

## 10.0 Class 1 and 2 Repairs and Replacements

As required by ASME Section XI 1989 Edition, with No Addenda, a record (Form NIS-2) of Class 1 and 2 Repairs and Replacements for work performed is included in this section of the report. Due to station processing and approval time frames, three categories of repair and replacement documentation exist for: 1) work performed during a prior refueling cycle; 2) work performed during the current refueling cycle; and 3) work completed but documentation not yet reviewed and approved. This report contains items for categories 1 and 2 only. Category 3 items will be submitted in a future report.

The following is a list of work orders for category 1 repair and replacement documentation found in this section: 98085970-01, 98204393, 98217329, 98141231, 98157113.

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

## 10.1 Class 1 and 2 Preservice Examinations

As required by ASME Section XI 1989 Edition, with No Addenda, Preservice Examinations were performed on ISI Class 1 and 2 during the EOC18 outage time frame. The following is a list of items that received preservice examination during the EOC 18 outage time frame.

Work Orders	Weld Numbers	ISI Class	Type of Inspection	Comments
98153375-01	2-RC-0266-21	A	PT	
98153375-01	2-RC-0266-22	A	PT	
98209457-03	2-HP-0271-35	B	PT	
98209457-03	2-HP-0271-36	B	PT	
98209457-03	2-HP-0271-37	B	PT	
98209457-03	2-HP-0271-38	B	PT	
98209457-03	2-HP-0271-39	B	PT	
98209457-03	2-HP-0271-40	B	PT	
98209457-03	2-HP-0271-41	B	PT	
98209457-03	2-HP-0271-42	B	PT	
98209457-03	2-HP-0271-43	B	PT	
98209457-03	2-HP-0271-44	B	PT	
98297527-03	2-RC-0253-5	A	PT	
98297527-03	2-RC-0253-6	A	PT	
98297527-03	2-RC-0253-7	A	PT	
98297527-03	2-RC-0253-8	A	PT	

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
- 1a. Date 12/3/99  
Sheet 1 of 1
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 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 #: 98085970-01  
Repair Organization Job # \_\_\_\_\_
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A
- 3b. NSM or MM #: \_\_\_\_\_
4. (a) Identification of System: LP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: B31.7 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2LP-70	Velan	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet bolting in valve 2LP-70

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 Atobin QC Specialist    Date 12-3, 1999  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-14-99 to 5-2-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 5-2, 00

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

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

1a. Date 6-14-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98383738  
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: MFDW 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 1967 Edition, 3/1969 Addenda, \_\_\_\_\_ 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	<u>MFDW RISER # 29 TO SHELL</u>	<u>B+W</u>	<u># 29</u>	<u>N/A</u>		<u>1970</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>FLANGE</u>						<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 MADE BMR TO MEDW RISER TO SHELL FLANGE SEATING SURFACE ON RISER No. 29.

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] Date 6-14, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/16/01 to 6/26/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions GA 360 NIC  
 National Board, State, Province and Endorsements

Date JUN 26 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 6-14-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98385492  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MPDW 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, 3/1969 Addenda, \_\_\_\_\_ 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	<u>MPDW RISERTO #25 SHELL</u>	<u>BLW</u>	<u># 25</u>	<u>NA</u>		<u>1970</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>FLANGE</u>						<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u> 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 MADE BMR TO MFDW RISER TO SHELL FLANGE SEATING SURFACE ON RISER # 25.

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]  
Owner or Owner's Designee, Title

Date 6-14, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/16/01 to 6/25/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions GA-360 NIC  
National Board, State, Province and Endorsements

Date JUN 26 2001

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

1a. Date 12-6-89  
Sheet 1 of 2

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98204393  
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 14156

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Piping</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input checked="" type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Relocated + replaced a section of BS piping to facilitate the installation of ZLP-18

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks Tested IAW ASME Code Case N416-1

(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]  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-4-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-31, 00

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

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

1a. Date 12-6-99  
Sheet 2 of 2

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98204393  
Repair Organization Job #

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

3b. NSM or MM #: 14156

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-54A-3-0-1439A-R40</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
B	<u>S/R</u> <u>2-6H-DR-7576-02</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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.

*S/R 2-54A-3-0-1439A-R40-modified per hanger sketch*

7. Description of Work *S/R 2-GH-QR-7576-02-Modified per hanger sketch*

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 *D. Mason*  
Owner or Owner's Designee, Title

Date 12-6-1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-25-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

*M.B. Chapman*  
Inspector's Signature

Commissions NC 914  
National Board, State, Province and Endorsements

Date 1-31-00

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1  3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006
- 3a. Work Order #: 98217329  
Repair Organization Job # \_\_\_\_\_
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A
- 3b.  NSM or MM #: 23054 P.2
4. (a) Identification of System: MS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 Edition, 7/67 Addenda, \_\_\_\_\_ 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	PIPING	DUKE	N/A	N/A		9/74	Repaired, Replaced, Replacement	<input checked="" type="radio"/> No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 ADDED COLLAR TO A 6" X 12" NOZZLE.

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 NDE & SYS. LEAK TEST PER ASME CODE CASE N-416-1.

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed J. Mason Date 6-28, 2000  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC 914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-11-00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
- 1a. Date 12-14-99  
Sheet 1 of 1
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 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 #: 98204393  
Repair Organization Job # \_\_\_\_\_
- Type Code Symbol Stamp: N/A Authorization No. N/A Expiration Date: N/A
- 3b. NSM or ~~MM~~ #: 14156
4. (a) Identification of System: BS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	BMR TO PIPE	D.P.CO.	NA	NA		9/94	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	No

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 MADE BMR TO 8" PIPE BETWEEN WELDS 2-54A-008-02-33A & 34.

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 PERFORMED NDE & SYS. LEAK TEST PER ASME CODE CASE N-416-1.

(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 Arthur M. Blumhauer  
Owner or Owner's Designer, Title

ON SPECIALIST Date 12-14-99

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 NC and employed by HSBI and I Company of Hartford Connecticut, have inspected the components described in this Owner's Report during the period 11-25-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

MIB Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-31-00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12-10-99  
Sheet 1 of 76

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

3a. Work Order #: 98141231  
Repair Organization Job #

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

3b. NSM or MM#: 23054AM1

4. (a) Identification of System: MS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Snubber on S/R 2-01A-0-1441-R9-3	Grinnell	26334	NA	NA	NA	Repaired, <input checked="" type="checkbox"/> Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
B	Snubber on S/R 2-01A-0-1441-R9-3	Lisega	61290/55	NA	NA	NA	Repaired, Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No Yes
C	Snubber on S/R 2-01A-0-1441-R9-4	Grinnell	33920	NA	NA	NA	Repaired, <input checked="" type="checkbox"/> Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
D	Snubber on S/R 2-01A-0-1441-R9-4	Lisega	61290/49	NA	NA	NA	Repaired, Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No Yes
E	Snubber on S/R 2-01A-0-1441-R9-2	Grinnell	26331	NA	NA	NA	Repaired, <input checked="" type="checkbox"/> Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
F	Snubber on S/R 2-01A-0-1441-R9-2	Lisega	61279-98	NA	NA	NA	Repaired, Replaced, <input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No 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 support/restraints IAW NSM 23054 AMI

