	<u>Inconel 718</u>
Bonnet Stud	<u>87589</u>	<u>ASTM A-193-71 Gr. B7 ASME SA-193 Gr. B7</u>
Bonnet Stud Nut	<u>2371</u>	<u>ASTM A-194-71 Gr. 2H ASME SA-194 Gr. 2H</u>

We certify that the statements made in this report are correct.

Date 10-23 19 74 Signed Crosby Valve & Gage Co. By [Signature]
 Manufacturer QA Manager

Certificate of Authorization No. 331 expires November 9, 1974

DESIGN INFORMATION ON FILE AT CROSBY VALVE & GAGE COMPANY.
 DESIGN REPORT NO. EC-158.

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Mass. and employed by Mutual Boiler & Machinery Insurance Co., Waltham, Mass. have inspected the equipment described in this Data Report on October 23, 1974 and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Section III.

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

Date October 23 19 74 [Signature] Factory Mutual Group of Insurance Co.
 (Inspector) Commissions MB 7697 MASS 1254
 National Board, State, Province and No. 1

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

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

1a. Date August 17, 2000
Sheet 1 of 1

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

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

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

3a. Work Order #: 98231859
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1NV-VA-231	Walworth	A0668	197	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE	
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.	
Type Code Symbol Stamp <u>N/A</u>	Expiration Date <u>N/A</u>
Certificate of Authorization No. <u>N/A</u>	
Signed <u>[Signature]</u> <u>FL Grass Jr., QA Tech Specialist</u> <small>Owner or Owner's Designee, Title</small>	Date <u>8/17/2002</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>8-15-00 to 8-17-00</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
Inspector's Signature <u>[Signature]</u> <u>R.D. Klein</u>	Commissions <u>NB7728, NC853, N-1</u> <small>National Board, State, Province and Endorsements</small>
Date <u>8-17-2000</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/05/01

Sheet 1 of 1

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

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

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

3a. Work Order # 98233403-13
Repair Organization Job #

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

3b. NSM or MM # MM 11779

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Penetration 1M441 clamshell (outer bellows)	Pathway Bellows, Inc.	E6374	N/A	Duke P.O. F 24086	1994	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	Penetration 1M441 clamshell (outer bellows) (1)	SENIOR FLEXONICS, INC.	H52020-1-1	N/A	Duke P.O. NS 52	2001	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C	Penetration 1M441 clamshell (outer bellows) (1A)	SENIOR FLEXONICS, INC.	H52020-1-2	N/A	Duke P.O. NS 52	2001	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : REPLACE OUTER BELLOWS (PENETRATION 1M441)

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

Pressure 19.32 psig Test Temp 73.2 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed E. P. Robinson Exec. Supp. [Signature] Date 04/05 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-21-01 to 4-6-01 ; 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 ASME Code, Section XI.

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

R. D. Klein [Signature] Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 4-6, 2001

**FORM NPP-1 CERTIFICATE HOLDERS' DATA REPORT FOR FABRICATED
NUCLEAR PIPING SUBASSEMBLIES***

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

Job Number: N360 Sales Order Number: H52020

1. Fabricated and certified by Senior Flexonics, Inc., Pathway Division, 2400 Longhorn Industrial Drive, New Braunfels, Texas 78130
(name and address of NPT Certificate Holder)
2. Fabricated for Duke Energy Corp., Nuclear Svcs. & Major Proc., 13225 Hagers Ferry Rd.-M/C MG02MP, Huntersville, NC 28078 (PO # NS 52)
(name and address)
3. Location of installation Duke Energy Corp., McGuire Station, 13225 Hagers Ferry Rd., Hwy. 73, Huntersville, NC 28201
(name and address of Purchaser)
4. Type H52020-1-1 & H52020-1-2 N/A H52020 Rev. 1 N/A 2001
(Cert. Holder's serial no.) CRN (drawing no.) (Nat'l Bd. No.) (year built)
5. ASME Code, Section III, Division 1: 1992 1992 2 N/A
(edition) (addenda date) (class) (Code Case no.)
6. Shop Hydrostatic test 22.5 psi at Ambient ° F (if performed)
7. Description of piping S4" Nominal Clamshell Penetration Bellows for Containment Penetration 1-M441 Per Minor Mod. MGMM-11779

8. Certificate Holder's Data Reports properly identified and signed by commissioned inspectors have been furnished for the following items of this report: None

9. Remarks Materials

Drawing P/N	Description	Specification	Mat'l Traceability Code Number (MTCN)
<u>1</u>	<u>Outer Bellows</u>	<u>★ SB-443-625 Grade 1</u>	<u>TCB411</u>
<u>1A</u>	<u>Outer Bellows</u>	<u>★ SB-443-625 Grade 1</u>	<u>TCB411</u>

CERTIFICATE OF SHOP COMPLIANCE

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

NPT Certificate of Authorization No. N-2778 Expires April 16, 2002
 Date 3/14/01 Name Senior Flexonics Inc. Signed [Signature]
 (NPT Certificate Holder) (Authorized representative)

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Texas and employed by Commercial Union Insurance Company of Boston, MA have inspected the piping subassembly described in this Data Report on 3-7-01, and state to the best of my knowledge and belief, the Certificate Holder has fabricated this piping subassembly in accordance with the ASME Code, Section III, Division 1.

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

Date 3-15-01 Signed [Signature] Commissions TE1083
 (Authorized Nuclear Inspector) (Nat'l Bd. (incl. endorsements) state or prov. and no.)