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]  
Owner or Owner's Designee, Title

Date 12-11, 1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-00 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 8-11-00

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

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

1a. Date 12-10-99  
Sheet 2 of 76 *Done*

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98141231  
Repair Organization Job #

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

3b. NSM or MM #: 23054AML

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-01A-0-1441-H2</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
B	<u>Snubber on S/R</u> <u>2-01A-0-1481B-H2B</u>	<u>Grinnell</u>	<u>18598</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
C	<u>Snubber on S/R</u> <u>2-01A-0-1481B-H2B</u>	<u>Grinnell</u>	<u>33623</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
D	<u>Snubber on S/R</u> <u>2-01A-0-1481B-H2B</u>	<u>Grinnell</u>	<u>Unknown</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
E	<u>Snubber on S/R</u> <u>2-01A-0-1481B-H2B</u>	<u>Lisege</u>	<u>98614150-01</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
F	<u>2-01A-0-1401B-H21</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No 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 Support/Restraints IOW NSM # 23054PM1

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 DB Morrison

Date 12-11, 1999

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman  
Inspector's Signature

Commissions NC 914

National Board, State, Province and Endorsements

Date 8-11-00

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

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

1a. Date 12-10-99  
Sheet 3 of 76 *DM*

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98141231  
Repair Organization Job #

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

3b. NSM or MM #: 23054 AML

4. (a) Identification of System: HD

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-05-1403D-H4137</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
B	<u>S/R</u> <u>2-05A-0-1401B-H4152</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, Replaced, Replacement	<input checked="" type="checkbox"/> No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Support/Restraints IAW NSM 23054AM.

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 D. S. Mason  
Owner or Owner's Designee, Title

Date 12-11, 1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 8-11-00

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

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

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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

1a. Date 12-10-99  
Sheet 4 of 74 <sup>DBM</sup>

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

3a. Work Order #: 98L41231  
Repair Organization Job #

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

3b. NSM or MM #: 23054AML

4. (a) Identification of System: HD

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>5/R</u> <u>Z-05A-1401B-H4269</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Added new S/R Z-05A-140LB-114269 IAW NSM 23054AMI

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]  
Owner or Owner's Designee, Title

Date 12-11, 1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 8-11-00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 2 3 Shared (specify Units \_\_\_\_\_)

1a. Date 12-10-99  
Sheet 5 of 7688m

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

3a. Work Order #: 98141231  
Repair Organization Job #

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

3b. NSM or AMM #: 23054AM1

4. (a) Identification of System: MS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-D1A-0-1441-H13</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
B	<u>S/R</u> <u>2-D1A-0-1441-H12</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<input checked="" type="checkbox"/> Repaired, <input type="checkbox"/> Replaced, <input type="checkbox"/> Replacement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Support/Restraints IAW NSM 23054 AM1

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 *D. S. Mason*  
Owner or Owner's Designee, Title

Date 12-11, 1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

*M. B. Chapman*  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 8-11-00

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

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

1a. Date 12-11-99  
Sheet 6 of 760mm

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98141231  
Repair Organization Job #

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

3b. NSM or MM #: 23054AML

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Snubber on S/R 2-01A-0-1401B-R6	Pacific Scientific	4400	NA	NA	NA	Repaired, Replaced, Replacement	No Yes
B	Snubber on S/R 2-01A-0-1401B-R6	Liseega	61279/104	NA	NA	NA	Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 on S/R Z-01A-0-1401B-R6

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

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(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 *D.S. Mason* Date 12-11, 1999  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-7-99 to 8-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

*M.B. Chapman* Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 8-11-00

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

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

1a. Date 12-10-99  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98157113  
Repair Organization Job #

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

3b. NSM or MM #: 12199

4. (a) Identification of System: RC 4. (b) Class of System: 1

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	<u>HANGER 2-50</u> <u>-0-1481A-H6</u>	<u>D.P.C.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u> Yes
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No 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 2 CONSTANT SPRING CANS FROM SIZE 14 TO SIZE 16 FOR HANGER Z-50-0-1481A-HL.

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

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(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 M. Z. Blumhagen PA SPECIALIST  
Owner or Owner's Designee, Title

Date 12/10/99

**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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-18-99 to 12-10-99; 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.

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 12-10-99

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 12-10-99  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98157113  
Repair Organization Job #

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

3b. NSM or MM #: 12199

4. (a) Identification of System: CF

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	HANGER 2-53A-1481A-H6585	D.P.C.	NA	NA	NA	NA	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	No

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 NEW S/R Z-53A-1481A-H6585 PER OE-12199.

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

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(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

A. Z. Robinson  
Owner or Owner's Designee, Title

Date 12-10-99

**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 N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-5-99 to 12-10-99; 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.

M. B. Chapman  
Inspector's Signature

Commissions

NC914  
National Board, State, Province and Endorsements

Date 12-10-99

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
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)

1a. Date 5-17-01  
Sheet 1 of 1

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

3a. Work Order #: 98324208-06  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: HP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-51A-2-0-1489A-SR159</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 items 1 and 2 on S/R 2-51A-3-A-1439A-SR159

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

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(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 DJ Mason  
Owner or Owner's Designee, Title

Date 5-17, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 1/22/01 to 5/23/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions GA 360 NIC  
National Board, State, Province and Endorsements

Date 5-17, 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 5-15-01  
Sheet L of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98276920-01

Repair Organization Job #

87152401

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

3b. NSM or MM #: N/A 14961

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-54A-30-435B-R44</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

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 Added item 7 and shim to S/R 2-54A-30-435B-R44

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

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(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]

Date 5-15, 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 3/2/01 to 5/24/01; 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]  
Inspector's Signature

Commissions GA 360 NIC

National Board, State, Province and Endorsements

Date MAY 24 2001

18610

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 5-11-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98322897-21  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-49 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on SIR</u> <u>2-538-2-0-435B-SR100</u>	<u>Grinnell</u>	<u>35096</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Rebuilt snubber on S/R 2-53B-2-0-435B-SR100

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

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(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 DJ Mason

Date 5-11, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-17-01 to 5-17-01; 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]  
Inspector's Signature

Commissions TN 2533  
National Board, State, Province and Endorsements

Date 5-17, 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 5-11-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

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 #: 98322897-14  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>2-01A-2-1-0-1401A-SR6</u>	<u>Grinnell</u>	<u>6735</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>Snubber on S/R</u> <u>2-01A-2-1-0-1401A-SR6</u>	<u>Grinnell</u>	<u>34245</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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 on S/R 2-01A-2-1-0-1401A-SR6