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

This form (E00082) may be obtained from the Order Dept., ASME, 22 Law Ctrve. Sox 2300, Fairfield, NJ 07007-2300

✓ Correction made to change "SA" to "SB"



**SENIOR
FLEXONICS**
PATHWAY DIVISION

2400 Longhorn Industrial Drive
New Braunfels, Texas 78130
(830) 629-8080
FAX (830) 629-6899/ (830) 629-7918

CERTIFICATE OF CONFORMANCE

Customer: Duke Energy Corporation

Date: March 7, 2001

Purchase Order: NS 52, Item 0010

Senior Flexonics Job #: N360

Senior Flexonics Sales Order #: H52020

P.O. Item No.	Senior Flexonics Drawing Number	Rev.	Senior Flexonics Serial Numbers	Duke Application
0010	H52020-1	2	H52020-1-1 & -1-2	Containment Penetration 1-M441 Per Minor Mod. MGMM-11779

Description: Quantity 2, Assemblies, Expansion Joint, Type: Bellows, Size: 54" Nominal, Clamshell Penetration Bellows, Inconel 625 Material.

It is hereby certified that the items identified above were designed, fabricated, examined, inspected and/or tested in full compliance with the requirements set forth in the above referenced purchase order, 10CFR50 Appendix B, ASME Section III, Division 1, Class 2, 1992 Edition, 1992 Addenda and our Nuclear Quality Assurance Manual, Fifth Edition, Revision 2, Dated 10/1/99.

 3-701

Terry J. O'Connell (By Eugene Woelfel, Designee for DQA)
Director of Quality Assurance

DUKE POWER COMPANY
QA RECORDS APPROVED
<i>MB Laney</i>
QA REPRESENTATIVE
DATE 3-15-01

Duke Energy P.O. #: NS 52 Rev. 0
Item #: 0010

senior
A member of Senior plc



☆ Corrected Copy 3/14/01

FINAL Q.A. DOCUMENTATION PACKAGE

CUSTOMER: Duke Energy Corporation
PURCHASE ORDER NUMBER: NS 52, Item 0010
SFI JOB NUMBER: N360, Sales Order H52020
SFI SERIAL NUMBER(s): H52020-1-1 and H52020-1-2
SFI DRAWING NUMBER: H52020-1 Rev. 2

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<u>Section 4.0</u>	CMTR's / C of C's	
Drawing P/N	Description	Specification
1	Outer Bellows	★ SB-443-625 Grade 1
1A	Outer Bellows	★ SB-443-625 Grade 1
		Material Traceability Code Number
		TCB411
		TCB411
Weld materials used: Description	SFA Number	AWS/ASME Classification
.035"	5.14	ERNICrMo-3
		Material Traceability Code Number
		TBS478
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 Director of Q. A.

3/14/01

 Date

☆ Correction made to change "SA" to "SB"

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

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

1a. Date February 12, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98250166
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCA-CA-H432	Duke Power	20934	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA-CA-H432	Duke Power	20592	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snuber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 2/12/2001
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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 2-14-01 to 2-15-01; 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 ASME Code, Section XI.

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

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

Date 2-15-2001

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

REPAIRS OR REPLACEMENTS
of The ASME Code Section XI

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

1a. Date 03/24/01
Sheet 1 of 1

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

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

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

3a. Work Order # 98252313/01
Repair
Organization Job # _____

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

3b. NSM or MM # N/A

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCA--SM-H145	Duke Power	21857	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1-MCA--SM-H145	Duke Power	17374	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : PM Snubber Changeout

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>F. R. Sorrow Exec. Supp.</u>	Date	<u>03/24</u> 20 <u>01</u>
	Owner or Owner's Designee, Title		

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>3-20-01</u> to <u>3-26-01</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and
Endorsements	
Date <u>3-26</u> , 20 <u>01</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date April 5, 2001
 Sheet 1 of 1

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

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

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

3a. Work Order # : 98252422
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NV Piping	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced bolting material in the inlet flange at valve 1-NV-155

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed *FL Grass Jr.* FL Grass Jr., QA Tech Specialist Date 4/5/, 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-21-01 to 4-6-01; 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 ASME Code, Section XI.

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

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

Date 4-6, 2001

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

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

1a. Date March 19, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98254170
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-SM-H056	Duke Power	21227	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-SM-h056	Duke Power	22339	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 14, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98254281
 Repair Organization Job #

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

3b. NSM or MM #: N/A

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

4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-SM-H185	Duke Power	00072	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-SM-H185	Duke Power	22428	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 22, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98257994
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NI-526	Duke Power	16566	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NI-526	Duke Power	20709	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 21, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98258078
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NI-584	Duke Power	21406	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NI-584	Duke Power	20611	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/21, 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-19-01 to 3-22-01; 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 ASME Code, Section XI.

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

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

Date 3-22, 2001

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

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

1a. Date March 19, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98258841
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NC-554	Duke Power	00140	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NC-554	Duke Power	21901	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 20, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98258946
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NC-564	Duke Power	20916	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NC-564	Duke Power	00095	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 22, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98260912
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VE - Annulus Ventilation 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-S-VE-100-01-G	Duke Power	19878	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-S-VE-100-01-G	Duke Power	19951	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 04/13/01
 Sheet 1 of 1

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

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

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

3a. Work Order # 98261049
 Repair
 Organization Job #

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

3b. NSM or MM # MGMM-12460

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCA-SA-H194	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Modified and rewelded items #2 and #8 per
mm-12460

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 04/13 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-24-01 to 4-18-01 ; 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 ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Province and Endorsements
 Date 4/13, 2001

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/18/01
 Sheet 1 of 1

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

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

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

3a. Work Order # 98261049-07
Repair Organization Job #

3b. NSM or MM # N/A

4. (a) Identification of System: SM MAIN STEAM 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE 1SM 89	KEROTEST	DAN 3-5	35861	1SM	1983	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	VALVE 1 SM 89	FLOWSERVE	E028R-1-1	2554	1SM	2001	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form NIS -2 (Back)

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

7. Description of work : CUT & REPLACE VALVE 1 SM 089

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

Pressure 1035 psig Test Temp 555 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *E.P. Robinson* Date 04/18 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-24-01 to 4-18-01; 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 ASME Code, Section XI.

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

R. D. Klein *R.D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 4-18, 2001

FORM NPV-1 MANUFACTURERS' DATA REPORT FOR NUCLEAR PUMPS OR VALVES

As Required by the Provisions of the ASME Code Rules

1. Manufactured by Flowserve Corporation Order No. E028R-1
701 First Street, Williamsport, PA 17701
(Name & Address of Manufacturer)
2. Manufactured for Duke Energy Corporation, P.O. Box 1015, Charlotte, NC. Order No. MN 60919
28201-1015.
(Name and Address)
3. Owner Duke Energy Corporation
4. Location of Plant McGuire Nuclear Station, 13225 Hagers Ferry Rd., Huntersville, NC.
28078-8985.
5. Pump or Valve Identification Valve, (1), one 2"-1500#-Y-Globe.
Valve Serial Number: E028R-1-1
(Brief description of service for which equipment was designed)

- (a) Drawing No. 7572587439 R/B Prepared by Flowserve Corporation
- (b) National Board No. NB# 2554
6. Design Conditions 2580 psi 650 °F
(Pressure) (Temperature)
7. The material, design, construction, and workmanship complies with ASME Code Section III. Class 2
 Edition 1971, Addenda Date (W) 1971, Case No. N/A

Mark No.	Material Spec. No.	Manufacturer	Remarks
(a) Castings			
<u>N/A</u>			
(b) Forgings			
<u>Body; Trace Code: A35</u>	<u>SA105</u>	<u>Endicott</u>	
<u>SN: 40</u>			
<u>Bonnet; HT# 715609</u>	<u>SA479-316</u>	<u>Carpenter</u>	
<u>Disc; HT# 718665</u>	<u>SA479-316</u>	<u>Carpenter</u>	
<u>SN: 7</u>			
<u>Yoke; HT# G5190</u>	<u>SA105</u>	<u>Patriot</u>	

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 10-06-00

Sheet 1 of 1

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

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

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

3a. Work Order # 98267693-20
Repair Organization Job #

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

3b. NSM or MM # MGMM-11579

4. (a) Identification of System: RF FIRE PROTECTION 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE 1RF 832A	GRINNELL	78-50877-5-1	WR3937	1RF	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	2MCA-S-RF-504-1-B	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : MODIFY ACTUATOR & ROTATE VALVE 1RF832A

SEE REMARKS

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

Pressure	<u>80</u>	psig	Test Temp	<u>70</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :
REPLACE ITEM#1, WELDED # 1 TO 3, 4 TO 5, 4 TO 12, 9TO 4, AND
10 ON HANGER 2MCA-S-RF-504-1-B.

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>		Expiration Date <u>N/A</u>
Signed	<u>E. P. Robinson Exec. Supp.</u> <small>Owner or Owner's Designee, Title</small>	Date	<u>10-06</u> 20 <u>00</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>8-16-00</u> to <u>10-6-00</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
<u>R. D. Klein</u>  Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>10-6</u> , 20 <u>00</u>	

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

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

1a. Date April 12, 2001
Sheet 1 of 1

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

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

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

3a. Work Order # : 98293791
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-SM-VA-0001	Atwood & Morrill	1-623	N/A	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date April 18, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98294172
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-NC-VA-0003	Crosby	N56925-00-0008	524	N/A	1978	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	1-NC-VA-0003	Crosby	N56925-00-0009	525	N/A	1978	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Valve

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

Pressure 2235 psig Test Temp. 557 °F
 Pressure _____ psig Test Temp. _____ °F
 Pressure _____ psig Test Temp. _____ °F

9. Remarks Test performed during 1EOC14 per work order 98294764

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 4/18/2001
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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-16-01 to 4-18-01; 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 ASME Code, Section XI.

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

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

Date 4-18-2001



FORM NV-1 FOR SAFETY AND SAFETY RELIEF VALVES
As required by the Provisions of the ASME Code Rules

Q.C.-44C

DATA REPORT
Safety and Safety Relief Valves

1. Manufactured By Crosby Valve & Gage Co., 43 Kendrick St., Wrentham, MA 02093
Name and Address

Model No. HB-86-BP Order No. N300580J Contract Date 3/25/76 National Board No. 525

2. Manufactured For Duke Power Co., Charlotte, No. Carolina Order No. A 33957
Name and Address

3. Owner Duke Power Co., 422 South Church St., Charlotte, North Carolina 28201
Name and Address

4. Location of Plant McGuire Nuclear Station Unit, Cowans Ford, North Carolina

5. Valve Identification SPARE - 3 Serial No. N56925-00-0009 Drawing No. DS-C-56925 Rev. C

Type Safety Orifice Size M Pipe Size - Inlet 6 Outlet 6
Safety, Safety Relief, Pilot, Power Actuated Inch Inch Inch Inch

6. Set Pressure (PSIG) 2485 Rated Temperature 700 F

Stamped Capacity 420006 lbs./hr. Sat. 3 % Overpressure Blowdown (PSIG) 5% of S.P.