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

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\_\_\_\_\_  
\_\_\_\_\_

(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 DG Mason  
Owner or Owner's Designee, Title

Date 5-11, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-17-01 to 5-17-01; 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]  
Inspector's Signature

Commissions TN2533  
National Board, State, Province and Endorsements

Date 5-17, 2001

46  
7

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 5-10-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98322897-08  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Snubber on SIR 2-01A-3-0-1401B-R7	Grinnell	35097	NA	NA	NA	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Rebuilt snubber on S/R 2-01A-3-0-1401B-R7

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 D. J. Mason  
Owner or Owner's Designee, Title

Date 5-10, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-14-01 to 5-14-01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions TN 2533  
National Board, State, Province and Endorsements

Date 05-14, 2001

15  
5

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 5-10-01  
Sheet L of J

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98322897-03  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>2-A1A-11A-1401B-1144</u>	<u>Grinnell</u>	<u>35024</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Rebuilt snubber on S/R 2-01A-1-10-1401B-H44

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 D. J. Mason Date 5-10-2001  
 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-14-01 to 5-14-01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions TN 2533  
 Inspector's Signature National Board, State, Province and Endorsements

Date 05-14 2001

18. 7

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 5-10-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98322897-23  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>2-54A-3-0-435B-R2B</u>	<u>Grinnell</u>	<u>Unknown</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>Snubber on S/R</u> <u>2-54A-3-0-435B-R2B</u>	<u>Grinnell</u>	<u>35059</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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 on S/R 2-54A-3-0-435B-R2B

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 D. S. Mason Date 5-10, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-14-01 to 5-14-01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions TN 2533  
 Inspector's Signature National Board, State, Province and Endorsements

Date 05-14, 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
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 5-10-01  
Sheet 1 of 1

3a. Work Order #: 98322897-22  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LP 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on SIR</u> <u>2-53B-2-0-436E-SR1000</u>	<u>Grinnell</u>	<u>35092</u> <u>NA 5-15-01</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  <u>Yes</u>

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 Rebuilt snubber on SR 2-53B-2-0-436E-SR1000

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 D.B. Mason  
Owner or Owner's Designee, Title

Date 5-10, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-15-01 to 5-15-01; 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]  
Inspector's Signature

Commissions TN 2533  
National Board, State, Province and Endorsements

Date 5-15, 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 5-10-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98289528-04  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LP

4. (b) Class of System: L

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>53-0-1478A-H3</u>	<u>Grinnell</u>	<u>18564</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>Snubber on S/R</u> <u>53-0-1478A-H3</u>	<u>Grinnell</u>	<u>35060</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 on S/R 53-0-1478A-H3

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]  
Owner or Owner's Designee, Title

Date 5-10, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-14-01 to 5-14-01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions TN 2533  
National Board, State, Province and Endorsements

Date 05-14, 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 5-22-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98284772-24  
Repair Organization Job #

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

3b. ~~NCM~~ or MM #: 14932

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-538-2-D-436E-H1</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 S/R 2-53B-2-0-436E-H1 IAW 8E14932

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 D. S. Mason

Date 5-22, 2001

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/11/01 to 5/23/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

C. G. [Signature]  
Inspector's Signature

Commissions GA 360 N1C  
National Board, State, Province and Endorsements

MAY 23 2001  
Date

Date \_\_\_\_\_

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 5-22-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98284770-27  
Repair Organization Job #

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

3b. NSM or MM #: 14930

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-53B-438C-H5501</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 S/R 2-53B-438C-H5501 IAW 0614930

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] Date 5-22, 2001  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/11/01 to 5/23/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions GA 360 NR  
 National Board, State, Province and Endorsements

Date MAY 23 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 5-22-01  
Sheet 3 of 3

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98258573  
Repair Organization Job #

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

3b. ~~NSM~~ or MM #: 14970

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Snubber on 3/R						Repaired, Replaced, Replacement	No
	2-01A-0-1401B-R5	Pacific Scientific	9938	NA	NA	NA	Replaced, Replacement	Yes
B	Snubber on 3/R						Repaired, Replaced, Replacement	No
	2-01A-0-1401B-R5	Lisega	614153/17	NA	NA	NA	Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
							Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
							Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
							Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Replaced, Replacement	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 on S/R 2-01A-0-1401B-R5

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] Date 5-22, 2001  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4/4/01 to 5/23/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions GA 360 N1C  
 Inspector's Signature National Board, State, Province and Endorsements

Date MAY 23 2001

Page 2 of 2  
Revision 7

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 5/10/01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98278994  
Repair Organization Job #

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

3b. NSM or ~~AW~~ #: 14487

4. (a) Identification of System: DW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III 1983 Edition, Winter 1984 Addenda, \_\_\_\_\_ 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	VLV. ZDW-59	GRINNELL	NA	NA	NA	NA	Repaired, Replaced, Replacement	<u>No</u> Yes
B	VLV. ZDW-59	VELAN	9921154	NA	NA	NA	Repaired, Replaced, Replacement	No <u>Yes</u>
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 ZDW-59

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

Pressure 320 psig Test Temp. 73 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks VT-2 Test # 22 HRN-365 (WO 98278994)  
WELDING DONE IAW B31.1

(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] Date 5-24, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4/4/01 to 5/24/01; 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] Commissions GA-320 NIC  
 Inspector's Signature National Board, State, Province and Endorsements

Date MAY 24 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 5-24-01

Sheet \_\_\_ of \_\_\_

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

2a. Unit: 1 (2) 13 Shared (specify Units \_\_\_\_\_)

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

3a. Work Order #: 48278994  
Repair Organization Job #

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

3b. NSM or MM #: 14487

4. (a) Identification of System: DW

4. (b) Class of System: Z

5. (a) Applicable Construction Code: ASME III 1983 Edition Winter 1984 Addenda, \_\_\_\_\_ 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	VLV ZDW-60	ITT Grinnell	80-52724-8-2	NA	NA	1980	Repaired, Replaced, Replacement	No
B	VLV ZDW-60	Velan	992115-7	NA	NA	NA	Repaired, Replaced, Replacement	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	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 ZDW-60

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

Pressure 320 psig Test Temp. 73 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks VT-2 Test # 22 HRN-365 (WO 98278994)  
WELDING DONE IAW B31.1

(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 D. J. Mason Date 5-24, 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 Georgia 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 5/24/01; 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.

Inspector's Signature [Signature] Commissions GA 320 NIC  
 National Board, State, Province and Endorsements

Date MAY 24 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 5-24-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C., 29672

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 #: 98306300  
Repair Organization Job #

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

3b. NSM or MM #: 14961

4. (a) Identification of System: BS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-54A-4.35B-DE05</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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 S/R 2-54A-435B-DE05 IAW OE 14961

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] Date 5-24, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 1/18/2001 to 5/24/01; 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.