Hydrostatic Test (PSIG) Inlet 4575 Complete Valve 750

7. The material, design, construction and workmanship comply with ASME Code, Section III.

Class 1 Edition 1971, Addenda Date Winter 1972, Case No. _____

Pressure Containing or Pressure Retaining Components

a. Castings	Serial No. Identification	Material Specification Including Type or Grade
Body	<u>N90397-33-0009</u>	<u>ASME SA351 Gr. CF8M</u>
Bonnet	<u>N90353-44-0123</u>	<u>ASME SA105</u>
b. Bar Stock and Forgings		
Bellows XXXXXXXX <u>K56383-38-0023</u>	<u>N90356-41-0042</u>	<u>Inconel Alloy 718</u>
Nozzle	<u>N90399-35-0009</u>	<u>ASME SA182 Gr. F316</u>
Disc Insert	<u>N90426-36-0024</u>	<u>Haynes Stellite Alloy No. 6B</u>
Spring Washers <u>K56380-30-0084</u>	<u>N90350-37-0169</u> <u>N90350-32-0025</u>	<u>ASME SA105</u>
Adjusting Bolt	<u>N90351-44-0142</u>	<u>ASTM A193-70 Gr. B6</u> <u>ASME SA193 Gr. B6</u>
Spindle <u>K56381-50-0144</u>	<u>N90354-52-0148</u>	<u>ASTM A193-73 Gr. B6</u> <u>ASME SA193 Gr. B6</u>

	Serial No. or Identification	Material Specification Including Type or Grade
c. Spring K56380-39-0084	<u>NX2761-0088</u>	<u>ASTM A304-76 51B60H</u>
d. Bolting	_____	_____
e. Other Parts such as Pilot Components	_____	_____
Bonnet Stud	<u>87589</u>	<u>ASTM A193 Gr. B7</u>
Bonnet Nut	<u>2371</u>	<u>ASTM A197 CL. 24</u>

We certify that the statements made in this report are correct.

Date 3-7 19 78 Signed Crosby Valve & Gage Co. By [Signature]
 Manufacturer

Certificate of Authorization No. 1878 expires September 30, 1980

CERTIFICATE OF SHOP INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Mass. and employed by Factory Mutual Systems*, Norwood, Mass. have inspected the equipment described in this Data Report on 3/13 1978 and state that to the best of my knowledge and belief, the Manufacturer has constructed this equipment in accordance with the applicable Subsections of ASME Section III.

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

Date 3/13/78 19 78
[Signature] (Inspector) Commissions NB 7325
MA 1209
 National Board, State, Province and No.)

*Arkwright-Boston Manufacturers Mutual Insurance Company - Mutual Boiler & Machinery Division.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 20, 2001
 Sheet 1 of 1

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

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

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

3a. Work Order #: 98294584
 Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SA – Main Steam Supply to Auxiliary Equipment 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1SA-6	Walworth	C57456	270	N/A	1974	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 the form.

7. Description of Work Replaced Bonnet

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/20/2001
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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-15-01 to 4-18-01; 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 ASME Code, Section XI.

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

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

Date 4-18-01

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

1a. Date 04/12/01
Sheet 1 of 1

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

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

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

3a. Work Order # 98294586
Repair
Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: CBD-CONTAINMENT VESSEL 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	PENETRATION 1M-260	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced one nut on the containment side of
flange for penetration 1M-260

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

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

9. Remarks :

Leakage test will be performed per 10CFR50, Appendix J

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 04/12 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-9-01 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 ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 4/2, 2001

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

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

1a. Date April 25, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98294609
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Liseqa Snubber	Duke Power	00001	N/A	Rx SG-1A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date 03/2701
 Sheet 1 of 1

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

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

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

3a. Work Order # 98294851/01
 Repair
 Organization Job #

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

3b. NSM or MM # N/A

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

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve INC-59	Aloyco	80266	161	N/A	1973	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replaced studs and nuts in bonnet

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

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

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 03/27 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-20-01 to 3-28-01; 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 ASME Code, Section XI.

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

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

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

Endorsements

Date 3-28, 2001

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

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

1a. Date March 23, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98308149
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1SM-0018	Kerotest	JH13-10	6992	N/A	1975	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/13/01

Sheet 1 of 1

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

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

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

3a. Work Order # 98316681-12
Repair Organization Job #

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

3b. NSM or MM # MGMM11624

4. (a) Identification of System: NV CHEMICAL & VOLUME CONTROL 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NV PIPE	DUKE POWER	N/A	37	1NV	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : Replace piping

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

Pressure 35.5 psig Test Temp 87 °F
Pressure _____ psig Test Temp _____ °F
Pressure _____ psig Test Temp _____ °F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A
Certificate of Authorization No. N/A Expiration Date N/A
Signed F. R. Sorrow Exec. Supp. *F. R. Sorrow* Date 04/13 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-5-01 to 4-13-01 ; 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 ASME Code, Section XI.

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

R. D. Klein *R. D. Klein* Commissions NB7728, NC853, N-I
Inspector's Signature National Board, State, Province and Endorsements
Date 4-13, 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 Address: Duke Power Company
526 S. Church Street, Charlotte, NC 28201-1006

1a. Date March 26, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98317597
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-NV-VA-0150B	Kerotest	AEC1-2	35769	N/A	1983	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Disc

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed R. D. Klein Jr. FL Grass Jr., QA Tech Specialist
Owner or Owner's Designee, Title

Date 3/26/01, 2001

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-22-01 to 3-28-01; 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 ASME Code, Section XI.

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

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

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

Date 3-28, 2001

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

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

1a. Date March 29, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98318955
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: SV - Main Steam Vent to Atmosphere 4. (b) Class of System: B

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

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

	Column 1 Name of Component	Column 2 Name of Mfg	Column 3 Mfg Serial No.	Column 4 National Board No.	Column 5 Other Identification	Col 6 Year Built	Column 7 Repaired, Replaced, or Replacement	Column 8 ASME Code Stamped (yes or no)
A	1-SV-0013	B & W	15958-2-3	9	N/A	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/18/01

Sheet 1 of 1

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

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

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

3a. Work Order # 98324655-21
Repair Organization Job #

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

3b. NSM or MM # MMMG11126

4. (a) Identification of System: NV CHEMICAL & VOLUME CONTROL 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	VALVE INV 454	CCI	100072-1-1	54	1 NV	2000	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	HANGER 1-MCR-NV-1180	DUKE POWER	N/A	N/A	N/A	2000	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : ADD VALVE 1 NV 454 AND REPLACE SPRING CAN
ON 1-MCR-NV-1180

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

Pressure 2235 psig Test Temp 557 °F
 Pressure _____ psig Test Temp _____ °F
 Pressure _____ psig Test Temp _____ °F

9. Remarks :

PRESSURE TEST WAS PERFORMED ON W.O. 98304407-01 (ISI

PRESSURE TEST # 18)

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed E. P. Robinson Exec. Supp. *[Signature]* Date 04/18 20 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-5-01 to 4-18-01 ; 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 ASME Code, Section XI.

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

R. D. Klein *[Signature]* Commissions NB7728, NC853, N-I
 Inspector's Signature National Board, State, Province and Endorsements
 Date 4-18, 2001

FORM NPV-1 (Back - Pg. 2 of 2)

Certificate Holder's Serial No. 100072-1-1
and 100072-1-2*

8. Design conditions 2485 psi 650 Deg. F or Valve pressure class N/A
(pressure) (temperature)

9. Cold working pressure 5000 psi at 100 Deg. F

10. Hydrostatic test 3000 psi Disk differential pressure N/A psi

11. Remarks _____

CERTIFICATE OF DESIGN

Design Specification certified by JEFFREY JOHN NOLIN P.E. State NORTH CAROLINA Reg. no. NC17544
Design Report certified by JAMSHID FARAMARZI P.E. State CALIFORNIA Reg. no. M28272

CERTIFICATE OF COMPLIANCE

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

N Certificate of Authorization No. N-2695 Expires JUNE 7, 2003

Date 8/23/00 Name CCI Signed [Signature]
(N Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of CALIFORNIA and employed by HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY of HARTFORD, CONNECTICUT have inspected the pump, or valve, described in this Data Report on 8-23-2000 and state that to the best of my knowledge and belief, the Certificate Holder has constructed this pump or valve, in accordance with ASME Section III, Division 1.

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

Date 8/23/00 Signed [Signature] Commissions CA1494
(Authorized Inspector) (Nat'l Bd. (including endorsement) and state or prov., and no.)

(1) For manually operated valves only.

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date 04/13/01

Sheet 1 of 1

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

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

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

3a. Work Order # 98347453-05
Repair Organization Job #

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

3b. NSM or MM # N/A

4. (a) Identification of System: NV CHEMICAL VOLUME & CONTROL 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col. 6	Column 7	Column 8
	Name of Component	Name of Mfg.	Mfg. Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	Valve 1NV-231	WALWORTH	A0668	197	1NV	1973	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	Valve 1NV-231	WESTINGHOUSE	04001CS880000D0 00W750019	W14891	1NV	1977	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C	HANGER 1MCA NV H276	DUKE POWER	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of work : REPLACE VALVE INV 231

Replaced item #1 on hanger IMCA NV H276

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

Pressure	<u>2650</u>	psig	Test Temp	<u>97.1</u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F
Pressure	<u> </u>	psig	Test Temp	<u> </u>	°F

9. Remarks :

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE			
We certify that the statements made in the report are correct and this repair or replacement conforms to the rules of the ASME Code, Section XI.			
Type Code Symbol Stamp	<u>N/A</u>		
Certificate of Authorization No.	<u>N/A</u>	Expiration Date	<u>N/A</u>
Signed	<u>F. R. Sorrow Exec. Supp.</u> Owner or Owner's Designee, Title	Date	<u>04/13</u> 20 <u>01</u>

CERTIFICATE OF INSERVICE INSPECTION	
I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>North Carolina</u> and employed by <u>HSBI and I Company of Hartford Connecticut</u> have inspected the components described in this Owner's Report during the period <u>3-6-01</u> to <u>4-13-01</u> ; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.	
By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in the Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.	
R. D. Klein <u><i>[Signature]</i></u> Inspector's Signature	Commissions <u>NB7728, NC853, N-I</u> National Board, State, Province and Endorsements
Date <u>4/3</u> , 20 <u>01</u>	

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

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

1a. Date March 14, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98348806
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

4. (a) Identification of System: VQ - Containment Air Release and Ventilation 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-VQ-508	Duke Power	14914	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-VQ-508	Duke Power	20722	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/14/, 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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-12-01 to 3-15-01; 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 ASME Code, Section XI.

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

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

Date 3-15, 2001

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

As Required By The Provisions Of The ASME Code Section XI

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

1a. Date March 21, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98348835
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-1064	Duke Power	14932	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NV-1064	Duke Power	00062	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 20, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98349127
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NI-0588	Duke Power	17412	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NI-0588	Duke Power	00152	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 19, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98349588
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-943	Duke Power	21466	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NV-943	Duke Power	21522	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/19/2001
Owner of Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-19-01 to 3-20-01; 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 ASME Code, Section XI.