Inspector's Signature [Signature] Commissions LA 360 NIC  
 National Board, State, Province and Endorsements

Date MAY 24 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 5-24-01  
Sheet 4 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98381202  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: GWD

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-57-0-1481A-H10</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>SIR</u> <u>2-57-0-1481A-H22</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C	<u>SIR</u> <u>2-57-0-1481A-H14</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D	<u>SIR</u> <u>2-57-0-1481A-H19</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E	<u>SIR</u> <u>2-57-0-1481A-H11</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F	<u>SIR</u> <u>2-57-0-1481A-H18</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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.

*Reset spring load to within tolerance on S/R's 2-57-0-1481A-H10, H22, H14, H19, H11, + H18*

7. Description of Work \_\_\_\_\_

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]* Date 5-24, 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 Connecticut and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/14/01 to 5/24/01; 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]* Commissions GA 360 NIC  
 Inspector's Signature National Board, State, Province and Endorsements

Date MAY 24 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

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

1a. Date 5-24-01  
Sheet 1 of 1

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 #: 98274469  
Repair Organization Job #

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

3b. NCM or MM #: 16220

4. (a) Identification of System: LPS 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-14B-0-1479A-HL7</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B	<u>SIR</u> <u>2-14B-0-1479A-HL8</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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.

*Modified S/R's 2-14B-0-1479A-H17 and*

7. Description of Work 2-14B-0-1479A-H18 IAW DE 16220

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Signed *J. S. Mason* Date 5-24, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/15/01 to 5/24/01; 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.

*C. G. ...* Commissions GA 360 NIC  
 Inspector's Signature National Board, State, Province and Endorsements

Date MAY 24 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 4-27-20  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98094100-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2HP-13	Aloyco	68K892-1	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	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 Body/Bonnet bolting on valve 2HP-13

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

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\_\_\_\_\_

(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 Atkins OC Specialist Date 4-27, 2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut, have inspected the components described in this Owner's Report during the period 11-16-99 to 4-27-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

J.M.B. Chapman Commissions NC 914  
Inspector's Signature National Board, State, Province and Endorsements

Date 4-27-00

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

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

1a. Date 5-1-00

Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98037243-01

Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2LP-73	Crane	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet bolting in valve 2LP-73

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

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(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 Plutoh QC Specialist Date 5-1, 2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-15-99 to 5-3-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

MBC Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 5-3, 00

to  
inspector

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

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

1a. Date 4-26-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98131539-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Piping</u>	<u>Duke Power Co.</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 <sup>at flange</sup> upstream of valve 2LP-95

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

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(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 PI Hooker QC Specialist Date 4-26, 2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-19-99 to 4-26-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 4-26, 00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 4-17-00  
Sheet 1 of 1

3a. Work Order #: 98075065-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP 4. (b) Class of System: 2
5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2HP-99	Crane	Unavailable	N/A	N/A	1968	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet studs in valve 2HP-99

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

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(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 Atkins QC Specialist  
Owner or Owner's Designee, Title

Date 4-17-2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut, have inspected the components described in this Owner's Report during the period 11-17-99 to 4-17-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 4-17-00

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

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

1a. Date 4-12-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98109469-01  
Repair Organization Job #

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

3b. NSM or MM #: -

4. (a) Identification of System: CF

4. (b) Class of System: 1

5. (a) Applicable Construction Code: B31.7 1969 Edition, - Addenda, - 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	Valve 2CF-14	Crane	Unavailable	N/A	Model # 7164-U-C	N/A	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 in valve 2CF-14

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

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(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 A. Johnson QC Specialist Date 4-12-2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSB and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-18-99 to 4-17-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 4-17-00

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

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

1a. Date 3/22/00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98147926-04  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2RC-67	Dresser	BL08890	N/A	N/A	1998	Repaired, Replaced, Replacement	No
B	Valve 2RC-67	Dresser	BL08889	N/A	N/A	N/A	Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	No

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 ARC-67 with spare valve

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

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(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 *D.B. Wilson*  
Owner or Owner's Designee, Title

Date 4-11, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-3-99 to 4-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

*M.B. Chapman*  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 4-11-00

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

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

1a. Date 3/22/00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98146636-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: DW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2DW-59	Grinnell	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet bolting in valve 2DW-59

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

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(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 A. Hooks QC Specialist Date 3/22, 2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-5-99 to 3-22-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 3-27-00

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

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

1a. Date \_\_\_\_\_  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98147927-06  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2RC-68	Dresser	BT 4976	N/A	N/A	1975	Repaired, Replaced, Replacement	<u>No</u> Yes
B	Valve 2RC-68	Dresser	BT04975	N/A	N/A	1979	Repaired, Replaced, Replacement	<u>No</u> Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 2RC-68 with spare valve and replaced 8 inlet nuts

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed [Signature]  
Owner or Owner's Designee, Title

Date 4-11-2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut, have inspected the components described in this Owner's Report during the period 11-11-99 to 4-11-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 4-11-00

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

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

1a. Date 3-27-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98097108-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2HP-280	Velan	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet bolting in valve 2HP-280

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

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\_\_\_\_\_  
\_\_\_\_\_

(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 PH Johnson QC Specialist Date 3-27-2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-15-99 to 3-27-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 3-27-00

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

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

1a. Date 4-12-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98109467-01  
Repair Organization Job #

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

3b. NSM or MM #: —

4. (a) Identification of System: CF

4. (b) Class of System: 1

5. (a) Applicable Construction Code: B31.7 1969 Edition, — Addenda, — 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	Value 2CF-11	Crane	Unavailable	N/A	Model # 7164-U-C	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 disc in 2CF-11

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

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\_\_\_\_\_

(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 Altohn QC Specialist Date 4-12, 2000  
Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-18-99 to 4-17-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 4-17-00

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

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

1a. Date 4/12/00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98109468-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: CF

4. (b) Class of System: 1

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2CF-12	Crane	Unavailable	N/A	Model # 7164-U-C	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 in valve 2CF-12

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

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(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 PT Johnson QC Specialist Date 4-12, 2006  
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 N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-18-99 to 4-17-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 4-17-00

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

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

1a. Date 2/23/00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98097107-01  
Repair Organization Job #

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

3b. NSM or MM #: \_\_\_\_\_

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2 HP-279	Velan	Unavailable	N/A	N/A	N/A	Repaired, Replaced, Replacement	No Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Body/Bonnet bolting in valve 2HP-279

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  
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\_\_\_\_\_  
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(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 Al Johnson, AC Specialist Date 2-23, 2000  
 Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-15-99 to 2-23-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 2-23-00  
 #100  
 82549

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 5/23/01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

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 #: 98291803-06  
Repair Organization Job #

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

3b. NSM or (MM) #: OE-15288

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 8-1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2LP-17	Floserve Anchor Darling	7	NPT, CV	N/A	N/A	Repaired, Replaced, Replacement	No <u>(Yes)</u>
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 in valve 2LP-17

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 A. Hooker / OC Specialist Date 5-23, 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 Georgia 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 5/24/01; 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] Commissions GA 360 NIC  
Inspector's Signature National Board, State, Province and Endorsements

Date MAY 24 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 5-22-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98291806-06  
Repair Organization Job #

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

3b. NSM or MM #: OE-15289

4. (a) Identification of System: LP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: B31.7 8-1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	Valve 2LP-18	Floserve/ Anchor Darling	D426A-1-3	N/A	N/A	1998	Repaired, Replaced, <u>Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 in valve 2LP-18

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

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(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 Altoob / QC Specialist  
Owner or Owner's Designee, Title

Date 5-22, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/3/01 to 5/23/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions GA 360 NRC  
National Board, State, Province and Endorsements

Date MAY 23 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 6-7-00  
Sheet 1 of 1

2. Plant Address: OGONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

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 #: 98102108  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: HPI

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>NA</u>	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 6-5-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98259185  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LPI

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 ON STUFFING BOX EXTENSION TO CASING ON 2C LPI Pump.

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

Arthur S. Blumhagen QA SUPERVISOR date 6-5, 2000  
Owner or Owner's Designer, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 4-1-00 to 6-5-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

MB Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 6-5 00

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

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

1a. Date 3-21-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98070651-01  
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: LPI

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 Edition, 8/69 Addenda, \_\_\_\_\_ 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>9/74</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	No
C							<u>Repaired, Replaced, Replacement</u>	Yes
D							<u>Repaired, Replaced, Replacement</u>	No
E							<u>Repaired, Replaced, Replacement</u>	Yes
F							<u>Repaired, Replaced, Replacement</u>	No
							<u>Repaired, Replaced, Replacement</u>	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 ON 2B UPI Pump SUCTION FLANGE

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

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

Expiration Date N/A

Signed A. J. Sturtevant DA  
Owner or Owner's Designee, Title SPECIALIST

Date 3-21-00

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-2-99 to 3-21-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

W.B. Chapman Commissions NC914  
Inspector's Signature National Board, State, Province and Endorsements

Date 3-21-00

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

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

1a. Date 2-3-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98125524  
Repair Organization Job #: \_\_\_\_\_  
3b. NSM or MM #: N/A

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

4. (a) Identification of System: FDW 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, 1/69 Addenda, \_\_\_\_\_ 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>9/74</u>	Repaired, Replaced, Replacement	<u>No</u>
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	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 ON 2B OTSG MFW RISERS

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 A.S. Bludman Date 2-3-00  
 Owner or Owner's Designee Title QA SPECIALIST

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-20-99 to 2-7-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 2-7-00

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

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

1a. Date 1-26-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98125517  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: FDW 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, 7/67 Addenda, \_\_\_\_\_ 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	<u>BOILING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>9/74</u>	Repaired, Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 ON 2A OTSG MPW RISERS.

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 A. J. Bluberg QA Date 1-26-00  
 Owner or Owner's Designee, Title SPECIALIST

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 10-25-99 to 2-7-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 2-7-00

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

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

1a. Date 5-11-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98278970-01  
Repair Organization Job #

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

3b. NSM or MM #: 13631

4. (a) Identification of System: SF 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III Edition, 1983 Addenda, NA 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	<u>VLV. ZSF-61</u>	<u>VELAN</u>	<u>012050</u>	<u>N/A</u>	<u>N/A</u>	<u>2001</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>No</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>No</u>

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 Added ISOLATION VLV. ZSF-61.

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

Pressure 175 psig Test Temp. 72.1 °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks VT-2 Test # 22 HRN-366 WO 98278970-10

(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] Date 5-23, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 1/22/01 to 5/24/01; 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.

Inspector's Signature [Signature] Commissions GA 360 NIC  
 Date MAY 24 2001 National Board, State, Province and Endorsements

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

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

1a. Date 5-23-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98314208-18  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: GWD

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 8-69 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>2-57-0-14819-H15</u>	<u>Grinnell</u>	<u>15120</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>Snubber on S/R</u> <u>2-57-0-14819-H15</u>	<u>Grinnell</u>	<u>34268</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 on J/R 2-57-0-1481A-H15

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] Date 5-23, 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 Georgia and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5/20/01 to 5/21/01; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

Inspector's Signature [Signature] Commissions GA 360 NIC  
 National Board, State, Province and Endorsements

Date JUN 26 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 5-17-01  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98387293-01  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 7-67 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u>						Repaired, Replaced, Replacement	<u>No</u>
	<u>2-DIA-0-1441-R9-4</u>	<u>Liseega</u>	<u>61290/49</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Replaced, Replaced, Replacement</u>	Yes
B	<u>Snubber on S/R</u>						Repaired, Replaced, Replacement	<u>No</u>
	<u>2-DIA-0-1441-R9-4</u>	<u>Liseega</u>	<u>61314/64</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Replaced, Replaced, Replacement</u>	Yes
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	Yes
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	Yes
							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	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 on S/R 2-01A-0-1441-R9-4

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

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(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 D.S. Mason

Date 5-17, 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 Tennessee and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 5-18-01 to 5-18-01; 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]  
Inspector's Signature

Commissions TN 2533

National Board, State, Province and Endorsements

Date 5-18, 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 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98219984  
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: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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 (yes or no)	ASME Code Stamped (yes or no)
A	<u>SIR</u> <u>2-51B-436J-DE012</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B							Repaired, Replaced, Replacement	No  Yes
C							Repaired, Replaced, Replacement	No  Yes
D							Repaired, Replaced, Replacement	No  Yes
E							Repaired, Replaced, Replacement	No  Yes
F							Repaired, Replaced, Replacement	No  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 U-bolt on S/R 2-51B-436J-DE012

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

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(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 D. J. Mason  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N. C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-6-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-31, 00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 1-18-00  
Sheet 1 of 1

3a. Work Order #: 98125535  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-01A-Q-1441-R7</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 rear bracket on S/R 2-01A-0-1441-R7 by welding

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

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(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]

Date 1-18, 2000

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut, have inspected the components described in this Owner's Report during the period 6-28-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-31-00

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

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OGONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98219269  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>2-01A-0-1441-R2-2</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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.