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

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

Date 3-20-2001

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

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

1a. Date March 19, 2001

Sheet 1 of 1

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

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

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

3a. Work Order #: 98349663

Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: BB - Steam Generator Blowdown Recycle 4. (b) Class of System: B

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-BB-663	Duke Power	14877	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-BB-663	Duke Power	19540	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

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

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 3/19/2001
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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3-19-01 to 3-20-01; 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 ASME Code, Section XI.

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

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

Date 3-20-2001

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

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

1a. Date March 23, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98358392
Repair Organization Job #

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

3b. NSM or MM #: N/A

4. (a) Identification of System: NF - Ice Condenser Refrigeration 4. (b) Class of System: B

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NF Piping System	Duke Power	N/A	5	N/A	1979	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 14, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98361496
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCA-SM-H209	Duke Power	16058	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCA-SM-H209	Duke Power	15706	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 26, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98369633
Repair Organization Job #

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

3b. NSM or MM #: MGMM - 12393

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-MCR-NV-1056	Duke Power	N/A	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date April 4, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98371283
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	NV Piping	Duke Power	N/A	37	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date March 29, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98372098
Repair Organization Job # _____

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1MCR-NV-1067	Duke Power	14903	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	1MCR-NV-1067	Duke Power	21799	N/A	N/A	N/A	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

7. Description of Work Replaced Snubber

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

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

Pressure _____ psig Test Temp. _____ °F

9. Remarks _____

(Applicable Manufacturer's Data Records to be attached)

CERTIFICATE OF COMPLIANCE

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

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

Signed [Signature] FL Grass Jr., QA Tech Specialist Date 4/4/2001
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 North Carolina and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 44-01 to 46-01; 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 ASME Code, Section XI.

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

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

Date 4-6-01

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

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

1a. Date April 2, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98372104
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	KC Piping	Duke Power	N/A	38	N/A	1981	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

1a. Date April 2, 2001
Sheet 1 of 1

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

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

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

3a. Work Order #: 98375206
Repair Organization Job #

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

3b. NSM or MM #: N/A

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

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

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

	Column 1	Column 2	Column 3	Column 4	Column 5	Col 6	Column 7	Column 8
	Name of Component	Name of Mfg	Mfg Serial No.	National Board No.	Other Identification	Year Built	Repaired, Replaced, or Replacement	ASME Code Stamped (yes or no)
A	1-NV-VA-0150B	Kerotest	AEC1-2	35769	N/A	1983	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
C							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
D							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
E							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes
F							<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input type="checkbox"/> Yes

11.0 Pressure Testing

This section shows a compilation of Pressure Tests conducted from refueling outage EOC-13 through refueling outage EOC-14.

Outage Summary

Examination Category	Test Requirement	Total Examinations Credited For This Outage
B-E	System Hydrostatic Test (IWB-5222)	3
B-P	System Leakage Test (IWB-5221)	0
B-P	System Hydrostatic Test (IWB-5222)	1
C-H	System Inservice/Functional Test (IWC-5221)	0
C-H	System Hydrostatic Test (IWC-5222)	8

A detailed description of each Examination Category listed above is located in subsection 11.1 of this report. Results of each Examination Category are located in subsection 11.2 of this report.

This section shows a complete status of Pressure Tests conducted during the third period.

Period Summary

Examination Category	Test Requirement	Total Examinations Required For This Period	Total Examinations Credited For This Period	(%) Examinations Complete For This Period
B-E	System Hydrostatic Test (IWB-5222)	3	3	100%
B-P	System Leakage Test (IWB-5221)	0	0	0%
B-P	System Hydrostatic Test (IWB-5222)	1	1	100%
C-H	System Inservice/Functional Test (IWC-5221)	0	0	0%
C-H	System Hydrostatic Test (IWC-5222)	46	20	43.48%

11.1 Required Examinations This Outage:

A listing of each pressure test and associated VT-2 Visual Examination conducted from EOC-13 through EOC-14 is included in this section.

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

Item Number	=	The unique number assigned to track certain systems or portions of systems that make up a pressure test.
ISI Drawing	=	Detail drawing of pressure test boundary.
Required Test	=	Information that shows the required tests for the Item Number
System Name	=	Name of pressure retaining component system
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
Comments	=	General and/or Detail Description

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
B04.012.001	MCM-1201.01-2	VISUAL	RPV-CRDM	VT-2	QAL-15	78 Welds CRDM to RPV Closure Head-Examine during CI.1 Hydro Test
B04.013.001	MCM-1201.01-1	VISUAL	RPV-INCORE	VT-2	QAL-15	58 Welds INCORE to RPV Bottom Head-Examine during CI.1 Hydro Test
B04.020.001	MCM-1201.01-0	VISUAL	PZR-HEATER	VT-2	QAL-15	78 Heater Penetrations in Lower Head-Examine during CI.1 Hydro Test
B15.051.001	SEE COMMENTS	HYDRO	NC SYSTEM	VT-2	QAL-15	CI A Hydro Dwgs: MCH-1553-1.0/2, MCH-1553-2.0/2, MCH-1553-2.1/3, MCH-1554-1.0/2, MCH-1554-1.1/2, MCH-1554-1.2/2, MCH-1561-1.0/4, MCH-1562-1.0/1, MCH-1562-2.0/3, MCH-1562-2.1/2, MCH-1562-3.0/2, MCH-1562-3.1/2 - Reference RFR#01-003