*S/R 2-DLA-0-1441-R2-2  
Extended the length of item 3 by welding and adjusted the existing offset between PA+SA to within tolerance*

7. Description of Work

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

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(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 *D.S. Mason*  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-3-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

*M.B. Chapman*  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-31-00

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

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

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 #: 98220127  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: GWD

4. (b) Class of System: L

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>57-0-1481-RSP-H0801</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Welded shim to S/R 57-0-1481-RJP-H0801

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

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(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 D. S. Mason  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-4-99 to 3-15-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 3-15, 00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)
3. Work Performed By: Duke Power Company  
Address: 526 S. Church Street, Charlotte NC 28201-1006

1a. Date 3-15-00  
Sheet 1 of 1

3a. Work Order #: 98012755  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: GWD 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 August, 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on 51A</u> <u>2-57-0-1481A-419</u>	<u>Pacific Scientific</u>	<u>12270</u>	<u>NA</u>	<u>NA</u>	<u>A80</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u>  Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Snubber on S/R 2-57-0-1481A-HL9  
Replaced load stud, nuts, and elevis pin

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

Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig Test Temp. \_\_\_\_\_ °F

9. Remarks

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(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 D. S. Mason  
Owner or Owner's Designee, Title

Date 3-15, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-8-99 to 3-15-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 3-15, 00

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

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

1a. Date 3-21-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98012755  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: RC

4. (b) Class of System: L

5. (a) Applicable Construction Code: ANSI B31.7 Aug 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-50-0-10666-RCPm-281-553</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 on S/R 2-50-0-1066A-RCPM-2B1-553

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

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(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]  
Owner or Owner's Designee, Title

Date 3-21, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-27-99 to 3-21-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 3-21-00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-24-00  
Sheet 1 of 1

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

3a. Work Order #: 98012755-32  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LPS 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.1 Edition, 7/67 Addenda, \_\_\_\_\_ 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	<u>BOILING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		<u>9/74</u>	Repaired, Replaced, Replacement	<u>NO</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No Yes

Form NIS-2 (Back)

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

7. Description of Work REPLACED BOLTING ON FLANGES ON 1" & 3" LPSW LINES CONNECTING TO ZBI R.C. PUMP.

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

William A. Blumenthal QA  
Owner or Owner's Designee, Title SPECIALIST

Date

1-24-00

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-26-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman  
Inspector's Signature

Commissions

NC914

National Board, State, Province and Endorsements

Date

1-31-00

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

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

1a. Date 1-31-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98012755  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ASME Edition, 1967 Addenda, SUMMER 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	<u>BOLTING ON R.C.P. ZBI</u>	<u>BINGHAM</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B	<u>MAIN FLANGE</u>						<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 8 STUDS IN MAIN FLANGE ON ZBI R.C.P.

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]  
Owner or Owner's Designee, Title SPECIALIST

Date

1-31-00

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-19-99 to 1-31-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions

NC914  
National Board, State, Province and Endorsements

Date 1-31-00

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

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

1a. Date 2-1-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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

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

3a. Work Order #: 98158766  
Repair Organization Job # \_\_\_\_\_

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

3b. NSM or MM #: NA

4. (a) Identification of System: LPSW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, 7/67 Addenda, \_\_\_\_\_ Code Cases  
(b) Applicable Edjtion 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	<u>BOLTING</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>9/74</u>	Repaired, Replaced, Replacement	<u>No</u>
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	No
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	No
F							Repaired, Replaced, Replacement	No

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 ON 3" UPPER OIL COOLER INLET & OUTLET FLANGES ON ZBZ R.C.P.

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

Four horizontal lines for entering 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] QA Date 2-1-00
Owner or Owner's Designee Title SPECIALIST

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-26-99 to 2-1-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] M.B. Chapman Commissions NC914
Inspector's Signature National Board, State, Province and Endorsements

Date 2-1-00

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

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98219978  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: HP

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SR</u> <u>2-51A-10-436J-SR116</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 Added shim to S/R 2-51A-1-0-436J-SR114 by welding

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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]  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 12-6-99 to 1-19-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-19, 00

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98125535  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>Z-01A-1-1-0-1401B-H43</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 rear bracket on S/R 2-01A-1-1-0-140LB-1143 by welding

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 D. J. Mason  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 6-28-99 to 1-19-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-19, 00

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

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98125535  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: MS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on S/R</u> <u>2-01A-114-1401B-H43</u>	<u>Grinnell</u>	<u>18782</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							<u>Repaired, Replaced, Replacement</u>	No Yes
C							<u>Repaired, Replaced, Replacement</u>	No Yes
D							<u>Repaired, Replaced, Replacement</u>	No Yes
E							<u>Repaired, Replaced, Replacement</u>	No Yes
F							<u>Repaired, Replaced, Replacement</u>	No 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 Rebuilt snubber on S/R 2-QIA-1-J-0-1401B-H43

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

Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F  
Pressure \_\_\_\_\_ psig    Test Temp. \_\_\_\_\_ °F

9. Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J.S. Mason  
Owner or Owner's Designee, Title

Date 1-18, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-17-99 to 1-18-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M.B. Chapman  
Inspector's Signature

Commissions NC 914  
National Board, State, Province and Endorsements

Date 1-18, 00

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

1a. Date 1-18-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98142880  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: RC

4. (b) Class of System: 1

5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>Snubber on SIR</u> <u>2-50-a-1481A-H3</u>	<u>Grinnell</u>	<u>18790</u> <u>NA DM</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	<u>No</u> Yes
B							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
C							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
D							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
E							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No Yes
F							<u>Repaired,</u> <u>Replaced,</u> <u>Replacement</u>	No 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 Rebuilt snubber on S/R 2-50-0-1481A-H3

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

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(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 D J Mason

Date 1-18, 2000

Owner or Owner's Designee, Title

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-19-99 to 1-18-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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.

M B Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-18, 00



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

7. Description of Work Replaced pipe clamp bolting on SR 2-50-0-1480A-H10

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

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\_\_\_\_\_  
\_\_\_\_\_

(Applicable Manufacturer's Data Records to be attached)

**CERTIFICATE OF COMPLIANCE**

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

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Expiration Date N/A

Signed J.S. Mason  
Owner or Owner's Designee, Title

Date 12-27, 1999

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of NC and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-24-99 to 1-20-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman  
Inspector's Signature

Commissions NC 914  
National Board, State, Province and Endorsements

Date 1-20-00

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

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

1a. Date 12-27-99  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672

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 #: 98012755  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: LPS

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 1967 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>SIR</u> <u>2-14B-1430C-H4541</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired,</u> Replaced, Replacement	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No
C							Repaired, Replaced, Replacement	Yes
D							Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No
							Repaired, Replaced, Replacement	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 Repaired S/R 2-14B-1480C-H6541 IAW hanger sketch

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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]  
Owner or Owner's Designee, Title

Date 1-19, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-24-99 to 1-20-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature]  
Inspector's Signature

Commissions 10914  
National Board, State, Province and Endorsements

Date 1-20, 00

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

1. Owner Address: Duke Power Company  
526 S. Church Street, Charlotte NC 28201-1006
2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENECA, S.C. 29672
- 2a. Unit: 1 (2) 3 Shared (specify Units \_\_\_\_\_)

1a. Date 1-20-00  
Sheet 1 of 1

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

3a. Work Order #: 98012755  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: GWD 4. (b) Class of System: 2
5. (a) Applicable Construction Code: ANSI B31.7 1969 Edition, \_\_\_\_\_ Addenda, \_\_\_\_\_ 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	<u>S/R</u> <u>57-0-1481A-H10</u>	<u>DPC</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u> Yes
B							Repaired, Replaced, Replacement	No Yes
C							Repaired, Replaced, Replacement	No Yes
D							Repaired, Replaced, Replacement	No Yes
E							Repaired, Replaced, Replacement	No Yes
F							Repaired, Replaced, Replacement	No 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 S/R 57-0-1481A-1410 - Adjusted constant support to within tolerance

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

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(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 D.S. Mason  
Owner or Owner's Designee, Title

Date 1-20, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-24-99 to 1-20-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M.B. Chapman  
Inspector's Signature

Commissions NC-914  
National Board, State, Province and Endorsements

Date 1-20, 00

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

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

1a. Date 1-9-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY., SENECA, S.C. 29672

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 #: 98219853  
Repair Organization Job #

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

3b. NSM or MM #: NA

4. (a) Identification of System: Re 4. (b) Class of System: 2

5. (a) Applicable Construction Code: ASME III Edition, 1977 w/sum. 1978 Addenda, \_\_\_\_\_ 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	<u>SSF/RC MAKEUP PULSATION DAMPER</u>	<u>GREER HYDRAULICS</u>	<u>10065</u>	<u>N00050</u>		<u>1981</u>	<u>Repaired, Replaced, Replacement</u>	<u>No</u>
B							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
C							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
D							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
E							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>
F							<u>Repaired, Replaced, Replacement</u>	<u>Yes</u>

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 MADE BMR ON CAP FLANGE PIECE NO. 14.

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 D. J. Mason  
Owner or Owner's Designee, Title

Date 1-4, 2000

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-29-99 to 1-4-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

M. B. Chapman  
Inspector's Signature

Commissions NC914  
National Board, State, Province and Endorsements

Date 1-4, 00

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

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

1a. Date 1-10-00  
Sheet 1 of 1

2. Plant Address: OCONEE NUCLEAR STATION  
7800 ROCHESTER HWY, SENEGA, S.C. 29672

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 #: 98125524  
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: MPW

4. (b) Class of System: 2

5. (a) Applicable Construction Code: ANSI B31.1 Edition, 1967 w/1969 Addenda, \_\_\_\_\_ 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	MPW RISER TO HEADER #9	B+W	NA	NA		1970	Repaired, Replaced, Replacement	Yes
B	ON OTSG 2B.		NA	NA			Repaired, Replaced, Replacement	No
C	MPW RISER TO SHELL #22 ON	B+W	NA	NA		1970	Repaired, Replaced, Replacement	Yes
D	OTSG 2B.		NA	NA			Repaired, Replaced, Replacement	No
E							Repaired, Replaced, Replacement	Yes
F							Repaired, Replaced, Replacement	No

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 PERFORMED BMR TO SEATING SURFACES TO REESTABLISH ORIGINAL DIMENSIONS. <sup>FLANGE</sup>

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] PA Date 1-10-00  
 Owner or Owner's Designee, Title SPECIALIST

**CERTIFICATE OF INSERVICE INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of N.C. and employed by HSBI and I Company of Hartford Connecticut have inspected the components described in this Owner's Report during the period 11-22-99 to 1-10-00; and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of ASME Code, Section XI.

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

[Signature] Commissions NC914  
 Inspector's Signature National Board, State, Province and Endorsements

Date 1-10-00

## 11.0 Pressure Testing

This section shows a compilation of Pressure Tests conducted from refueling outage EOC-17 through refueling outage EOC-18.

### *Outage Summary*

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Examinations Credited For This Outage</b>
B-E	System Hydrostatic Test (IWB-5222)	0
B-P	System Leakage Test (IWB-5221)	1
B-P	System Hydrostatic Test (IWB-5222)	0
C-H	System Inservice/Functional Test (IWC-5221)	9
C-H	System Hydrostatic Test (IWC-5222)	6

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 second period.

*Period Summary*

<b>Examination Category</b>	<b>Test Requirement</b>	<b>Total Examinations Required For This Period</b>	<b>Total Examinations Credited For This Period</b>	<b>(%) Examinations Complete For This Period</b>
B-E	System Hydrostatic Test (IWB-5222)	0	0	0%
B-P	System Leakage Test (IWB-5221)	2	2	100%
B-P	System Hydrostatic Test (IWB-5222)	0	0	0%
C-H	System Inservice/Functional Test (IWC-5221)	42 <sup>1</sup>	34	80.95%
C-H	System Hydrostatic Test (IWC-5222)	12	10	83.33%

<sup>1</sup> These pressure tests were tracked as "Item Numbers" during the first inspection period and are tracked as "Examination Zones" starting with the second inspection period.

## 11.1 Required Examinations This Outage:

A listing of each pressure test and associated VT-2 Visual Examination conducted from EOC-17 through EOC-18 is included in this section.

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

Zone Number	=	The unique number assigned to track certain systems or portions of systems that make up a pressure test.
Boundary Drawing	=	Detail drawing of pressure test boundary.
Required Test	=	Information that shows the required tests for the examination zone – (L) Leakage Test, (I) Inservice Test, (F) Functional Test, or (H) Hydrostatic Test.
System Name	=	Name of pressure retaining component system
Required Inspection	=	Type of visual examination required.
Required Procedure	=	Required inspection procedure.
ASME Item Number(s)	=	ASME Section XI Tables IWB-2500-1 (Class 1) and IWC-2500-1 (Class 2)
Comments	=	General and/or Detail Description

**Duke Power Company - Oconee Unit 2  
Pressure Testing Zone Number Listing**

**Outage 18**

**Int = 3  
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ2L-1	O-ISIL-100A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.10 B15.30 B15.50 B15.60 B15.70	N/A
	O-ISIL-100A-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.20 B15.50 B15.70 C7.30 C7.70	N/A
	O-ISIL-100A-2.3	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.60 B15.70	N/A
	O-ISIL-101A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70 C7.30 C7.70	N/A
	O-ISIL-101A-2.4	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-101A-2.5	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.2	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-102A-2.3	X				Reactor Coolant System	VT-2	QAL-15	B15.50 B15.70	N/A
	O-ISIL-110A-2.1	X				Reactor Coolant System	VT-2	QAL-15	B15.50	N/A

This Report Was Generated On:  
06/26/2001

**Duke Power Company - Oconee Unit 2  
Pressure Testing Zone Number Listing**

**Outage 18**

**Int = 3  
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ2L-1								B15.70		
	O-ISIL-110A-2.4	X				Reactor Coolant System	VT-2	QAL-15 B15.50 B15.70	N/A	
	O-ISIL-127B-2.2	X				Reactor Coolant System	VT-2	QAL-15 B15.50 B15.70	N/A	