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.040.003	MCH-1553-2.1	HYDRO	NC SYSTEM	VT-2	QAL-15	Class B penetrations M-212, M-216 and M-274
C07.040.005	MCH-1554-1.0	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-339 and M-350
C07.040.006	MCH-1554-1.1	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-256, M-343 and M-344
C07.040.007	MCH-1554-1.2	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetrations M-228, M-329 and M-347
C07.040.008	MCH-1554-1.3	HYDRO	NV SYSTEM	VT-2	QAL-15	Class B penetration M-342
C07.040.009	MCH-1554-2.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.010	MCH-1554-3.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.011	MCH-1554-3.1	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.013	MCH-1554-5.0	HYDRO	NV SYSTEM	VT-2	QAL-15	
C07.040.018	MCH-1561-1.0	HYDRO	ND SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required
C07.040.019	MCH-1562-1.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-351
C07.040.020	MCH-1562-2.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-321
C07.040.022	MCH-1562-3.0	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-277, M-316 and M-319
C07.040.023	MCH-1562-3.1	HYDRO	NI SYSTEM	VT-2	QAL-15	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.024	MCH-1563-1.0	HYDRO	NS SYSTEM	VT-2	QAL-15	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required
C07.040.026	MCH-1565-1.1	HYDRO	WL SYSTEM	VT-2	QAL-15	Class B penetration M-360 and M-375 - Performed Appendix J test in lieu of pressure test.

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 14

Item Number	ISI Drawing	Required Test	System Name	Required Inspection	Required Procedure	Comments
C07.040.030	MCH-1571-1.0	HYDRO	FW SYSTEM	VT-2	QAL-15	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-235 and M-309
C07.040.032	MCH-1572-1.1	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetration M-280
C07.040.034	MCH-1572-3.0	HYDRO	NM SYSTEM	VT-2	QAL-15	Class B penetrations M-335, M-338, M-340 and M-341
C07.040.036	MCH-1573-3.1	HYDRO	KC SYSTEM	VT-2	QAL-15	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.038	MCH-1580-1.0	HYDRO	BB SYSTEM	VT-2	QAL-15	Class B penetration M-300, M-301, M-303 and M-304
C07.040.039	MCH-1584-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	
C07.040.040	MCH-1591-1.1	HYDRO	CF SYSTEM	VT-2	QAL-15	Class B penetrations M-153, M-262, M-308 and M-440
C07.040.041	MCH-1592-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	Class B penetrations M-156, M-286, M-465 and M-3100
C07.040.042	MCH-1574-4.0	HYDRO	RN SYSTEM	VT-2	QAL-15	Class B penetration M-307 and M-315
C07.040.043	MCH-1593-1.0	HYDRO	SM/SV SYSTEM	VT-2	QAL-15	Class B penetrations M-154 and M-261
C07.040.044	MCH-1593-1.2	HYDRO	SA/TE SYSTEM	VT-2	QAL-15	
C07.040.045	MCH-1593-1.3	HYDRO	SM/SV SYSTEM	VT-2	QAL-15	Class B penetrations M-393 and M-441
C07.040.048	MCH-1604-3.0	HYDRO	RV SYSTEM	VT-2	QAL-15	Class B penetrations M-240, M-279, M-385 and M-390
C07.040.049	MCH-1605-1.14	HYDRO	VI SYSTEM	VT-2	QAL-15	Class B penetrations for instrument air system (no penetration number)

**Duke Power Company - McGuire Unit 1
Pressure Testing Item Number Listing**

Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>System Name</u>	<u>Required Inspection</u>	<u>Required Procedure</u>	<u>Comments</u>
C07.040.050	MCH-1605-1.17	HYDRO	VI SYSTEM	VT-2	QAL-15	
C07.040.054	MCH-1617-1.0	HYDRO	CA SYSTEM	VT-2	QAL-15	

11.2 Examination Results For This Outage:

The results of each pressure test and associated VT-2 Visual Examination conducted from EOC-13 through EOC-14 are included in this section.

The information shown below is a field description for the Class 1 and Class 2 listing format included in this section of the report:

Item Number	=	The unique number assigned to track certain systems or portions of systems that make up a pressure test.
ISI Drawing	=	Detail drawing of pressure test boundary
Required Test	=	Information that shows the required tests for the Item Number.
Test Status	=	Not Tested, Complete, or Partial
Test Result	=	Clear (No Evidence Of Leakage), Reportable (Evidence Of Leakage - Not Through Wall such as packing leak), Reportable (Evidence Of Through Wall Leakage)
VT-2 Date	=	Date VT-2 visual examination was performed
Comments	=	General and/or Detail Description

Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B04.012.001	MCM-1201.01-2	VISUAL	COMPLETE	CLEAR	04/15/2001	78 Welds CRDM to RPV Closure Head-Examine during Cl.1 Hydro Test
B04.013.001	MCM-1201.01-1	VISUAL	COMPLETE	CLEAR	04/15/2001	58 Welds INCORE to RPV Bottom Head-Examine during Cl.1 Hydro Test
B04.020.001	MCM-1201.01-0	VISUAL	COMPLETE	CLEAR	04/15/2001	78 Heater Penetrations in Lower Head-Examine during Cl.1 Hydro Test
B15.051.001	SEE COMMENTS	HYDRO	COMPLETE	CLEAR	04/15/2001	Cl A Hydro Dwgs: MCH-1553-1.0/2, MCH-1553-2.0/2, MCH-1553-2.1/3, MCH-1554-1.0/2, MCH-1554-1.1/2, MCH-1554-1.2/2, MCH-1561-1.0/4, MCH-1562-1.0/1, MCH-1562-2.0/3, MCH-1562-2.1/2, MCH-1562-3.0/2, MCH-1562-3.1/1 - Reference RFR#01-003

**Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 14**

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
B04.012.001	MCM-1201.01-2	VISUAL	COMPLETE	CLEAR	04/15/2001	78 Welds CRDM to RPV Closure Head-Examine during Cl.1 Hydro Test
B04.013.001	MCM-1201.01-1	VISUAL	COMPLETE	CLEAR	04/15/2001	58 Welds INCORE to RPV Bottom Head-Examine during Cl.1 Hydro Test
B04.020.001	MCM-1201.01-0	VISUAL	COMPLETE	CLEAR	04/15/2001	78 Heater Penetrations in Lower Head-Examine during Cl.1 Hydro Test
B15.051.001	SEE COMMENTS	HYDRO	COMPLETE	CLEAR	04/15/2001	Class A Hydro Boundary Dwgs: MCH-1553-1.0/2, MCH-1553-2.0/2, MCH-1553-2.1/3, MCH-1554-1.0/2, MCH-1554-1.1/2, MCH-1554-1.2/2, MCH-1561-1.0/4, MCH-1562-1.0/1, MCH-1562-2.0/3, MCH-1562-2.1/2, MCH-1562-3.0/2, MCH-1562-3.1/1

Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.003	MCH-1553-2.1	HYDRO	PARTIAL	RECORDABL	03/12/2001	Class B penetrations M-212, M-216 and M-274
C07.040.005	MCH-1554-1.0	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-339 and M-350
C07.040.006	MCH-1554-1.1	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-256, M-343 and M-344
C07.040.007	MCH-1554-1.2	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-228, M-329 and M-347
C07.040.008	MCH-1554-1.3	HYDRO	COMPLETE	CLEAR	04/15/2001	Class B penetration M-342
C07.040.009	MCH-1554-2.0	HYDRO	NOT TESTED	N/A	//	
C07.040.010	MCH-1554-3.0	HYDRO	NOT TESTED	N/A	//	
C07.040.011	MCH-1554-3.1	HYDRO	NOT TESTED	N/A	//	
C07.040.013	MCH-1554-5.0	HYDRO	NOT TESTED	N/A	//	
C07.040.018	MCH-1561-1.0	HYDRO	NOT TESTED	N/A	//	VT-2 Examination of C02.033.001 and C02.033.002 Telltale Hole also required
C07.040.019	MCH-1562-1.0	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetration M-351
C07.040.020	MCH-1562-2.0	HYDRO	COMPLETE	CLEAR	10/28/1999	Class B penetration M-330
C07.040.021	MCH-1562-2.1	HYDRO	PARTIAL	CLEAR	10/28/1999	Class B penetration M-321
C07.040.022	MCH-1562-3.0	HYDRO	PARTIAL	RECORDABL	03/12/2001	Class B penetration M-277, M-316 and M-319
C07.040.023	MCH-1562-3.1	HYDRO	PARTIAL	CLEAR	03/12/2001	Class B penetration M-278, M-302, M-306, M-336 and M-352
C07.040.024	MCH-1563-1.0	HYDRO	NOT TESTED	N/A	//	VT-2 Examination of C02.033.005 and C02.033.006 Telltale Hole also required
C07.040.026	MCH-1565-1.1	HYDRO	COMPLETE	CLEAR	10/12/1999	Class B penetration M-360 and M-375 - Performed Appendix J test in lieu of pressure test.

Duke Power Company - McGuire Unit 1
Pressure Testing VT-2 Results For Outage 14

<u>Item Number</u>	<u>ISI Drawing</u>	<u>Required Test</u>	<u>Test Status</u>	<u>Test Result</u>	<u>VT-2 Date</u>	<u>Comments</u>
C07.040.030	MCH-1571-1.0	HYDRO	PARTIAL	CLEAR	10/22/1999	Class B penetrations M-358 and M-377
C07.040.031	MCH-1572-1.0	HYDRO	PARTIAL	CLEAR	11/03/1999	Class B penetrations M-235 and M-309
C07.040.032	MCH-1572-1.1	HYDRO	COMPLETE	CLEAR	04/12/2001	Class B penetration M-280
C07.040.034	MCH-1572-3.0	HYDRO	COMPLETE	CLEAR	04/15/2001	Class B penetrations M-335, M-338, M-340 and M-341
C07.040.036	MCH-1573-3.1	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-217, M-218, M-320, M-327, M-355 and M-376
C07.040.038	MCH-1580-1.0	HYDRO	COMPLETE	CLEAR	04/15/2001	Class B penetration M-300, M-301, M-303 and M-304
C07.040.039	MCH-1584-1.0	HYDRO	NOT TESTED	N/A	/ /	
C07.040.040	MCH-1591-1.1	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-153, M-262, M-308 and M-440
C07.040.041	MCH-1592-1.0	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-156, M-286, M-465 and M-3100
C07.040.042	MCH-1574-4.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetration M-307 and M-315
C07.040.043	MCH-1593-1.0	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-154 and M-261
C07.040.044	MCH-1593-1.2	HYDRO	NOT TESTED	N/A	/ /	
C07.040.045	MCH-1593-1.3	HYDRO	PARTIAL	CLEAR	04/15/2001	Class B penetrations M-393 and M-441
C07.040.048	MCH-1604-3.0	HYDRO	PARTIAL	CLEAR	09/18/1999	Class B penetrations M-240, M-279, M-385 and M-390
C07.040.049	MCH-1605-1.14	HYDRO	COMPLETE	CLEAR	10/01/1999	Class B penetrations for instrument air system (no penetration number)
C07.040.050	MCH-1605-1.17	HYDRO	COMPLETE	CLEAR	09/23/1999	
C07.040.054	MCH-1617-1.0	HYDRO	PARTIAL	CLEAR	03/11/2001	

11.3 Reportable Indications:

None