**Duke Power Company - Oconee Unit 2  
Pressure Testing Zone Number Listing**

**Outage 18**

**Int = 3  
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
IZ2H-10	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	N/A
IZ2H-11	O-ISIH-101A-2.3				X	High Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	N/A
IZ2H-27A	O-ISIH-102A-2.1				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	N/A
	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.20 C7.40 C7.60 C7.80	N/A
IZ2H-27B	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.80	N/A
IZ2L-13	O-ISIL-101A-2.3	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.50 C7.70	N/A
IZ2L-48	O-ISIL-122A-2.1	X				Main Steam System	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-122A-2.2	X				Main Steam System	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-122A-2.3	X				Main Steam System	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-122A-2.4	X	X			Main Steam System	VT-2	QAL-15	C7.30 C7.70 D2.11	N/A
	O-ISIL-122B-2.1	X				Main Steam System	VT-2	QAL-15	C7.30 C7.70	N/A
IZ2L-60	O-ISIL-124B-2.2				X	Low Pressure Service Water	VT-2	QAL-15	C7.30	N/A

**Duke Power Company - Oconee Unit 2  
Pressure Testing Zone Number Listing**

**Outage 18**

Int = 3  
Period = 2

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
IZ2L-60								C7.70 D2.11		
	O-ISIL-124B-2.4	X	X			Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70 D2.11	N/A
OZ2H-26	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.20 C7.40 C7.60 C7.80	N/A
OZ2H-28	O-ISIH-102A-2.2				X	Low Pressure Injection System	VT-2	QAL-15	C7.40 C7.60 C7.80	N/A
OZ2L-32	O-ISIL-102A-2.3	X				Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70	N/A
	O-ISIL-127B-2.2			X		Nitrogen Purge & Blanket	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-33	O-ISIL-102A-2.3	X				Low Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70	N/A
	O-ISIL-127B-2.2			X		Nitrogen Purge & Blanket	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-44	O-ISIL-121D-1.2			X		Emergency Feedwater	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-110A-2.1	X				Chemical Addition System	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-121B-2.3	X	X			Feedwater System	VT-2	QAL-15	C7.30	N/A

**Duke Power Company - Oconee Unit 2  
Pressure Testing Zone Number Listing**

**Outage 18**

**Int = 3  
Period = 2**

Zone Number	Boundary Drawing	Required Test L / I / F / H				System Name	Required Inspection	Required Procedure	ASME Item Number(s)	Comments
OZ2L-44								C7.70 D2.11		
	O-ISIL-121B-2.5			X		Feedwater System	VT-2	QAL-15	C7.10 C7.30 C7.70 D2.11	N/A
	O-ISIL-121D-2.1			X		Emergency Feedwater System	VT-2	QAL-15	C7.30 C7.70 D2.11	N/A
	O-ISIL-122A-2.1	X				Main Steam System	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-6	O-ISIL-109A-1.1	X				Purification Demineralizers	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-101A-2.1	X	X			High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A
	O-ISIL-101A-2.2	X				High Pressure Injection System	VT-2	QAL-15	C7.10 C7.30 C7.70 D1.11	N/A
OZ2L-65	O-ISIL-124B-2.4	X	X			Low Pressure Service Water	VT-2	QAL-15	C7.30 C7.70	N/A
OZ2L-7	O-ISIL-101A-2.2	X				High Pressure Injection System	VT-2	QAL-15	C7.30 C7.70	N/A

## 11.2 Examination Results For This Outage:

The results of each pressure test and associated VT-2 Visual Examination conducted from EOC-17 through EOC-18 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:

Zone Number	=	The unique number assigned to track certain extremity valves that make up a test
Boundary Drawing	=	Detail drawing of pressure test boundary
Outage	=	The number for the refueling outage cycle of this report
Test Status	=	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 Examiner	=	The name of the Level II Visual examiner
VT-2 Date	=	Date VT-2 visual examination was performed

Current Interval = 3  
Current Period = 2  
Class = A

Duke Power Company - Oconee Unit 2  
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ2L-1	O-ISIL-100A-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-100A-2.2	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-100A-2.3	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-101A-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-101A-2.4	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-101A-2.5	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-102A-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-102A-2.2	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-102A-2.3	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-110A-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-110A-2.4	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-127B-2.2	18	Complete	Clear	N/A	05/28/2001

Current Interval = 3  
 Current Period = 2  
 Class = B

**Duke Power Company - Oconee Unit 2  
 Pressure Testing VT-2 Examination Results**

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
IZ2H-10	O-ISIH-101A-2.3	18	Complete	Clear	N/A	05/19/2001
IZ2H-11	O-ISIH-101A-2.3	18	Complete	Clear	N/A	05/19/2001
IZ2H-27A	O-ISIH-102A-2.1	18	Complete	Clear	N/A	04/27/2001
IZ2H-27B	O-ISIH-102A-2.2	18	Complete	Clear	N/A	04/27/2001
IZ2L-13	O-ISIL-101A-2.3	18	Complete	Clear	N/A	05/25/2001
IZ2L-48	O-ISIL-122A-2.1	18	Complete	Clear	N/A	06/18/2001
	O-ISIL-122A-2.2	18	Complete	Clear	N/A	06/18/2001
	O-ISIL-122A-2.3	18	Complete	Clear	N/A	06/18/2001
	O-ISIL-122A-2.4	18	Complete	Clear	N/A	06/18/2001
	O-ISIL-122B-2.1	18	Complete	Clear	N/A	06/18/2001
IZ2L-60	O-ISIL-124B-2.2	18	Complete	Clear	N/A	04/10/2001
	O-ISIL-124B-2.4	18	Complete	Clear	N/A	04/10/2001
OZ2H-26	O-ISIH-102A-2.2	18	Complete	Clear	N/A	04/27/2001
OZ2H-28	O-ISIH-102A-2.2	18	Complete	Clear	N/A	04/27/2001
OZ2L-32	O-ISIL-102A-2.3	18	Complete	Clear	N/A	04/24/2001
	O-ISIL-127B-2.2	18	Complete	Clear	N/A	04/24/2001
OZ2L-33	O-ISIL-102A-2.3	18	Complete	Clear	N/A	04/24/2001
	O-ISIL-127B-2.2	18	Complete	Clear	N/A	04/24/2001
OZ2L-44	O-ISIL-121D-1.2	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-110A-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-121B-2.3	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-121B-2.5	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-121D-2.1	18	Complete	Clear	N/A	05/28/2001
	O-ISIL-122A-2.1	18	Complete	Clear	N/A	05/28/2001

Current Interval = 3  
Current Period = 2  
Class = B

Duke Power Company - Oconee Unit 2  
Pressure Testing VT-2 Examination Results

Zone Number	Boundary Drawing	Outage	Test Status	Test Result	VT-2 Examiner	VT-2 Date
OZ2L-6	O-ISIL-109A-1.1	18	Complete	Clear	N/A	05/02/2001
	O-ISIL-101A-2.1	18	Complete	Clear	N/A	05/02/2001
	O-ISIL-101A-2.2	18	Complete	Clear	N/A	05/02/2001
OZ2L-65	O-ISIL-124B-2.4	18	Complete	Clear	N/A	05/28/2001
OZ2L-7	O-ISIL-101A-2.2	18	Complete	Clear	N/A	05/25/2001

11.3 Reportable Indications:

None